



# **Role of the DHSSPS as a Lead Government Department (LGD) for responding to the health and social care consequences of emergencies**

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## 1. GENERAL PRINCIPLES

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### 1.1 Role of DHSSPS as a Lead Government Department for responding to the Health and Social Care consequences of emergencies

The Department of Health, Social Services and Public Safety (DHSSPS) is the Lead Government Department (LGD) in Northern Ireland for responding to the health and social care consequences of emergencies from the following categories:

- **CBRN** (a Chemical, Biological, Radiological or Nuclear incident brought about either through terrorism, industrial accidents or by natural causes);
- **Disruption of Medical Supply Chains;**
- **Human Infectious Diseases;** and
- **Mass Casualties.**

In accordance with “**The Lead Government Department and its role – Guidance and Best Practice**” prepared by Civil Contingencies Secretariat in March 2004, DHSSPS as an LGD is required to maintain a state of readiness and build resilience to allow it to lead effectively the consequence management response to such health emergencies where they occur in, affect, or have the potential to affect, Northern Ireland. These principles have been endorsed by the Head of the Northern Ireland Civil Service, in “**A Guide to Emergency Planning Arrangements in Northern Ireland**”<sup>1</sup>, published by the Office of the First Minister and deputy First Minister (OFMDFM).

Definitions used in this and subsequent sections can be found in Annex A.

DHSSPS’s role extends to:

- Strategically supporting the Health and Social Care (HSC) sector in their planning, preparation and response to all types of emergencies arising from any accident, infectious epidemic, natural disaster, failure of utilities or systems, or a hostile act.

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<sup>1</sup> Source Material: [www.ofmdfmni.gov.uk/aguidetoemergencyplanningarrangements.pdf](http://www.ofmdfmni.gov.uk/aguidetoemergencyplanningarrangements.pdf)



This may result in an abnormal casualty situation, the pose of a threat to the health of the community or the provision of services that involve significant numbers of patients requiring critical care;

- providing Ministers, the Crisis Management Group (CMG), or other NICS LGDs with health and social care advice in relation to emergencies and briefing on the Northern Ireland HSC response to emergencies;
- coordinating through the Department of Health (DH), COBR's<sup>2</sup> health response to a **Catastrophic (Level 3) Emergency**;
- leading the health response for the continued **provision of essential health supplies and services** in Northern Ireland, in the event of **Local, Significant (Level 1) or Serious (Level 2) Emergencies**;
- producing a **planning framework** for dealing with **mass casualty or Level 3** incidents;
- activating the Regional Health Command Centre (RHCC) and participating in the Northern Ireland Central Crisis Management Arrangements (NICCMA – see paragraph 2.3 for detail) as appropriate;
- providing advice to the Northern Ireland Office (NIO) or Department of Justice (DoJ) when they are responding to a terrorist emergency with health implications, for which they are the LGD in Northern Ireland; and
- providing strategic health advice to police GOLD (usually an Assistant Chief Constable but can be the Chief Constable) by designating a Health liaison officer when requested.

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## 1.2 Aim and purpose of this document

This document outlines the Department's responsibilities as an LGD and sets out how to prepare for those responsibilities in today's challenges and those of tomorrow. It may be referred to as the **DHSSPS LGD Document**.

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<sup>2</sup> COBR – The Cabinet Office Briefing Rooms

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**DHSSPS LGD Document:**

- sets out the strategic framework in which DHSSPS operates as an LGD;
- sets out how health contingency planning will be taken forward in DHSSPS;
- identifies a regime for validating those plans and for training and familiarising Departmental staff involved in a strategic response;
- identifies the components of, and processes to support, DHSSPS's response as an LGD;
- identifies the key stakeholder relationships that DHSSPS will maintain to support an effective response; and
- sets out a regime for audit and quality assurance.

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**1.3 Relationships with the Office of the First Minister and deputy First Minister**

In Northern Ireland, Civil Contingencies Policy Branch (CCPB), OFMDFM, has responsibility for promoting the development of civil protection arrangements within the Northern Ireland public sector. These arrangements are to ensure that the most efficient and effective response can be made to assist the public during, and in the aftermath of, a civil emergency.

Cross-departmental coordination and support is provided by OFMDFM through the activation of the coordination arrangements known as the Northern Ireland Central Crisis Management Arrangements or NICCMA. Where there is no pre-identified Lead for responding to any given situation, a mechanism<sup>3</sup> exists through CCPB and the Head of the Northern Ireland Civil Service to designate an LGD and activate NICCMA.

When it is apparent that an incident has occurred or is likely to occur which meets the criteria for a Serious or Catastrophic Emergency, the DHSSPS can request NICCMA be convened either by making a request to CCPB, or by contacting the Head of the Northern Ireland Civil Service directly. In addition, the DHSSPS Minister, in conjunction with the First Minister and deputy First Minister or the Northern Ireland Executive may decide to

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<sup>3</sup> Source Material: "A Guide to Emergency Planning Arrangements in Northern Ireland" - an OFMDFM Publication, Sept 2011 – reference paragraph 3.39, 'Lead organisations'. NICCMA arrangements are set out in the "Northern Ireland Central Crisis Management Arrangements Protocol".

trigger the NICCMA. Where the lead responsibility is uncertain or where there is a clear and urgent need for strategic level coordination, the Northern Ireland Executive, the First Minister and deputy First Minister or the Head of the Northern Ireland Civil Service may activate NICCMA and request DHSSPS representation.

If not the LGD, DHSSPS will support NICCMA by providing regular “**Impact Management Assessments**” on the health situation.

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#### 1.4 Relationships with the Northern Ireland Office (NIO)

In Northern Ireland, the NIO is the LGD for conventional and CBRN terrorism. Unless it is absolutely clear at the outset, it is agreed that the default position for all emergencies is that they are terrorist inspired. Until proved otherwise the NIO will remain the LGD, assisted for all health consequences by the DHSSPS.

During the NIO’s Counter-Terrorist (CT) response, the DHSSPS will provide NIOBR<sup>4</sup> with regular **Health Impact Management Assessments**. These assessments will provide a forward look to the health consequences of their CT response, to agreed timescales. They are intended to influence directly NIO ministerial decisions on the nature and timing of the implementation of NIO’s response options.

The division of responsibility, and the strong likelihood that the CT response and health consequence response will run concurrently, call for the closest possible working relationship between DHSSPS and the NIO (as well as other Northern Ireland departments) before, during and after any emergency.

In response to a **Catastrophic Emergency**, DHSSPS will act in accordance with the national response, following the advice of the DH.

DHSSPS will continue to work to develop, maintain and enhance these relationships.

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<sup>4</sup> NIOBR – ‘The Northern Ireland Office Briefing Rooms’. The NIO’s emergency response facility to counter-terrorism

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## 1.5 Relationships with the Police Service of Northern Ireland (PSNI)

The PSNI will coordinate the response and investigate all emergencies where there is danger to life, damage to property or the environment, or a possibility that a crime has been committed. In discharging its LGD responsibilities, DHSSPS will not interfere with the operational decisions of senior police officers. For incidents in, or that affect Northern Ireland, DHSSPS will provide assistance to the police by:

- determining and communicating DHSSPS policy;
- providing or contributing to a coordinated DHSSPS or wider Government health response;
- arranging specialist round-the-clock health advice through a relevant advisory group;
- providing a capability to coordinate any health media response and public information activity; and
- providing strategic health advice to police GOLD through the government's Consequence Management Liaison Officer (CMLO) at the Strategic Coordination Centre (SCC) for all counter-terrorist emergencies with health implications.

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## 1.6 Relationships with Health and Social Care (HSC) organisations and key stakeholders

As part of the health response to an emergency, **Situation Reports** (see Annex A for definitions) will be sent from Health and Social Care organisations (including the Northern Ireland Ambulance Service (NIAS), Northern Ireland Fire and Rescue Service (NIFRS), Business Services Organisation (BSO), and the Regional Medical Physics Service) to HSC Silver (dependent on role and emergency). A composite response will then be forwarded to RHCC. The timing of these will be decided by HSC Silver and RHCC.

DHSSPS will continue to ensure a close working relationship with each of these stakeholders.

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## 1.7 Relationships with the Ministry of Defence (MoD)

In some emergencies, military support may be available to the civil authorities. The decision on whether to involve the military is a matter for the MoD. Any DHSSPS requirement for military support would be managed through OFMDFM.

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## 1.8 Ownership

**DHSSPS LGD Document** is owned by:

**The Department of Health, Social Services and Public Safety**  
**Population Health Directorate**  
**Emergency Planning Branch**  
**Castle Buildings**  
**BELFAST**  
**BT4 3SQ**  
**Tel: XXX**

Emergency Planning Branch will maintain, review and update **DHSSPS LGD Document**. No change is to be made to **DHSSPS LGD Document** without the written authority of the Head of Emergency Planning Branch, DHSSPS.

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## 1.9 Supporting documents

**DHSSPS LGD Document** is one of a suite of documents that together set out how the DHSSPS will prepare for, and discharge, its LGD responsibilities. The key plans are:

- DHSSPS Emergency Response Plan;
- DHSSPS Business Continuity Plan;
- Northern Ireland Guidelines for Smallpox Response and Management in the Post-Eradication Era (under revision 2012)
- Northern Ireland Contingency Plan for Health Response to an Influenza Pandemic (under revision 2012)



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## 2. STRATEGIC FRAMEWORK

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### 2.1 The Civil Contingencies Framework

The Northern Ireland Civil Contingencies Framework (September 2011) provides guidance within which Northern Ireland public service organisations will discharge their civil contingencies responsibilities. The Framework consolidates existing policy on civil protection in the public sector, developments arising from the Civil Contingencies Act 2004, new guidance to GB departments, the United Kingdom (UK) Capabilities Programme and the changing social and political environment in which civil contingencies activities take place.

The Framework consists of ten high level statements, which aim to ensure that the people of Northern Ireland receive a level of protection and emergency response which is consistent with that elsewhere in the UK and which meets their needs and expectations.

The CCG(NI) Secretariat has produced a protocol for escalating the multi-agency response in response to a major incident. This document facilitates the smooth and effective escalation of the multi-agency response to an emergency from the local to the strategic level.

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### 2.2 The changed background – the need for central coordination

The events of September 11, 2001 significantly changed Government's focus on safety and security for the whole of the UK. The new threat from terrorism highlighted the need for all government departments to have coherent and cooperative emergency response arrangements and the need for central coordination or support. To counteract this threat, the 'Lead Government Departments' (LGDs) for different categories of emergencies were updated and clarified across the UK. The Home Secretary announced a full list of LGDs for England in answer to a Parliamentary Question<sup>5</sup> on 23 July 2002. Annex D to 'A

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<sup>5</sup> Hansard Reference: [72965] 23 Jul 2002 : Column 1070W  
[http://www.publications.parliament.uk/pa/cm200102/cmhansrd/vo020723/text/20723w50.htm#20723w50.html\\_sbhd5](http://www.publications.parliament.uk/pa/cm200102/cmhansrd/vo020723/text/20723w50.htm#20723w50.html_sbhd5)

Guide to Emergency Planning Arrangements in Northern Ireland' sets out the local LGD arrangements.

DHSSPS, in its role as an LGD, not only needed to maintain its capability to respond to 'routine' health emergencies, but it now needed an enhanced capability to respond to the effects from the new dimensions of terrorism, in particular those effects where the numbers of patients could substantially exceed the normal critical care capacity.

Attacks using explosives may be delivered by a variety of means, including suicide bombers. Such attacks may cause multiple casualties and may have as an aim the influencing of the political decisions or positions of one or more governments. They may be of such a nature as to overwhelm the immediate response capabilities of government, whether central, devolved or local.

The potential use of **Chemical, Biological, Radiological or Nuclear (CBRN)** material means there is a further capacity to cause mass casualties and fatalities and significant damage to infrastructure and the environment. "**Asymmetric attacks**", using unconventional means or potentially dangerous materials, have the capacity to cause damage and casualties out of proportion to the means, materials or numbers of terrorists deployed.

Such deadly and determined attacks may be carried out simultaneously across the UK, undermining Government's capability to mount an effective and coherent response and denying access to anticipated or pre-planned sources of mutual aid.

The emergency under consideration may also occur gradually, a "rising tide" event will require a proportionate build up in response. Communicable disease outbreaks, epidemics and pandemics are all examples of this type of emergency. Such emergencies may have no clearly defined starting point.

Experts at the World Health Organisation (WHO) advise that the threat from a further influenza pandemic has not diminished following the 2009 H1N1 pandemic. WHO are responsible for identifying and declaring an influenza pandemic based on the global

situation. WHO guidance outlines the global phases that will be used to monitor the progress of a pandemic and suggests activities that may be undertaken at various points.

The chemical incident at Buncefield<sup>6</sup> illustrated the very real threat that exists from industrial accidents. There are a number of COMAH (Control of Major Accident Hazards) sites in Northern Ireland, including chemical, storage and explosive facilities. Following an accident, each site has the potential to cause mass fatalities and / or casualties that could easily overwhelm the emergency response.

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### **2.3 The Northern Ireland Central Crisis Management Arrangements (NICCMA)**

When a Serious Emergency has occurred or is anticipated, which is likely to have a regional impact on Northern Ireland, central strategic coordination arrangements will be required to:

- coordinate the response across the Northern Ireland departments; and
- provide an interface with other emergency coordination bodies in Northern Ireland and at national level.

These coordination arrangements are known as the Northern Ireland Central Crisis Management Arrangements (NICCMA). Cross-departmental coordination and support is provided by OFMDFM through the activation of NICCMA. The NICCMA protocol has been updated by OFMDFM and is contained within the Guide to Emergency Planning Arrangements.

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### **2.4 The UK Crisis Management Arrangements**

NICCMA also forms an integral part of the UK-wide coordination arrangements feeding directly to COBR in most categories of emergency with impacts at UK level. However, in the case of terrorist inspired incidents in Northern Ireland, NIO would lead the Government response from the Northern Ireland Office Briefing Rooms (NIOBR). The Northern Ireland departments, individually or collectively as part of the central crisis

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<sup>6</sup> Buncefield Oil Storage Depot Explosion, Hemel Hempstead, Hertfordshire - 11 December 2005

management structure, would provide input to the NIO on the consequence management and recovery aspects.

UK Government coordination triggers would include:

- when additional support, assets and skills are required;
- all excepted matters; and
- where the emergency has implications for the UK as a whole.

In the worst case, the UK response may have to be developed and delivered against a background of severe damage to infrastructure, mass casualties or fatalities, the movement of large numbers of people away from the scene or wider area and the possible breakdown of public order. The resilience of responding organisations may come under threat because of the loss, or denial, of assets – including premises, information, data and staff.

Relationships with other responders must be developed, maintained and managed and each must be clear about their and others' roles, responsibilities and capabilities. Individuals within agencies must build and maintain working relationships that contribute to an effective resolution of an emergency.

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## 2.5 Preparing for the response – the essentials

Against this background and to ensure it can effectively meet its LGD responsibilities, DHSSPS will:

- develop **contingency plans** and validate these through a programme of exercises;
- identify **key responders and support staff** and deputies, train and familiarise them in their roles and ensure that they are confident in their ability to support the DHSSPS response in difficult circumstances;
- maintain **incident tracking, assessment and monitoring** arrangements (along with HSC Silver) that support rapid and robust activation and augmentation and early and clear decision-making;



- provide a safe and secure **operations centre** supported by appropriate Information Communication Technologies (ICT), clear operating procedures and efficient means of information management;
- maintain **business continuity** arrangements that allow for extended delivery of a response despite the possible loss or denial of assets;
- build and maintain effective **working relationships with stakeholders**, supported where necessary by protocols and memoranda of understanding and by joint exercising and training; and
- develop an **audit** regime that provides assurance to senior DHSSPS management and stakeholders that DHSSPS is delivering its LGD responsibilities against accepted guidance and best practice<sup>7</sup>.

At all times, DHSSPS will maintain its duty of care to its staff.

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## 2.6 Delivering the response

DHSSPS is expected to move into action immediately an emergency arises in the areas for which it has lead responsibility, and to provide strategic health advice and support to another LGD where it can assist the delivery of their emergency response. Specifically, DHSSPS will be required to:

- Via “**HEALTH SILVER**”, **monitor the situation** using all possible sources to ensure a rapid and effective response to actual developments and effective planning to deal with potential developments;
- participate in CMG / Civil Contingencies Group (CCG(NI)) meetings as required;
- act as a **focal point for health communications** between the DH and strategic command on the ground (police GOLD);
- in the event of a terrorist incident resulting in mass casualties, social disruption or a threat to public health, provide health advice to the NIO emergency management machinery (NIOBR), to support a coherent, coordinated and effective response to

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<sup>7</sup> Source material: ‘The Assurance and review process’ – Chapter 2, from “The Lead Government Department and its role – Guidance and Best Practice” Cabinet Office publication 2004.



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a range of strategic, political and infrastructure issues, including the response to the media and warning and informing the public;

- **support health related decision-making** by police GOLD with health advisory groups and through any deployment of the Consequence Management Liaison Officer (CMLO);
- **support effective decision-making by the Minister** and senior officials;
- produce accurate initial and subsequent **Common Recognised Information Picture (CRIP)** and **Health Impact Management Assessments** during the emergency and maintain accurate records of decisions taken;
- draw upon and coordinate any support needed from other departments / agencies;
- use its authority decisively to **take any actions required from the centre**;
- **coordinate and disseminate information** for the public and for the media;
- **report to the Northern Ireland Assembly**, through the Minister and to the Northern Ireland Executive, and prepare for any subsequent public enquiry;
- **request additional funding** where necessary and receive and consider bids of such funding from health service delivery organisations; and
- in the event of demand for healthcare exceeding or overwhelming supply, the underlying principle is to **achieve the best health outcomes**. Regard must be given to appropriate professional guidance including the General Medical Council's "Good Medical Practice".

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## 2.7 After an emergency

Following any event for which it has LGD responsibility, DHSSPS must:

- make a continuing contribution to recovery planning / delivery through the NICCMA or other LGD processes;
- make a continuing contribution to any counter-terrorist elements of the response through participation in NIOBR, providing timely provision of **Health Impact Management Assessments**;
- monitor and, where necessary, support the management of any continuing consequences of the incident for DHSSPS;

- identify, incorporate and share any lessons learned internally and as part of any cross-cutting review and update plans;
- provide information on individual and collective actions and decisions to the Minister, Northern Ireland Executive and Northern Ireland Assembly and to any public enquiry;
- identify and follow-up improvements to its contingency arrangements;
- de-brief and, where necessary, counsel and support<sup>8</sup> DHSSPS staff and their families who have been involved;
- reward and recognise staff (details of financial reward are set out in the DHSSPS Emergency Response Plan);
- ensure that appropriate recognition is given to responders (e.g. emergency services); and
- assist an early return to normality (or as near to it as can be reasonably achieved).

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## 2.8 The impact of an emergency on DHSSPS

A primary planning assumption for a DHSSPS response to a Serious or Catastrophic Emergency is that such an event will require management for 24 hours a day over a minimum period of 7 days. Any DHSSPS response will engage significant staff resources over a considerable period of time. In such circumstances, concentration on the DHSSPS response may require reappraisal of Departmental priorities and activities in line with Business Continuity Plans. The Regional Health Command Centre is a critical area to be staffed and resourced in an emergency. If a major incident affects both the Department and the HSC, CCG(NI) involvement may also be required.

The focus of effort will be on maintaining the following key response categories:

- the effective discharge of the LGD role (including the continued provision of advice to the Health Minister; the Northern Ireland Executive, police GOLD and senior officials);
- the continued operation of the Health Minister's Private Office and the Northern Ireland Assembly function;

- the continued operation of the Executive Information Service (EIS) to allow for effective coordination of the media effort and of warning and informing the public, as set out in the new Protocol for Collaborative Communications;
- the maintenance of key business support areas (e.g. ICT, personnel, estates management and finance); and
- the maintenance of liaison and coordination arrangements with “HEALTH SILVER”, NIFRS, PSNI, OFMDFM, NIO and COBR.

In order to relieve the pressure on staff currently working in these areas, there may be a need to re-deploy<sup>9</sup> staff from other Departmental activities. **Senior officials in the categories above will have reviewed their staffing requirements in an emergency and already factored any additional staffing needs into their Directorate business continuity planning to ensure that they can meet the primary planning assumption.** Senior officials and staff not involved in the initial emergency response may be asked by DHSSPS Personnel and Corporate Services Directorate to re-deploy to support the key response categories.

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<sup>8</sup> Source Material: “A Guide to Emergency Planning Arrangements in Northern Ireland”, reference paragraph 7.11

<sup>9</sup> Source Material: “A Guide to Emergency Planning Arrangements in Northern Ireland”, reference paragraph 6.5



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## **3. CONTINGENCY PLANNING IN DHSSPS**

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### **3.1 Aim**

The aim of contingency planning in DHSSPS is to ensure that DHSSPS can meet its LGD responsibilities and provide the required support to other LGDs in circumstances where an emergency results in significant casualties, social disruption or a threat to public health.

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### **3.2 Objectives**

Specific objectives are to prepare DHSSPS to:

- assist, as necessary, the HSC sector response to all Local Emergencies in or affecting Northern Ireland;
- respond effectively to all Significant Emergencies in or affecting Northern Ireland where there are consequences for public health;
- respond effectively to all Serious Emergencies in or affecting Northern Ireland where there are consequences for public health;
- respond to health and social care consequences of very severe weather across Northern Ireland, such as a protracted period of sub-zero temperatures and precipitation, widespread flooding, or the effects of heatwaves, having a direct or indirect impact on the delivery of HSC services;
- respond to health and social care consequences of an emergency principally affecting GB or the Republic of Ireland but with residual impact on Northern Ireland in terms of, for example, Chemical, Biological, Radiological or Nuclear material or Explosives (CBRNE);
- contribute to an effective health response to all Catastrophic Emergencies affecting the UK by coordinating the Northern Ireland HSC response; and
- work seamlessly with OFMDFM, other Northern Ireland departments and (as necessary) the NIO, DH, the Health Protection Agency (HPA), the Department of Health and Children (DoHC) in the Republic of Ireland, the Welsh Assembly and Scottish Executive; to deliver an effective Northern Ireland government response



to all health emergencies or to provide health advice, where any other department leads the government response.

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### **3.3 Responsibility**

Responsibility for contingency planning in DHSSPS lies with Emergency Planning Branch. This includes the resilience requirements to support and sustain a response. DHSSPS Business Continuity Management planning is undertaken by Personnel and Corporate Services Directorate.

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### **3.4 Key principles**

The key principles underpinning contingency planning in DHSSPS are:

- **Preparedness.** All those individuals and organisations that might have to respond to emergencies should be properly prepared, including having clarity of roles and responsibilities.
- **Continuity.** Responses to emergencies should be grounded in the existing functions of organisations and familiar ways of working, albeit delivered at a greater tempo, on a larger scale and in more testing circumstances.
- **Subsidiarity.** Decisions should be taken by the most appropriate individual, in whatever role or rank, with coordination at the highest level. Local responders should be the building block of response on any scale.
- **Direction.** Clarity of purpose should be delivered through a strategic aim and supporting objectives that are agreed and understood by all involved to prioritise and focus the response.
- **Integration.** Effective coordination and access to appropriate guidance and support is required within the organisation, as well as be available to all other responding organisations.
- **Communication.** Two-way communication is critical to an effective response. Reliable information must be passed without delay between those who need to know, including the public.
- **Cooperation.** Positive engagement based on mutual trust and understanding will facilitate information sharing and deliver effective solutions to issues arising.

- **Anticipation.** Continual risk identification and analysis (before, during and after an emergency) of potential direct and indirect developments are necessary in order to anticipate and manage the consequences.
- **Assurance and Audit.** Practices should be critically and objectively reviewed to ensure they are fit for purpose.

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### **3.5 Contingency planning – the requirement**

There are a number of possible situations in which DHSSPS might be required to discharge its LGD responsibilities - for many, there can be no single, model response. DHSSPS contingency planning is therefore, primarily generic in its approach (with a few risk-led exceptions including Smallpox and Pandemic Influenza planning – see 'Supporting documents' at paragraph 1.9), facilitating an effective and graduated response to any one of a range of situations.

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### **3.6 Joint Response Emergency Plan**

A Joint Response Emergency Plan has been developed by the Health and Social Care Board (HSCB), the Public Health Agency (PHA), and the Business Services Organisation (BSO) for coordinating the health and social care response at an operational level during an emergency. This SILVER Plan ensures that the response of the three regional HSC organisations is co-ordinated and effectively managed.

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### **3.7 DHSSPS Emergency Response Plan**

The DHSSPS Emergency Response Plan sets out how DHSSPS will deploy and operate in response to an emergency. It identifies the components and resources within DHSSPS that need to be deployed to support that response and the processes to be followed. It identifies the roles to be undertaken and the means and communications available to support a response. It sets out how DHSSPS's emergency response facility (the Regional Health Command Centre - RHCC) will operate to ensure the effective and timely receipt, recording and transmission of information, to support strategic decision-making. It also sets out how DHSSPS will interact with major stakeholders to support an effective response.

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### **3.8 DHSSPS Business Continuity Plan**

The DHSSPS Business Continuity Plan applies to the emergency operation of the RHCC by setting out a framework from which the Department can continue to deliver this critical service. The plan ensures the safety and welfare of RHCC responders; maintain critical RHCC operations; and thereby, protects the reputation of the Department. This plan will also facilitate the movement of critical staff and functions of the RHCC between primary, secondary and any tertiary locations.

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### **3.9 Distribution and use**

The suite of documents above is a key source of information for those DHSSPS officials with a role in DHSSPS's response to an emergency. Those officials will be familiar with their contents and used in conjunction with a robust training and exercise programme, encourages operational flexibility from a knowledge-based Crisis Management Team. Acknowledgment will be taken as confirmation of acceptance of their roles and responsibilities and of an understanding of them.

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### **3.10 Contingency planning – familiarisation and training**

#### **3.10.1 Requirement**

Staff involved in the DHSSPS response to an emergency will fall into the following broad categories:

- those who will operate in **direct support of the Health Minister / Chief Medical Officer (CMO)**;
- those **deployed elsewhere** to support a DHSSPS response either as members in support of health advisory groups, the Consequence Management Liaison Officer (CMLO), or as representatives to other bodies, such as NIOBR;
- administrative staff acting in **direct support of RHCC** activities and processes;
- specialist staff providing **logistics support** (transport, catering etc) to RHCC; and
- specialist **technical and communications** support staff.

All roles and responsibilities in RHCC are clearly identified along with job descriptions. Roles and responsibilities and detailed staffing requirements for RHCC and of officials involved are in the DHSSPS Emergency Response Plan.

### **3.10.2 Roles and responsibilities – general**

The roles that senior officials will undertake in an emergency will be broadly similar to their day to day responsibilities (except where re-deployed for a protracted health response). They will already have a high level of understanding of the qualities, experience and information needs of the Health Minister, DHSSPS colleagues and key members of other stakeholder organisations. However, this knowledge and understanding will have been further developed by structured and ongoing familiarisation opportunities which will allow them to develop knowledge specific to an effective response for all emergencies.

Specialist staff will be undertaking duties broadly in line with their normal activities in support of DHSSPS. Again, familiarisation will be offered to ensure that those staff are aware of, and familiar with, the specific circumstances in which they will be working.

Administrative and support staff in RHCC will be working to processes and with equipment with which they may be unfamiliar. Staff may also have to work under different line managers and in circumstances of increased stress. The difficulty that this may pose to staff is recognised. Therefore, all redeployed staff should be given thorough training in their roles and responsibilities, in welfare and support arrangements, in RHCC processes, with equipment and briefing on the circumstances in which RHCC may be expected to operate. The Department's Business Continuity Plan will be used to assist with resource redeployment and prioritisation.

### **3.10.3 Roles and responsibilities – key issues**

In delivering a DHSSPS response, those involved may be operating in extraordinary circumstances and under extreme pressure. They may be required to make decisions rapidly, to provide quality advice to tight timescales in response to unfamiliar situations and to react quickly to requirements placed upon them. They may be working away from their normal offices, in an environment in which DHSSPS may have lost or been denied

assets and in which in extreme situations colleagues may be dead, injured or unaccounted for. All may be working long and unsociable hours under constant stress until a suitable resolution has been achieved or the emergency is over.

Those providing advice to the Health Minister, senior officials and stakeholders will require knowledge specific to the situation that may not be relevant to their normal activities. Judgements on critical issues (such as the activation of lock down<sup>10</sup> procedures) may have to be made at short notice. Advice to police GOLD through the health advisory groups or the CMLO may have to be developed with little guidance or information from the UK centre other than confirmation of a broad strategic requirement. There will be little room for error and all decisions and advice could be subject to scrutiny after the event. Hard judgements may have to be made, often on the spot, about the performance of colleagues and whether they have a continuing role to play in the emergency response. Long shifts (probably of 12 hours duration) may be standard, with little in the way of formal rest periods or breaks. Contact with families and friends may be limited at a time when they, too, may be under severe stress.

#### **3.10.4 Response**

It is recognised that individuals may not instinctively or immediately perform to the levels required of them in an emergency. They will be prepared as far as is possible, through thorough training and familiarisation. Through a structured exercise programme, staff will have developed confidence in the plans they are implementing, the supporting processes, their own abilities and those of colleagues. They will know what to do, where to go and when in a variety of challenging circumstances, and will be thoroughly familiar with RHCC processes and equipment. It remains essential for all responding staff to be reassured that they and their families will be offered significant welfare support throughout and after, the response.

#### **3.10.5 Training and familiarisation – general approach**

Training and familiarisation will include:



- “shadowing” relevant roles on DH / DoHC / Welsh / Scottish exercises;
- taking part in formal observer programmes established for “national” exercises;
- attending senior emergency management courses at the Emergency Planning College (EPC) or approved equivalent;
- attending subject-specific presentations and seminars (e.g. on CBRN);
- taking part in scenario-based events and seminars;
- undergoing specialised training on the activation and operation of RHCC; and
- carrying out any role specific training as identified within the DHSSPS Emergency Response Plan (e.g. RHCC Emergencies Officer).

**N.B.** In this context, “national” means any exercise notified through the National Security Council (Threats, Hazards, Resilience and Contingencies sub committee) to which devolved administrations have observer status; and any Health Protection Agency exercise.

Staff may have to attend a range of events to develop the skills, knowledge and confidence they need to be effective.

It is envisaged that all staff who have an active role in the DHSSPS response to any emergency, have this role stipulated in their Job Descriptions.

### **3.10.6 Training and familiarisation – specific requirements**

Those involved in **providing advice and support to the Health Minister / CMO**, and for those involved in liaison or representational duties as part of a DHSSPS response, training and familiarisation will aim to develop the core emergency response skills. These are:

- effective planning;
- informed decision taking;
- effective communication; and

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<sup>10</sup> Hospital ‘lock down’ is a mechanism to control access or ultimately close a hospital. To protect against the overwhelming of treatment facilities or the increased risk of secondary contamination from victims and the ‘worried well’, hospitals in close vicinity to a CBRN incident may decide to close or ‘lock down’

- timely implementation of decisions.

These staff should possess the following key qualities / skills:

- leadership, including team-working, decision-making and assertiveness;
- issue identification and prioritisation;
- systematic information management and dissemination;
- critical thinking, evaluation and problem-solving;
- effective deployment and use of available resources;
- networking and negotiation; and
- flexibility, particularly the ability to re-focus and modify plans to meet a developing situation.

They should focus on enhancing these through existing personal development processes.

For staff in **support of RHCC operations and processes**, familiarisation and training will develop the core skills needed to support RHCC operations, particularly:

- creativity and innovation in problem solving;
- incident and response monitoring and tracking;
- information management and tracking;
- the delivery of presentations and briefings;
- the preparation of Situation Reports, CRIPs and Health Impact Management Assessments; and
- the recording of meetings and decisions.

Staff who have agreed to work in RHCC should ensure that these requirements are also reflected in Personal Development Plans (PDPs).

### **3.10.7 Staff changes and moves**

There will be turnover of staff with a role in DHSSPS's response through, for example, lateral transfer, promotion, and retirement. Any new or replacement staff identified as

having a role in a DHSSPS emergency response, will be formally briefed and go through appropriate training and familiarisation. DHSSPS, Emergency Planning Branch, will take the lead in tracking staff changes in ensuring that initial briefings take place as part of an induction into a post and in setting up an appropriate training and familiarisation programme. There will also be an induction for new members of staff at branch level. Similarly departing staff will be debriefed to ensure essential knowledge is not lost to the Department.

### **Health Minister**

A pragmatic approach should be adopted in briefing the DHSSPS Minister. A synopsis of the Department's Lead Government Department role should be included in First Day Briefs. The Minister should be invited to participate in Exercises where appropriate, and kept informed of lessons learned from Northern Ireland and UK Exercises.

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## **3.11 Contingency planning – exercising**

### **3.11.1 Requirement**

Plans must be validated regularly if they are to be effective in supporting a response. Lessons learned must be identified and applied. Effective validation arrangements will give staff confidence that contingency plans are robust and relevant. It is not appropriate to wait for a real event as a basis for validating plans – these are both rare and unwelcome. Alternatives must be found.

### **3.11.2 Central and UK Government Guidance**

Information on the types of exercise which can be used for validation, and how to organise them, can be found in 'A Guide to Emergency Planning in Northern Ireland' (OFMDFM, 2011) and the Home Office's 'The Exercise Planners Guide' (1998).

### **3.11.3 Response**

DHSSPS will maintain an exercise programme to validate plans and to consolidate learning. Emergency Planning Branch has responsibility for testing the Emergency Response Plan. Exercises will be developed and used to:

- bring together, inform and motivate staff involved in responding to an emergency;

- allow scrutiny of responses under controlled conditions;
- establish and reinforce relationships within DHSSPS and between DHSSPS and stakeholders;
- develop team working among staff from different work areas;
- familiarise responders with plans and allow them to practise their roles and responsibilities under them; and
- replicate, where possible, the realities of responding to an emergency, including stress on individuals and systems and the loss or denial of assets, requiring the activation of fallback or business continuity arrangements.

Management Services Unit has responsibility for exercising and testing the Department's Business Continuity Plan.

#### **3.11.4 Exercise Programme – general approach**

DHSSPS will plan, deliver, record and evaluate internal exercises as part of a rolling programme to improve responder understanding and the validation of plans. The exercises will be progressive, concentrating on the most likely high-risk scenarios first. DHSSPS will actively engage with other Northern Ireland departments and the NIO to participate in any of their internal exercises and attend all pertinent UK sponsored exercises either as observers or players. The Department will also engage with the HSC and other stakeholders where appropriate in regional or local organisation exercises.

Three main exercises will be used:

- Seminar / discussion based exercises;
- Table top / command post exercises; and
- Live exercises.

#### **3.11.5 Table top and discussion based exercises – general approach**

DHSSPS will use table top and discussion based exercises as components of a structured build-up to, and preparation for, live exercises.

### **3.11.6 Discussion based exercises**

Discussion based exercises will be used by DHSSPS to raise the awareness among those involved in a response of current developments and thinking. They will also be used to introduce individuals to, or refresh knowledge of, DHSSPS Plans, the roles to be undertaken in an emergency, key relationships, structures, processes and communications.

Discussion based exercises will feature a given scenario or set of circumstances. Participants will explore the scenario, its developing circumstances and likely consequences with the aim of identifying approaches, solutions and responses and exploring problems that may arise.

Business continuity will be an essential element of scenarios for discussion based exercises.

### **3.11.7 Table top exercises**

Table top exercises allow participants to play the roles that they would undertake in an emergency in a controlled and safe environment. They can develop high levels of realism and are effective for testing groups of individuals, aspects of scenarios, or components of plans.

DHSSPS will use table top exercises primarily to educate the Minister / CMO and staff at all levels in their roles. However, representatives of key stakeholders will also be invited to allow groups to:

- understand each other's roles and responsibilities;
- identify and practise the management of joint concerns; and
- build the inter-agency and stakeholder relationships necessary for an effective joint response.

### **3.11.8 Live Exercises – general approach**

Live exercises confirm the satisfactory operation of emergency response strategies and contingency plans. They allow realistic testing of processes and systems and of the people who will implement plans and strategies.

Live exercises can range from a small-scale test of one component of DHSSPS's response (e.g. the opening of RHCC, move to a fallback location) through to a full-scale response to an incident on the ground involving the emergency services and elements of the HSC. Live exercises provide the only means of fully testing arrangements for media response.

### **3.11.9 Large Scale Live Exercises**

DHSSPS will seek to exercise its overall response to an emergency in conjunction with key external stakeholders by participating or observing on Northern Ireland based and national health-related exercises (as notified through the NSID (PSR) (RO)). These will help to familiarise staff with issues that might require a DHSSPS response.

DHSSPS will also avail of the opportunity to participate in Northern Ireland based counter-terrorist live exercises scheduled and planned by the PSNI. Such exercises will include opportunities for consequence management and recovery issues to be addressed, for strategic coordination arrangements to be validated, for the deployment of the Consequence Management Liaison Officer (CMLO) as part of the Government Liaison Team (GLT –), and for the transfer of LGD responsibilities between NIO (default terrorism) and the Northern Ireland departments, where potentially DHSSPS could take, and relinquish, the lead.

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## **3.12 Contingency planning – validation**

Validation is a critical element in the creation and maintenance of viable plans. For assurance purposes, there should be clear evidence that a well coordinated validation strategy is being implemented. Validation is intended to ensure that plans are clear and unambiguous to all involved in their activation and that they are:

- accurate;

- up-to-date;
- workable;
- user-friendly and
- agreed with stakeholders.

Key elements of an effective validation strategy are:

- preliminary and continuing discussion with stakeholders on the totality of the plans and on specific aspects of it;
- a well-structured, managed and monitored exercise programme (including rehearsals and no-notice call-outs of staff);
- appraisal after any activation of the plan for real incidents or to shadow incidents taking place elsewhere.

These approaches should also be used to validate the business continuity plans that support DHSSPS's Contingency Plans.

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### **3.13 Contingency planning – review**

Contingency Planning review is intended to ensure that the validity and relevance of plans has not been overtaken by time or internal or external events, such as restructuring, staff changes or changes in the nature of the threat.

The following approaches must be used in combination:

- **Fundamental review:** a fundamental review of contingency plans must be carried out after live exercises or when issues are identified as the result of other types of exercises. They should also be carried out after incidents that have led to the activation of all or part of the Contingency Plan or following significant enhancements to the nature of the threat. Where these opportunities have not arisen, a fundamental review must be carried out at intervals of no greater than three years.
- **Group read-through:** Group read-through of plans is both a review process and useful means of refreshing individuals' knowledge of the content of a plan. It



should take place immediately before a plan content review. Any issue identified during group read-through must be addressed before plan content review takes place.

- **Plan content review:** reviews of the contents and detail of contingency plans must be carried out regularly at intervals of between 3 and 6 months. These must cover both the fundamentals of contingency plans (including aim, objectives, planning assumptions and response activities) and details such as allocation of individuals to roles, contact telephone numbers etc. Plan content review must be carried out with internal and external stakeholders.

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### **3.14 Action after validation of review**

Plans must be revised to take account of any issues identified as a result of validation or review. Revision may take the form of circulation of a list of changes, individual revised pages, or re-publication of the complete plan.

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### **3.15 Configuration Management and Version Control**

DHSSPS's Contingency Plans will be subject to configuration management and version control, in accordance with PRINCE2 standards.

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## **4. DELIVERING AND SUPPORTING A DHSSPS RESPONSE**

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### **4.1 Requirement**

DHSSPS's role as an LGD requires it to maintain a well-designed, well-implemented and well-managed location from which to support the effective delivery of its health response.

The specific functionality required includes:

- a dedicated location, including alternative sites and structures;
- the integration of varied forms and channels of information;
- appropriate technologies to support decision-makers;
- robust communications with stakeholders;
- processes and procedures to support the management of a response;
- the ability to record all incoming and outgoing data and communications and decisions; and
- a capability for post-incident analysis.

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### **4.2 Management**

Central UK guidance includes a requirement for a dedicated manager with appropriate training.

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### **4.3 Activation**

Central UK guidance requires the availability of an appropriate location as soon as possible in an emergency to support early and rapid decision-making and effective incident tracking.

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### **4.4 Response**

DHSSPS is an integral part of Northern Ireland and UK-wide emergency response arrangements. For Northern Ireland, these are enhanced through Civil Contingencies Group (CCG(NI)) and through the Civil Contingencies Secretariat's 'Capabilities

Programme' for the UK. To support it in meeting its responsibilities as an LGD, DHSSPS maintains a central facility to support the Minister / CMO in providing strategic advice following any health emergency in, or affecting, Northern Ireland. This facility is known as the Regional Health Command Centre (RHCC).

RHCC is neither an incident control room nor an operations room. It is a facility for supporting HSC's health response; for maintaining communication with all key stakeholders; for assessing the viability of the health care infrastructure; for managing the distribution and deployment of the national drugs stockpile; and for facilitating timely and effective strategic decision-making.

RHCC provides a safe and secure location from which the DHSSPS health response can be continuously coordinated. It offers a focal point from which responders (especially from the HSC and PSNI) can seek strategic health direction and advice. RHCC also supports the coordination of a multi-agency response through NICCMA.

The working presumption is always in favour of opening RHCC to respond to an actual or potential health emergency, rather than not. There is provision for graduated opening in the build-up to a potential emergency as well as full opening in response to a reported emergency. This requires dedicated incident monitoring, tracking and reporting arrangements to be in place from the outset of any incident. These facilities will be provided through existing Emergency Planning Branch arrangements. When opened, information could come into RHCC from a variety of sources, including the Northern Ireland health sector, PSNI, CMG, NIOBR, DH, DoHC and COBR.

When the NIO is LGD for a CT response, the RHCC will provide NIOBR with regular Impact Management Assessments on the health situation.

For Catastrophic Emergencies (which are led for the UK by COBR), RHCC will coordinate the health response for Northern Ireland through NICCMA for all civil emergencies and additionally feed to NIOBR for all CT emergencies.

Detailed instructions for the conduct of business in RHCC (including the handling and recording of information) are given in the DHSSPS Emergency Response Plan.

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#### **4.5 Regional Health Command Centre (RHCC) activation – designated officers**

Day to day responsibility for RHCC activation is exercised by the “Emergencies Officer”. During normal working hours this is the Head of Emergency Planning Branch, and out of hours is the “Senior On-Call Emergencies Officer”. In normal working hours the Grade 7, Emergency Planning Branch is the first senior management point of contact for the reporting of incidents. Out of hours the Senior On-Call Emergencies Officer is the first point of contact for incident reports, Significant and above, passed via duty on-call mobile telephone. An Emergencies Officer is to be available to take reports of an incident at all times.

Individually and collectively, the DHSSPS’s Emergencies Officers are responsible for all aspects of RHCC’s maintenance, activation, operations and augmentation before, during and after an emergency. **They have the authority to open RHCC for any event that may require a DHSSPS response.** Normally, and assuming circumstances permit, this would be done in consultation with the Director of Population Health Directorate and / or CMO. Their detailed job descriptions, call-out arrangements and working arrangements are set out in the DHSSPS Emergency Response Plan.

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#### **4.6 RHCC activation – principles and authorities**

The speeds at which health emergencies can develop, and the immediate damaging consequences of a Catastrophic Emergency, require the earliest possible mobilisation of facilities to support DHSSPS’s response. Failure to provide an early operational focal point for information gathering, real-time tracking of incidents and decision-making will impede the speed and the quality of that response, with potentially disastrous effects on the ground and criticism of the Department’s capabilities.

Following an out of hours alert, the Duty On-Call Emergencies Officer will gain approval from senior officers on opening RHCC. When reaching a view on opening, the Emergencies Officer will wish to have as much information about the incident as possible

and may wish to discuss the incident with numerous stakeholders. Opening the RHCC must not be unduly delayed simply because detailed information is not available.

In addition to opening on the direction of the Emergencies Officer, RHCC will also open when:

- CMG has directed that it should;
- NIOBR has already opened in response to a CT emergency in Northern Ireland;
- the Chief Constable / Assistant Chief Constable PSNI has opened the Strategic Coordination Centre (SCC) and requires health input to its Strategic Coordinating Group (SCG );
- COBR has opened in response to a Catastrophic Emergency in or affecting Northern Ireland; or
- a request to open RHCC has been given by any one of:
  - the Health Minister;
  - the Head of the Northern Ireland Civil Service; or
  - the Permanent Secretary, DHSSPS, his/her nominated deputy, the Chief Medical Officer, a Deputy Chief Medical Officer, the Director of Population Health Directorate or the Head of Emergency Planning Branch.

When RHCC has opened (or is being opened under graduated response arrangements) that fact must be communicated to all key stakeholders as soon as possible and staff called in. Details of stakeholders and key staff are in the DHSSPS Emergency Response Plan.

RHCC must be “ready to use” (i.e. all systems and equipment running but not necessarily staffed) within one hour of a decision to open. Where RHCC is being opened, preparations must be made in parallel to open any fallback location. The fallback location is to be “ready to use” within three hours of RHCC coming into a “ready to use” state.

A review of the need for RHCC to remain open will be undertaken at its first meeting, after receipt of an initial Situation Report from the “RHCC Situation Cell” (a team within the RHCC response, which is responsible for the production of Situation Reports - full details

are set out in the DHSSPS Emergency Response Plan). That decision will be recorded and communicated to all key stakeholders.

Full details of RHCC opening arrangements, including Standard Operating Procedures (SOPs), Immediate Actions (IAs), standard meeting agendas and standard reporting formats are set out in the DHSSPS Emergency Response Plan.

Process flow charts for the activation and augmentation of RHCC and contact details for all key personnel are securely retained (in line with current Departmental policy) by the Emergencies Officer.

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## **4.7 RHCC operation – key principles**

### **4.7.1 DHSSPS and relations with PSNI**

Paragraph 1.5 sets out the principles of PSNI's involvement in any emergency. Overall command of an emergency will be exercised by the Chief Constable / Assistant Chief Constable (GOLD) from the Strategic Coordination Centre (the SCC is a secure police location for the convening of the Strategic Coordination Group to advise police GOLD), which will provide facilities for coordinating the different aspects of the situation and from which, effective communications with Government can be maintained.

To ensure effective coordination between PSNI and the various agencies available to assist (including Government), PSNI will set up a Strategic Coordinating Group (the SCG is a group of representatives advising police GOLD, providing the effective coordination between the police and the other agencies). A senior police officer (police GOLD) will provide strategic management of the emergency at SCC.

### **4.7.2 Role of Government for health emergencies**

Once SCC is established, DHSSPS will provide advice through a health advisory group. Where SCC is opening for a CT response and CMG and NIOBR are also opened, all communications on the response between the police and Government will be through the Government Liaison Officer (GLO) and the Consequence Management Liaison Officer (CMLO). The CMLO will be designated by OFMDFM.



The function of RHCC is to determine DHSSPS policy and strategy in relation to any health response. This will be relayed through to the Health representative (Health Liaison Officer) at SCC or where applicable, through NICCMA to the CMLO.

It is essential that advice given by DHSSPS remains, throughout, at the strategic level. DHSSPS will not interfere in the operational command and coordination of the response to an incident by PSNI. No member of RHCC will attend centres of command below GOLD. Officials in RHCC must remain detached from operational and tactical issues at all times.

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## **4.8 RHCC – resilience and Business Continuity**

### **4.8.1 Primary and fallback locations**

RHCC must be able to continue to function in the event of loss or unavailability of DHSSPS assets (including the inaccessibility of Stormont Estate).

RHCC is therefore structured on the basis of primary and fallback locations. It will be for the Emergencies Officer (or nominated deputy) to determine, on the basis of the available information about the emergency, whether RHCC opens initially at the primary or at the fallback location. Where initial opening is at the primary location, arrangements must be made to ensure that the fallback is available and operating should the primary location become untenable.

The Emergencies Officer will undertake a dynamic risk assessment throughout any emergency for which RHCC is opened, to monitor and to support decisions about present and future RHCC locations.

### **4.8.2 Movement between locations**

The Emergencies Officer is responsible for communicating the requirement to move to all stakeholders, for organising any move and for maintaining the quality and coherence of a DHSSPS response during any move.

Detailed plans for undertaking moves between primary and fallback locations are contained in the Department's Business Continuity Plan. MSU would assist in organising moves and will also make regular checks on availability of alternative accommodations.

#### **4.8.3 Tertiary locations**

In the event of loss or denial of RHCC primary and fallback locations, there is a capacity for a limited and short-term DHSSPS response to be maintained from one of a small number of tertiary locations. The decision to move to, and selection of, a tertiary location is the responsibility of the Emergencies Officer.

#### **4.8.4 RHCC resilience – supply chain issues**

The continuing operational effectiveness of RHCC in facilitating a DHSSPS response is critically dependent on the maintenance of key supply chains and infrastructure components for which DHSSPS has no direct responsibility and over which it has no control. These include:

- fuel supplies;
- power;
- communications; and
- transport.

The disruption of any of these in the medium to long term will have a seriously detrimental effect on DHSSPS's ability to sustain a response. LGD responsibility for the supply chain maintenance rests with other Northern Ireland departments. The Emergencies Officer has responsibility for ensuring that DHSSPS's dependence on supply chain maintenance is brought to the attention of the relevant department through discussion with Civil Contingencies Policy Branch (CCPB) and the Civil Contingencies Group (CCG(NI)). Any perceived supply chain weakness is to be brought to the attention of the Director, Population Health Directorate at the earliest possible opportunity.

#### **4.8.5 RHCC resilience – supplier resilience**

The continuing operational effectiveness of RHCC in facilitating a DHSSPS health response is critically dependent on the continued ability of suppliers to meet contractual obligations during any emergency. Areas of importance include:

- the supply and maintenance of ICT equipment and infrastructure;
- the supply of foodstuffs and beverages;
- the supply and maintenance of office equipment and of stationery;
- the delivery of services such as transport;
- the delivery of essentials such as fuel and heating oil; and
- the maintenance of electricity supply.

The Emergencies Officer is responsible for ensuring that the relevant Directorates in DHSSPS have negotiated robust arrangements with suppliers for the continued delivery of goods and services. The Emergencies Officer will work closely with the Department's Business Continuity Manager to ensure that, as far as possible, requirements for the RHCC are taken forward and appropriate stocks of goods and equipment are maintained to overcome supplier failures.

The lowest level planning assumption for all RHCC resilience and business continuity purposes is that described at paragraph 2.8.

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#### **4.9 Exercising**

In this context “exercises” means discussion based, tabletop, or live events, or any combination of these, which seek to validate aspects of the Northern Ireland response to a civil emergency, whether this be as a result of terrorist attack, business continuity issue, or other potential disruptive challenge.

DHSSPS and PHA will undertake through CMO's “Health Countermeasures Group”, to coordinate and collate health-related training and exercising in Northern Ireland. A budget has been made available to PHA to develop local training. This advisory group also provides and facilitates best practice for the Department's LGD responsibilities. Regular updates will be provided through Emergency Planning Branch to CCPB.

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## 5. STAKEHOLDERS AND THE MANAGEMENT OF RELATIONSHIPS

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### 5.1 Requirement

DHSSPS's role as an LGD requires it to maintain a state of readiness. As well as the emergency response functionality described in this plan so far, this also means a need to:

- be clear about the working relationships that need to be established and managed with those likely to have a stake in potential emergencies at national and regional level;
- identify the other departments, agencies and Belfast Resilience whose interest will be affected and whose assistance may be required; and
- plan, train and exercise alongside them.

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### 5.2 Response

DHSSPS will maintain a series of relationships with key external stakeholders and will actively manage those relationships to ensure that it can meet its LGD responsibilities in an emergency. In addition, as the Branch responsible for ensuring DHSSPS's emergency response capabilities Emergency Planning Branch will maintain and actively manage a series of relationships with key internal stakeholders. Details of key stakeholders are set out in 5.3 and 5.4, as are proposed mechanisms for maintaining relationships in 5.5 and 5.6.

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### 5.3 List of key external stakeholders

DHSSPS's key external stakeholders may include:

- Office of the First Minister and deputy First Minister – Civil Contingencies Policy Branch (CCPB);
- Office of the First Minister and deputy First Minister - Executive Information Service (EIS);

- Other Northern Ireland departments;
- NI Assembly
- Northern Ireland Office;
- UK Health Departments
- Health Protection Agency (HPA);
- The Police Service of Northern Ireland (PSNI);
- The Northern Ireland Fire and Rescue Service (NIFRS);
- Health and Social Care organisations; and
- Department of Health and Children and Health Service Executive

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## **5.4 List of key internal stakeholders**

DHSSPS's key internal stakeholders may include:

- The Minister's Private Office;
- Permanent Secretary's Office;
- Information Office
- CMO Group;
- Personnel & Corporate Services Directorate;
- IT Group (ITG);
- Enterprise Shared Services
- Internal Audit;
- Health Estates Investment Group; and
- Resources and Performance Management

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## **5.5 External stakeholder relationships**

### **5.5.1 OFMDFM – Civil Contingencies Policy Branch (CCPB)**

CCPB is the primary point of contact in OFMDFM for discussion on issues involving other Northern Ireland departments or any request for Military assistance in a DHSSPS response to an emergency. CCPB can also facilitate the provision of specialist local advice from local resilience fora representatives, who fall outside of pre-planned DHSSPS contact arrangements.

CCPB promotes and encourages the development of civil protection preparedness throughout the public sector in Northern Ireland. Where necessary, it will facilitate the coordination of NICCMA for the consequences of either a Serious or Catastrophic Emergency, and requests for representation to the NIO following a decision to activate NIOBR. CCPB can also provide assistance and advice in the development of any DHSSPS exercise scenarios and linkages to the Cabinet Office's Civil Contingencies Secretariat (CCS).

DHSSPS is required to establish and maintain a working relationship with CCPB, which may include:

- attendance at relevant seminars sponsored by CCPB;
- development of, and participation in, joint seminars and exercises;
- bilateral meetings;
- identifying nationally emerging health issues with relevance to Northern Ireland and alerting CCPB to them;
- share relevant information as appropriate; and
- membership of key groups and bodies supported by CCPB (e.g. CCG(NI)).

### **5.5.2 OFMDFM – Executive Information Service (EIS)**

The EIS is charged with imparting government policy to the general public, the media and external stakeholders and ensuring that information is communicated appropriately and in a timely way to the Minister and officials.

A Principal Information Officer, normally supported by the Senior Information Officer and two Information Officers, will provide 24-hour media support to the RHCC.

DHSSPS will maintain a pro-active relationship with the EIS through:

- attendance at relevant seminars and exercises sponsored by EIS;
- Grade '7' bilaterals / regular discussions on issues of joint interest;
- involvement of EIS in DHSSPS plan reviews or training and familiarisation events;



- liaison with EIS to ensure fluent delivery of collaborative communications protocol in an emergency response. EIS will co-ordinate the key messages across all responders and develop a core script.

### **5.5.3 Other Northern Ireland departments**

DHSSPS is required to establish and maintain close working relationships with other Northern Ireland departments, including:

- DARD - in relation to public health effects from an outbreak of avian influenza or foot and mouth disease;
- DOE – in relation to public health effects from environmental / water / air pollution;
- DETI – ensuring that HSC interests are reflected into emergency fuel plans;
- DFP – with regard to securing departmental finance; and
- DENI – in relation to the effects on schools / child care / education with regard to an outbreak of pandemic influenza.
- DOJ – in relation to prison healthcare during an incident.

DHSSPS will maintain a pro-active relationship with these departments through OFMDFM.

### **5.5.4 NI Assembly**

The Minister will update Members of the NI Assembly as appropriate on any incident for which DHSSPS is the Lead Government Department.

### **5.5.5 Northern Ireland Office (NIO)**

The NIO is LGD for conventional and CBRN terrorism in Northern Ireland, which is also the default premise for all emergencies unless known to be otherwise. Any activation of a CBRN device will require significant input and close liaison from DHSSPS. The primary source of advice will be through **Health Impact Management Assessments**.

The NIO must also approve any request made for military assistance; and is capable of advising on the military's capabilities and limitations.

DHSSPS officials will need to be familiar with the procedure for taking over as LGD (where appropriate) once the terrorist phase of the emergency response is complete.

DHSSPS will maintain a pro-active relationship with NIO through:

- attendance at relevant seminars sponsored by NIO, or through them, attendance at the Consequence Management day of National CT Exercises;
- development of, and participation in, joint seminars and exercises (particularly those which exercise the change of Lead Government Department);
- Bilateral meetings / regular discussions on issues of joint interest; and
- involvement of NIO in DHSSPS plan reviews or training and familiarisation events.

#### **5.5.6 UK Health Departments**

The DH is responsible for setting health and social care policy in England and for providing guidance on their implementation. However, it is recognized that the Department's work sets standards and drives modernization across all areas of the NHS, social care and public health services. The four UK Health Departments work closely together in emergency planning and preparedness.

DHSSPS will maintain a pro-active relationship with other UK Health Departments, through:

- attendance at relevant UK seminars and exercises;
- attend UK Health Departments meetings and teleconferences on emergency planning;
- bilateral meetings / regular discussions on issues of joint interest; and
- involvement of DH in DHSSPS plan reviews or training and familiarisation events.

#### **5.5.7 Health Protection Agency (HPA)**

The HPA is a UK-wide Non Departmental Public Body (NDPB) established to protect the health and well-being of the population. It has a critical role to protect the population from infectious diseases and preventing harm when hazards involving chemicals, poisons or

radiation occur. It also has a critical role to prepare for new and emerging threats such as bio-terrorism or virulent new strains of disease.

For Northern Ireland, it provides:

- specialised public health advice relating to communicable diseases and environmental threats and hazards;
- access to the National Poisons Information Service which includes the web based resource TOXBASE, and clinical toxicological expertise;
- support to the DHSSPS and the Regional Medical Physics Service with respect to radiation issues including advice on risk assessment, monitoring and protection; and
- advice on the health and environmental consequences of chemicals.

DHSSPS will maintain a pro-active relationship with HPA's Board and key divisions, for example, the Centre for Radiation, Chemical and Environmental Hazards (CRCE) through:

- attendance at relevant seminars;
- appropriate attendance at bilateral meetings; and
- involvement of HPA in DHSSPS plan reviews or training and familiarisation events.

A Memorandum of Understanding is in place between DHSSPS, HPA, and the Public Health Agency. This sets out an agreed framework of co-operation for several areas including emergency preparedness and response.

#### **5.5.8 Police Service of Northern Ireland (PSNI)**

The PSNI has the lead responsibility for coordinating the response to all emergencies where there is danger to life. DHSSPS will maintain a pro-active relationship with PSNI by:

- supporting their response by providing input through a health advisory group or through the CMLO;
- participating in any relevant seminars and exercises sponsored by PSNI; and
- involvement of PSNI in DHSSPS plan reviews or training and familiarisation events.

#### **5.5.9 Northern Ireland Fire and Rescue Service (NIFRS)**

NIFRS is, together with Health and Social Care bodies, part of the DHSSPS family of organisations and is one of the Department's NDPBs. Through the 'New Dimension Project', the NIFRS continues to enhance its capability for dealing with Catastrophic CBRN and conventional terrorist emergencies. Such emergencies may require the mass decontamination of large numbers of people or rescue from collapsed structures.

DHSSPS will maintain a pro-active relationship with the NIFRS through:

- the continued provision of funding;
- annual or biannual monitoring meetings;
- participating in any relevant seminars and exercises sponsored by NIFRS; and
- involvement of NIFRS in DHSSPS plan reviews or training and familiarisation events.

The Fire and Rescue Services (Emergency) (NI) Order 2011 is effective from 1 January 2012. The Order specifies additional functions which will now be core functions of NIFRS. In particular, it creates a statutory requirement for NIFRS to take action in relation to chemical, biological, radiological and nuclear incidents, search and rescue, serious flooding and serious transport incidents.

The Order also imposes specific duties on NIFRS to make provision for equipment, personnel, services and training and have arrangements in place to deal with calls for help and obtain information.

#### **5.5.10 Health and Social Care organisations (including the Northern Ireland Blood Transfusion Service)**

Health and Social Care organisations affected by the emergency will require regular communications and updates from the RHCC. Where circumstances permit, the RHCC Emergencies Officer will request the attendance of a representative (a “liaison officer”) from any or all of the affected HSC organisations to the RHCC; where impracticable, alternative methods of direct communication will be sourced - such as video-conferencing (VTC) or conference calling. This will improve two-way communications, information flow and the level of impact that any policy decisions will have.

DHSSPS will maintain pro-active relationships with HEALTH SILVER Command through:

- HSC Emergency Planning Forum meetings (a jointly chaired group consisting of health emergency planning leads who advise and inform on emergency planning);
- extending invitations to relevant seminars and exercises sponsored by DHSSPS;
- compliance levels with the Emergency Preparedness Controls Assurance Standard (EPCAS);
- regular meetings with Health Protection and Emergency Planning leads in the PHA; and
- involvement in DHSSPS plan reviews.

The NIAS Hazardous Area Response Team (HART) comprises specially trained paramedics who provide the pre-hospital care response to major incidents. HART mainly operates within the inner cordon of a highly hazardous incident.

HART provides advanced life support, triage and treatment to those affected by chemical, biological, radiological or nuclear (CBRN) incidents, building collapses, serious road traffic collisions and fires. It works alongside other Emergency Services to provide enhanced medical response whenever large numbers of casualties are predicted, or to protect responding agencies. They also treat other emergency personnel who may become injured whilst attending such incidents.

## **Department of Health and Children and Health Service Executive**

The DHSSPS will liaise in the first instance with the DoHC and HSE. Cross border liaison will be of particular relevance when:

- the threat or hazard is not confined to a particular jurisdiction;
- there is movement of patients across the border;
- the issue of mutual aid arises, which could include personnel, equipment, countermeasures or technical expertise; and
- containment measures require cross border cooperation.

DHSSPS will maintain a cooperative relationship with the ROI which includes:

- engagement in North South Ministerial Council (NSMC) meetings;
- oversight of cross border initiatives;
- ad hoc DCMO meetings on topics of common interest, for example Pandemic Influenza; and
- participation in training and exercises either through direct participation or observer status.

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## **5.6 Internal stakeholder relationships**

### **5.6.1 The Minister's Private Office**

In the event of a Catastrophic Emergency in which DHSSPS has a part to play, the Minister, or in his / her absence the Permanent Secretary or another senior official, will take overall charge of the Department's emergency response. This response will be delivered through the RHCC, under the chairmanship of the CMO, or nominated deputy.

The Minister will be required to interact with other parts of Government and will likely lead participation on the Crisis Management Group (CMG) and / or the National Security Council (Threats, Hazards, Resilience and Contingencies sub committee).

Emergency Planning Branch will develop the relationships with the Minister by:



- providing briefing on any lessons learned and the content of debriefings from the national and regional exercise programme;
- facilitating participation to national events;
- facilitating participation in exercising RHCC, CMG and NSC(THRC);
- briefing in any projects aimed at enhancing health response capabilities; and
- briefing in any DHSSPS plan reviews.

### **5.6.2 Office of the Permanent Secretary**

DHSSPS is under the overall management of the Permanent Secretary who, as the Accounting Officer, must annually assure the Department's Governance Statement.

Emergency Planning Branch will ensure that the Permanent Secretary has assurance that the processes used to develop and maintain contingency plans are adequate and that appropriate validation has been carried out.

### **5.6.3 Information Office**

The Information Office has responsibility for all external media and press communications from the Department. The Information Office will lead on all media handling for any incident in which DHSSPS is the Lead Government Department.

The OFMDFM collaborative communications protocol sets out the roles for EIS in an emergency response. When the NI Central Crisis Management Arrangements (NICCMA) have been activated EIS will co-ordinate the media response and will lead on development of the media strategy to support the strategic priorities identified by NICCMA.

### **5.6.4 Office of the Chief Medical Officer (CMO)**

The Office of the Chief Medical Officer has four key areas of responsibility:

- professional medical and environmental health advice to Ministers and departments, to inform policy decisions throughout the DHSSPS;
- professional dental and pharmaceutical advice;

- public health policy, including health promotion, disease prevention, emergency planning, health protection and environmental health; and
- safety and quality policy, including standards and guidelines, professional regulation.

The CMO has legislative provisions to authorise Emergency Directions over all Health and Social Care organisations and resources. This empowers CMO to redeploy resources, as necessary, for the duration of the emergency.

Emergency Planning Branch alongside other civil servants, scientists, professional staff and managers will ensure that the CMO receives accurate and timely information to carry out these responsibilities.

#### **5.6.5 Personnel and Corporate Services Directorate**

Management Services Unit (MSU), which includes the Premises Officer for DHSSPS, will meet and maintain the Accommodation and Telephony service requirements for the sustained operation of the RHCC for 24 hours a day over a 7 day period.

Personnel Management Branch (PMB) will be involved in the redeployment of staff, particularly in a sustained emergency such as a pandemic influenza outbreak.

Personnel Development Branch (PDB) will help the sustained delivery of the Training and Familiarisation Programme for all staff.

All security matters will need approval of the Departmental Security Officer (DSO). The DSO will ensure that all RHCC staff meet the necessary vetting requirements.

The Departmental Secretary, Northern Ireland Public Service Alliance (NIPSA) will assure that the roles and responsibilities placed upon all personnel required to respond to an emergency upon DHSSPS resources, are acceptable and agreed.

Public Safety Unit has a role to play in liaising with the NIFRS Gold Command and in ensuring RHCC Chair and RHCC team are kept fully advised of developments.

#### **5.6.6 Information Technology Group (ITG)**

ITG provides IT services to DHSSPS and manages the relationship with IT Assist. Emergency Planning Branch will make arrangements with ITG for the development, support and maintenance of ICT facilities and infrastructures to enable the RHCC to function effectively in an emergency.

#### **5.6.7 Enterprise Shared Services**

Enterprise Shared Services (ESS), within the Department of Finance and Personnel (DFP), brings together responsibility for AccountNI, Centre for Applied Learning, HR Connect, IT Assist, Network NI, and Records NI, into a single group level command.

#### **5.6.8 Internal Audit**

Internal Audit are authorised to help validate the development and continual review process of all DHSSPS Contingency Plans.

#### **5.6.9 Health Estates Investment Group**

HEIG, in consultation with the DHSSPS Emergencies Officer and / or the Departmental Business Continuity Manager, will provide specialist estates advice and support to RHCC and HSC organisations, including:

- provision of professional and technical specialist support to the Health Minister and the Department including representation in the RHCC;
- establishing formal communication channels through the RHCC to the Crisis Management Group (CMG) and / or to the Northern Ireland Central Crisis Management Arrangements (NICCMA) as necessary;
- supporting HSC organisations in the development of Estates emergency plans for consistency, adequacy and regional coordination;
- establishing and maintaining key Estates emergency planning contacts in the other devolved administrations and contact details for key HSC Estates staff;

- establishing and maintaining contact details of key personnel with each of the main Northern Ireland utilities and critical healthcare suppliers that are considered essential for operational continuity of the HSC Estate; and
- examining emergency provisions and operational capacity of each of the main Northern Ireland utilities and critical healthcare suppliers, developing contingency plans where appropriate.

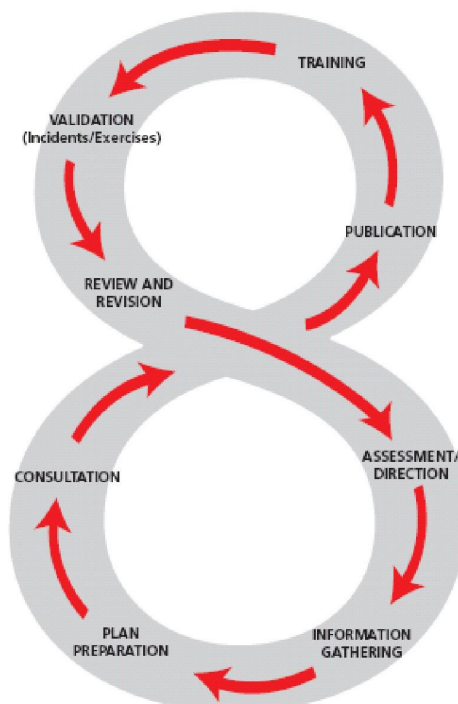
## 6. ASSURANCE AND AUDIT

### 6.1 Introduction

As an LGD with responsibility for Health Contingency Planning, DHSSPS is bound by the expectation of the Permanent Secretary at the Cabinet Office that government departments with such responsibilities should work to common guidance and best practice. This requires a means of ensuring conformity with the guidance – **“The Lead Government Department and its role – Guidance and Best Practice”** (CCS Publication, March 2004) – and specifically, in achieving its planning process (publication page 21, ‘Figure 4: The Planning Process’).

This planning process is further endorsed by the Head of the Northern Ireland Civil Service, within the OFMDFM publication **“A Guide to Emergency Planning Arrangements in Northern Ireland”** (publication page 10, ‘Diagram 1 – The Planning Cycle’).

**The Planning Cycle**



To meet this requirement, effective Health contingency planning is a key objective of the Department and as such risks which may impact on achievement are identified and managed in accordance with the Department's Risk Management Framework.

The Director, Population Health Directorate, will require assurance that the process used to develop contingency plans and to determine both the planning process and plan content are adequate and that appropriate validation has been carried out.

Importantly, the Director will wish to be assured that all supporting actions, as identified in the Lead Government Department Plan, are being carried out to ensure that plans remain relevant, that response capabilities remain effective and that sound working relationships are in place with key internal and external stakeholders.

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## **6.2 Sources of assurance**

Assurances will be obtained from performance monitoring and service improvement arrangements which support the joint HSCB/PHA Commissioning Plan. In view of DHSSPS's role as an LGD and its place in the national emergency response mechanism, assurance will be reflected in the DHSSPS's '**Governance Statement**'.

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## **6.3 Responsibilities**

### **6.3.1 Designated senior official for assurance**

Central guidance requires that a designated senior official should provide assurance that the processes used to develop contingency plans and to determine the plan content is adequate and that some level of validation has been carried out. For DHSSPS, that official will be the **Head of Internal Audit (IA)**.

### **6.3.2 Designated senior official for evidence collection and collation**

The Head of Internal Audit will require evidence that planning processes and plan content are adequate and relevant. The official responsible for ensuring that that evidence is collected and collated in a form acceptable to the Head of Internal Audit is the **Director, Population Health Directorate**.

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#### **6.4 The DHSSPS audit and assurance regime**

The internal audit coverage will be based on management's assessment of risk priorities within the Department. Given that DHSSPS is a Lead Government Department, Contingency Planning will feature for audit review on a regular basis as part of the Internal Audit Strategy and Plan (which has been approved by the Departmental Audit and Risk Committee and by the Permanent Secretary).

Following the completion of each assignment, Internal Audit will issue a draft report to the appropriate level of management responsible for Contingency Planning and, once a final report has been agreed, copies will be issued to the Permanent Secretary and to the Northern Ireland Audit Office. The Executive Summary from the audit report will be presented to the Departmental Audit and Risk Committee for consideration.

The Head of Internal Audit will provide an annual report to the Departmental Audit and Risk Committee and Permanent Secretary including an overall audit opinion on risk management within the Department. This will include a reference to contingency planning.

The report will facilitate the inclusion of comment in the Department's Governance Statement as appropriate.



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## 7. ANNEX A - GLOSSARY

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### 7.1 Definitions

The following definitions apply:

**“Cabinet Office Briefing Rooms” (COBR)** – despite COBR being a location, the committee operating from COBR is commonly referred to as ‘COBR’. COBR is the UK Government’s dedicated crisis management facilities, which are activated in the event of an emergency requiring support and co-ordination at the national strategic level

**“The Capabilities Programme”** – a programme to develop a range of capabilities that underpin the UK’s resilience to disruptive challenges. These capabilities are categorised as being structural (e.g. local response), functional (e.g. mass casualties) or relating to essential services (e.g. financial services).

**“Catastrophic Emergency”** – an emergency which has an exceptionally high and potentially widespread impact and requires immediate central government direction and support.

**“Civil Contingencies”** – risks to civilian health, safety, and property from emergencies as defined in the Civil Contingencies Act 2004 and the Northern Ireland Civil Contingencies Framework (2005).

**“Civil Contingencies Activities”** – are the activities undertaken by individuals and organisations to prevent emergencies and critical business interruptions, to mitigate and control their effects and to prepare to respond. These activities include horizon scanning; risk assessment; Business Continuity Management; Integrated Emergency Management; preparedness; validation; response and promotion of recovery and restoration.

**“Civil Contingencies Group (NI)” (CCG(NI))** – a pan-Northern Ireland multi-agency forum for the development, discussion and agreement of civil protection policy for the

Northern Ireland public services. In addition to its policy role, the CCG(NI) supports strategic co-ordination of emergencies, and during the response to an emergency would support the Crisis Management Group (CMG), supplementing existing lead department arrangements. In circumstances where the CMG is not convened but where cross-cutting strategic management is required the CCG(NI) would fulfil this role.

**“COMAH”** – The Control of Major Accident Hazards Regulations 1999, applies mainly to the chemical industry, but also to some storage activities, explosives and nuclear sites, and other industries where threshold quantities of dangerous substances identified in the Regulations are kept or used.

**“Consequence”** – The perceived or estimated potential impact resulting from the occurrence of a particular hazard which is measured in terms of the numbers of lives lost, people injured, the scale of damage to property and the disruption to a community’s essential services and commodities.

**“Consequence Management”** – measures taken to protect public health and safety, restore essential services, and provide emergency relief to governments, businesses, and individuals affected by the impacts of an emergency.

**“Consequence Management Liaison Officer” (CMLO)** – a nominated representative from OFMDFM attending police Strategic Coordinating Group (SCG) meetings at the Strategic Coordination Centre (SCC) - providing advice, options for mitigating the impact and longer-term recovery to police GOLD on the potential impact of a terrorist incident on the affected population, businesses and the wider community.

**“Controls Assurance Standard” (CAS)** – In this context, a set of standards to ensure preparedness for an effective response to an emergency and to ensure that the HSC fully recovers to normal services as quickly as possible.

**“Crisis Management Group” (CMG)** - Minister-led strategic coordination group responsible for setting the overarching strategy for the administration’s response to an emergency.

**“Dynamic Risk Assessment”** – continuing assessment appraisal, made during an incident or emergency, of the hazards involved in, and the impact of, the response.

**“Emergency”** – An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK or war, or terrorism, which threatens serious damage to the security of the UK – definition from Civil Contingencies Act 2004.

**“Emergency Powers Direction”** – Chair of the RHCC has the power to direct and redeploy HSC resources for the duration of an emergency and recovery period.

**“Emergency Response”** – the DHSSPS’s immediate management of the consequence elements of an incident.

**“GOLD”** – the strategic level of command and control (above SILVER level and BRONZE level) at which policy, strategy and the overall response framework are established and managed for individual responder agencies.

**“Governance Statement”** – a frank appraisal by the Accounting Officer with responsibility for maintaining a sound system of internal control that supports the achievement of departmental policies, aims and objectives, whilst safeguarding public funds and departmental assets.

**“Government Liaison Officer” (GLO)** – the lead member of the Government Liaison Team – in a terrorist emergency an official from the Northern Ireland Office.

**“Government Liaison Team” (GLT)** – in order to establish an effective link between the Government’s crisis committee and the police command centre at the scene, a Government Liaison Team (GLT), headed by the GLO is immediately deployed to act as a single point of contact. The GLT includes the Consequence Management Liaison Officer (CMLO).

**“Immediate Actions” (IAs)** – A pre-determined list of prioritised instructions that must be carried out. These could include the opening of RHCC accommodation and ICT needs; the activation of access control mechanisms; or the instigation of a staff cascade-call-out system.

**“Impact Management”** – managing the social, economic, political media and health consequences of a realised threat or hazard.

**“Impact Management Assessment”** – a DHSSPS assessment, providing a forward look to the health consequences of a realised threat or hazard.

**“Lead Government Department” (LGD)** – Department of the United Kingdom government or devolved administration designated as responsible for overall management of the government response to an emergency or disaster. There are LGDs identified for both the response and recovery phases of emergencies.

**“Local Emergency”** – emergencies where the outcomes are confined to a relatively small area or number of people, where local or sub-regional organisations, or the sub-regional offices of regional organisations, deliver the response. Coordination of response and recovery is facilitated by a local organisation, usually the PSNI or the District Council, but may be another lead organisation such as a Health and Social Care (HSC) Board or a government agency.

**“National Security Council” (NSC)** – a coordinating body, chaired by the Prime Minister, to integrate the work of the foreign, defence, home, energy and international development departments, and all other arms of government contributing to national security.

**“National Security Council, Sub Committee on Threats, Hazards, Resilience and Contingencies (NSC (THRC))”** – a Ministerial sub committee of the National Security Council, which will come together in both policy and crisis response modes.

**“Northern Ireland Central Crisis Management Arrangements” (NICCMA)** – the totality of the arrangements by which the Northern Ireland Executive provides strategic coordination in appropriate emergencies.

**“Northern Ireland Office Briefing Rooms” (NIOBR)** – central facility to support the Secretary of State for Northern Ireland in providing strategic direction following a serious terrorist incident in Northern Ireland.

**“Public Health Agency” (PHA)** – established under the 2009 Reform Act<sup>11</sup>, with responsibilities in relation to health protection, transferred to it from the former HSS Boards. Health protection functions include protecting the community against ***“communicable disease ..... and other dangers to health and social well-being, including dangers arising on environmental or public health grounds or arising out of emergencies.”***

**“Recovery Phase”** – phase focused on recovery, commencing at the earliest opportunity following the onset of an emergency, and running in tandem with the response phase.

**“Regional Health Command Centre” (RHCC)** – a safe and secure facility from which the DHSSPS can provide timely strategic advice to support the HSC’s health response to an emergency.

**“Resilience”** – the ability of the community, services, area or infrastructure to detect, prevent, and, if necessary to withstand, handle and recover from disruptive challenges.

**“Serious Emergency”** – a Serious Emergency (Level 2 response) is one which has, or threatens a wide and prolonged impact requiring sustained coordination and support from many departments and agencies. The extent or severity of an emergency is such that a large number of local, sub-regional and regional organisations are involved in delivering the response and strategic level coordination is required. The Lead Government Department **can** ask for the NICCMA to be convened to facilitate strategic coordination.

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<sup>11</sup> The HSC (Reform) Act 2009, Section 13(3)(b)  
([www.opsi.gov.uk/legislation/northernireland/acts/acts2009/nia\\_20090001\\_en\\_1](http://www.opsi.gov.uk/legislation/northernireland/acts/acts2009/nia_20090001_en_1))

Examples may be a Foot and Mouth Disease outbreak; very severe weather (i.e. flooding and heatwaves) across Northern Ireland; or a terrorist attack.

**“Significant Emergency”** – a Significant Emergency (Level 1 response) has a narrower focus, which is likely localised in one geographical area, but is of sufficient severity to require strategic coordination. Such an emergency is unlikely to require the activation of NICCMA, and be handled by the RHCC. Examples of emergencies on this scale could include the response to a cryptosporidium outbreak; a water pollution incident; a localised chemical incident; severe weather; or prison riot.

**“SILVER”** – tactical tier of command and control within a single agency (below GOLD level and above BRONZE level) at which the response to an emergency is managed. Within this plan, “SILVER” relates to the combined emergency response arrangements of the HSCB, PHA and BSO.

**“Situation Report”** – report produced by an officer or body, outlining the current state and potential development of an incident and the response to it.

**“Standard Operating Procedures” (SOPs)** – a document which describes regularly recurring operations relevant to the activation of the RHCC. The purpose of a SOP is to carry out the operations correctly and always in the same manner – it is a compulsory instruction. Examples include: building, IT and personnel security instructions; and health and safety directions.

**“Strategic Coordination Centre” (SCC)** – the location at which the Strategic Coordinating Group (SCG) meets.

**“Strategic Coordinating Group” (SCG)** – PSNI-led multi-agency body responsible for coordinating the joint response to an emergency at the local strategic level.

## **8. ANNEX B - ACRONYMS**

### **8.1 Commonly used acronyms**

|            |                                                                                               |
|------------|-----------------------------------------------------------------------------------------------|
| BCP        | Business Continuity Plan                                                                      |
| CAS        | Controls Assurance Standard                                                                   |
| CBRN       | Chemical Biological Radiological Nuclear                                                      |
| CCG(NI)    | Civil Contingencies Group (Northern Ireland)                                                  |
| CCPB       | Civil Contingencies Policy Branch                                                             |
| CCS        | Civil Contingencies Secretariat                                                               |
| CMG        | Crisis Management Group                                                                       |
| CMLO       | Consequence Management Liaison Officer                                                        |
| CMO        | Chief Medical Officer                                                                         |
| COBR       | Cabinet Officer Briefing Rooms                                                                |
| COMAH      | Control of Major Accident Hazards                                                             |
| CT         | Counter Terrorism / Counter Terrorist                                                         |
| DFP        | Department of Finance and Personnel                                                           |
| DH         | Department of Health (GB)                                                                     |
| DoHC       | Department of Health and Children (Republic of Ireland)                                       |
| DSO        | Departmental Security Officer                                                                 |
| EIS        | Executive Information Service                                                                 |
| EPCAS      | Emergency Preparedness Controls Assurance Standard                                            |
| ESS        | Enterprise Shared Services                                                                    |
| GLO        | Government Liaison Officer                                                                    |
| GLT        | Government Liaison Team                                                                       |
| HART       | Hazardous Area Response Team                                                                  |
| HPA        | Health Protection Agency                                                                      |
| HSC        | Health and Social Care                                                                        |
| IA         | Internal Audit                                                                                |
| IAs        | Immediate Actions                                                                             |
| ICT        | Information and Communication Technologies                                                    |
| ITG        | IT Group                                                                                      |
| LGD        | Lead Government Department                                                                    |
| MoD        | Ministry of Defence                                                                           |
| MSU        | Management Services Unit                                                                      |
| NIAS       | Northern Ireland Ambulance Service                                                            |
| NICCMA     | Northern Ireland Central Crisis Management Arrangements                                       |
| NIFRS      | Northern Ireland Fire & Rescue Service                                                        |
| NIO        | Northern Ireland Office                                                                       |
| NIOBR      | Northern Ireland Office Briefing Rooms                                                        |
| NIPSA      | Northern Ireland Public Service Alliance                                                      |
| NIRMPA     | Northern Ireland Regional Medical Physics Agency                                              |
| NSC(THRC)  | National Security Committee (Threats, Hazards, Resilience and Contingencies sub-committee)    |
| NSID (PSR) | National Security, International Relations & Development (Protective Security and Resilience) |
| NSMC       | North South Ministerial Council                                                               |
| OFMDFM     | Office of the First Minister and deputy First Minister                                        |
| PDB        | Personnel Development Branch                                                                  |
| PMB        | Personnel Management Branch                                                                   |
| PRINCE2    | Projects in Controlled Environments                                                           |
| PSNI       | Police Service of Northern Ireland                                                            |
| RHCC       | Regional Health Command Centre                                                                |
| PSP        | Private Sector Provider                                                                       |
| SARS       | Severe Acute Respiratory Syndrome                                                             |

|      |                               |
|------|-------------------------------|
| SCC  | Strategic Coordination Centre |
| SCG  | Strategic Coordinating Group  |
| SOPs | Standard Operating Procedures |
| VTC  | Video-conferencing            |
| WHO  | World Health Organisation     |



## 9. ANNEX C - STRUCTURES

### 9.1 Overview of national and Northern Ireland emergency response structures

