Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

AN ROINN
Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

MÄNNYSTRIE O
Poustie, Resydènter Heisin an Fowk Siccar

Role of the DHSSPS as a Lead Government Department (LGD)

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1. GENERAL PRINCIPLES

1.1 Role of DHSSPS as a Lead Government Department

The Department of Health, Social Services and Public Safety (DHSSPS) is the Lead Government Department (LGD – see Annex A for definitions) in Northern Ireland for responding to the health 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**"[1], published by the Office of the First Minister and deputy First Minister (OFMDFM).

DHSSPS's role extends to:

- 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 hostile act resulting in an abnormal casualty situation or posing any threat to the health of the community or in the provision of services that involve significant numbers of patients requiring critical care;

[1] Source Material: www.ofmdfmni.gov.uk/aguidetoemergencyplanningarrangements.pdf

- providing Ministers and / or the Crisis Management Group (CMG – see Annex A for definitions) with health advice in relation to emergencies and briefing on the Northern Ireland HSC response to emergencies;
- coordinating through the Department of Health (DH), COBR's[2] health response to a **Catastrophic (Level 3) Emergency** (see Annex A for definitions);
- 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** (see Annex A for definitions);
- producing a **planning framework** for dealing with **mass casualty** incidents;
- activating the Regional Health Command Centre (RHCC) and participating in the Northern Ireland Central Crisis Management Arrangements (NICCMA – see paragraph 2.4 for detail) as appropriate;
- providing advice to the Northern Ireland Office[3] (NIO) 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) when requested.

1.2 Aim and purpose of this document

This document codifies 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**.

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 staff involved in a response;

[2] COBR – The Cabinet Office Briefing Rooms
[3] The relationship with NIO may need revision following the devolution of policing and justice.

- 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.

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

In Northern Ireland, Civil Contingencies Policy Branch (CCPB) of OFMDFM has responsibility for promoting the development of civil protection arrangements within the Northern Ireland public sector. These arrangements 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[4] 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 trigger the NICCMA. Where the lead responsibility is uncertain or where there is a clear and urgent need for urgent 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**" (see Annex A for definitions) on the health situation.

[4] Source Material: "A Guide to Emergency Planning Arrangements in Northern Ireland" - an OFMDFM Publication, July 2004 – reference paragraph 3.39, 'Lead organisations'

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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[5] 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.

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;

[5] NIOBR – 'The Northern Ireland Office Briefing Rooms'. The NIO's emergency response facility to counter-terrorism

- 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 (see Annex A for definitions) through the government's Consequence Management Liaison Officer (CMLO - see Annex A for definitions) at the Strategic Coordination Centre (SCC - see Annex A for definitions) for all counter-terrorist emergencies with health implications.

In an emergency, DHSSPS will also take forward the specific requirements of an LGD as set out in, 'A Guide to Emergency Planning Arrangements in Northern Ireland'.

1.6 Relationships with Health and Social Care (HSC) organisations

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)), the Northern Ireland Regional Medical Physics Agency (NIRMPA) and Northern Ireland Fire and Rescue Service (NIFRS) to the RHCC (dependent on role and emergency). The timing of these will be decided by the RHCC. Reports including **Health Impact Management Assessments** will be sent from the RHCC to the HSC on a daily basis.

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

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.

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.

1.9 Supporting documents

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

- Northern Ireland Multi-Agency Concept of Operations ("CONOPS") - Response To A Major Chemical, Biological, Radiological and Nuclear (CBRN) Incident;
- DHSSPS Emergency Response Plan;
- DHSSPS Business Continuity Plan;
- Mass Casualties Incidents: A Northern Ireland Framework for Planning;
- Northern Ireland Guidelines for Smallpox Response and Management in the Post-Eradication Era';
- Severe Acute Respiratory Syndrome (SARS) Plan; and the
- Pandemic Influenza Plan.

2. STRATEGIC FRAMEWORK

2.1 The Civil Contingencies Framework

The Northern Ireland Civil Contingencies Framework (November 2005) 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 (see Annex A for definitions) 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.

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[6] on 23 July 2002. Annex D to 'A Guide to Emergency Planning Arrangements in Northern Ireland' sets out the LGD arrangements for Northern Ireland.

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

[6] Hansard Reference: [72965] 23 Jul 2002 : Column 1070W
http://www.publications.parliament.uk/pa/cm200102/cmhansrd/vo020723/text/20723w50.htm#20723w50.html_sbhd5

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) and elsewhere believe that the world is now close to another influenza pandemic. In the last century, three pandemics occurred, in 1918/19, 1957, and 1968, with estimated deaths numbering 21 – 44 millions. As part of influenza preparedness, WHO monitors global incidents and issues the current phase of pandemic alert. On a scale ranging from 1 (low risk of human cases) to 6 (efficient and sustained human-to-human transmission) the world is currently in phase 3 - no or very limited human-to-human transmission.

The chemical incident at Buncefield[7] illustrated the very real threat that exists from industrial accidents. There are a number of COMAH (Control of Major Accident Hazards – see Annex A for definitions) 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.

2.3 The Northern Ireland Central Crisis Management Arrangements (NICCMA[8])

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.

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 – see Annex A for definitions). The Northern Ireland departments, individually or collectively as part of the central crisis management structure, would provide input to the NIO on the consequence management and recovery aspects.

UK Government coordination triggers would include:

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[7] Buncefield Oil Storage Depot Explosion, Hemel Hempstead, Hertfordshire - 11 December 2005
[8] The relationships with NICCMA may need revision once the draft protocol has been agreed.

- when additional support, assets and skills are required;
- all reserved or 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.

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 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;
- develop **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[9].

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

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 heath advice and support to another LGD where it can assist the delivery of their emergency response. Specifically, DHSSPS will be required to:

- **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) – see Annex A for definitions) 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 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 Health Minister** and senior officials;

- produce accurate initial and subsequent **Situation Reports** 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;
- **account to the Northern Ireland Assembly**, through the DHSSPS Minister and the Northern Ireland Executive, and prepare for any subsequent public enquiry;
- **seek 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".

2.7 After an incident

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 DHSSPS Minister, Northern Ireland Executive and Northern Ireland Assembly and to any public enquiry;
- identify and follow-up improvements to its contingency arrangements;

[9] Source Material: 'The Assurance and review process' – Chapter 2, from "The Lead Government

- de-brief and, where necessary, counsel and support[10] staff and their families who have been involved;
- reward[11] 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).

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 and may ultimately lead to the invocation of the DHSSPS 'Emergency Powers Direction' (see Annex A for definitions).

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;
- the maintenance of key business support areas (e.g. ICT, personnel, estates management and finance); and

Department and its role – Guidance and Best Practice", Cabinet Office publication 2004
[10] Source Material: "A Guide to Emergency Planning Arrangements in Northern Ireland", reference paragraphs 6.18 and 7.11
[11] Source Material: "A Guide to Emergency Planning Arrangements in Northern Ireland", reference paragraph 4.13

- the maintenance of liaison and coordination arrangements with Health and Social Care organisations, 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[12] 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 & Corporate Services Directorate to re-deploy to support the key response categories.

[12] Source Material: "A Guide to Emergency Planning Arrangements in Northern Ireland", reference paragraph 6.5

3. CONTINGENCY PLANNING IN DHSSPS

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.

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;
- 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 DH, NIO, the Health Protection Agency (HPA), Irish Department of Health and Children (DoHC), and 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.

3.3 Responsibility

Responsibility for all aspects of Contingency Planning in DHSSPS lies with Emergency Planning Branch, Population Health Directorate. This includes the specification of business and other resilience requirements to support and sustain a response.

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.

3.5 Contingency planning – the requirement

The DHSSPS Contingency Planning Guidance identifies 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 SARS, Smallpox and Pandemic Influenza planning – see 'Supporting documents' at paragraph1.9), facilitating an effective and graduated response to any one of a range of situations.

3.6 The response

While DHSSPS has developed and maintains specific emergency response plans, it has also followed an integrated approach to contingency planning based on generic principles. This provides guidance that is relevant to particular situations as well as supporting a response to any one of them. These plans are brought together in the following three documents:

- Northern Ireland Multi-Agency Concept of Operations (for CBRN incidents);
- DHSSPS Emergency Response Plan;
- DHSSPS Business Continuity Plan.

3.7 The Multi-Agency Concept of Operations

The Multi-Agency Concept of Operations identifies all agencies involved in the planning for, or in the detection of, or in response to, a major CBRN incident (terrorist inspired or not) within or affecting Northern Ireland. It aims to provide responding organisations with:

- clarity of roles and responsibilities;
- identification of essential resources and capabilities to deliver an effective response;
- early identification of trigger points; and
- the framework for early inter-agency communication.

Each agency will play a vital role delivering an effective and timely response, and each must be prepared to take a lead when necessary in order to deliver its specific expertise and capabilities in response to the incident.

3.8 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.

3.9 DHSSPS Business Continuity Plan

The DHSSPS Business Continuity Plan will apply 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 will ensure the safety and welfare of RHCC responders; maintain critical RHCC operations; and thereby, protect 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.

3.10 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 as they provide the basis for the exercising of DHSSPS Contingency Plans through the **Training and Exercise Programme** (under the stewardship of DHSSPS Countermeasures Group), for audit and assurance and for an effective DHSSPS response. Recipients will be asked to acknowledge receipt of the documents. Acknowledgment will be taken as confirmation of acceptance of their roles and responsibilities and of an understanding of them.

3.11 Contingency planning – familiarisation and training

3.11.1 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.

3.11.2 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 staff in this category beyond those supplied by Emergency Planning Branch, will be volunteers[13] and 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.

3.11.3 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[14] 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.

3.11.4 Response

[13] Source Material: "A Guide to Emergency Planning Arrangements in Northern Ireland", reference paragraphs 2.2, 3.54 and 6.20

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.

3.11.5 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 Official Committee on National Security, International Relations & Development (Protective Security and Resilience) ((NSID (PSR) (RO)) to which devolved administrations have observer status.

All activities will be arranged and attendance coordinated by Emergency Planning Branch, through the DHSSPS Countermeasures Group.

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[14] 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'

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.

3.11.6 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
- 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 and **Health Impact Management Assessments**;
- the recording of meetings and decisions; and
- RHCC Standard Operating Procedures (SOPs - see Annex A for definitions), business processes and communications.

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

3.11.7 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.

Health Minister

Whenever a new Health Minister is appointed, he or she will receive a formal briefing from the Chief Medical Officer or one of his senior staff on DHSSPS's LGD roles and on the arrangements in place to support it. They will be encouraged to take part in an appropriate Northern Ireland or UK exercise as soon as possible after arrival. The suite of DHSSPS emergency response documents will be included in first day briefs. Lessons learned from Northern Ireland or UK exercises will be circulated to the Health Minister, as will the programme of forthcoming national exercises produced by the NSID (PSR) (RO).

Retiring or departing staff – knowledge capture

Where staff with core emergency response skills or knowledge leave the DHSSPS or the Civil Service, Emergency Planning Branch will conduct a formal debrief to ensure that essential knowledge is not lost to DHSSPS.

3.12 Contingency planning – exercising

3.12.1 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.

3.12.2 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, 2004) and the Home Office's 'The Exercise Planners Guide' (1998).

3.12.3 Response

DHSSPS will maintain an exercise programme to validate plans and to consolidate learning. 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.

3.12.4 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.

Four main exercises will be used:

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

3.12.5 Table top, discussion based and New Salesman exercises – general approach

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

3.12.6 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's Contingency 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.

3.12.7 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.

3.12.8 New Salesman exercises

New Salesman exercises are part of the National Counter Terrorist (CT) Exercise Programme sponsored by the Home Office and planned and delivered by police forces. Using a series of key note speakers in conjunction with a Table Top exercise, they aim to raise the awareness of police GOLD and SILVER commanders of their roles and responsibilities in responding to a counter-terrorist emergency, which is played out through the exercise scenario. They also provide senior police officers with opportunities to evaluate progress in raising the standard of preparedness of forces. Some New Salesman exercises run into a second day, with the first day addressing CT issues, and the second, consequence management and recovery. DHSSPS will bid for observer attendance to the consequence management and recovery day of New Salesman exercises to raise awareness of, and response to, the health consequences from terrorist emergencies.

Within Northern Ireland, PSNI has lead responsibility for planning and delivering New Salesman exercises.

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3.12.9 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.

DHSSPS will 'live exercise' individual and combined components of its response. It will also exercise the business continuity plans for each and all component(s). Emergency Planning Branch will maintain a forward programme of live exercises for all components of the DHSSPS response.

3.12.10 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 exploit 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 – See Annex A for definitions), 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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3.13 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.

3.14 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:

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- **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.

All three approaches to plan review must be applied after any significant internal or organisational restructuring, including outcomes of the Review of Public Administration.

3.15 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.

3.16 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

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.

4.2 Management

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

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.

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

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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.

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 "Duty 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 Duty 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.

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.

When reaching a view on opening, the RHCC Emergencies Officer will wish to have as much information about the incident as possible and may wish to discuss the incident with numerous stakeholders. Responsibility for opening the RHCC remains a matter for

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the DHSSPS Emergencies Officer and must not be unduly delayed simply because detailed information is not available.

In addition to opening on the direction of the DHSSPS 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 – see Annex A for definitions);
- 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 – see Annex A for definitions), 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 RHCC Emergencies Officer during their tours of duty.

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 – see Annex A for definitions) 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 though to the Health representative (Health Liaison Officer) at SCC or where applicable, though 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.

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 denial of DHSSPS assets (including denial of access to Stormont Estate).

RHCC is therefore structured on the basis of primary and fallback locations. It will be for the DHSSPS 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 DHSSPS Emergencies Officer will undertake a dynamic risk assessment (see Annex A for definitions) 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 DHSSPS 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 RHCC Business Continuity Plan.

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 DHSSPS 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 DHSSPS 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:

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- 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 DHSSPS Emergencies Officer is responsible for ensuring that the relevant Divisions in DHSSPS have negotiated robust arrangements with suppliers for the continued delivery of goods and services. The DHSSPS Emergencies Officer will work closely with the RHCC 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.

4.9 Cross-Northern Ireland exercise database

DHSSPS subscribes to the CCPB managed cross-departmental exercise database for Northern Ireland. This database is intended to capture and record details of all key Northern Ireland exercise activity involving departments and agencies.

In this context "exercises" means discussion based, tabletop, New Salesman, 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 will undertake through CMO's "Health Countermeasures Group", to coordinate and collate all health-related training and exercising in Northern Ireland. 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

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 the DHSSPS Op Doc 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 local resilience fora (LRF) whose interest will be affected and whose assistance may be required; and
- plan, train and exercise alongside them.

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.

5.3 List of key external stakeholders

DHSSPS's key external stakeholders are:

- 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;
- Northern Ireland Office;
- Department of Health (DH);
- Other Devolved Administrations;
- 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
- Government of the Republic of Ireland.

5.4 List of key internal stakeholders

DHSSPS's key internal stakeholders are:

- The Health Minister's Private Office;
- Permanent Secretary's Office;
- Office of the Chief Medical Officer (CMO);
- CMO Group;
- Personnel & Corporate Services Directorate;
- IT Group (ITG);
- Internal Audit;
- Health Estates Agency;
- Equality & Public Safety Directorate; and
- Professional Groups.

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 close working relationship with CCPB, which will include:

- attendance at relevant seminars sponsored by CCPB;
- development of, and participation in, joint seminars and exercises;
- Grade bi-lateral meetings;
- identifying nationally emerging health issues with relevance to Northern Ireland and alerting CCPB to them;
- membership of key groups and bodies supported by CCPB (e.g. the CBRN Steering Group); and
- involvement of CCPB in DHSSPS plan reviews or training and familiarisation events.

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' bi-laterals / regular discussions on issues of joint interest; and
- involvement of EIS in DHSSPS plan reviews or training and familiarisation events.

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 affects from an outbreak of avian influenza or foot and mouth disease;
- DOE – in relation to public health affects 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.

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

5.5.4 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:

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- attendance at relevant seminars sponsored by NIO, or through them, attendance to 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);
- Grade bi-laterals / regular discussions on issues of joint interest; and
- involvement of NIO in DHSSPS plan reviews or training and familiarisation events.

5.5.5 Department of Health (DH)

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.

DHSSPS will maintain a pro-active relationship with DH Emergency Preparedness Division, through:

- attendance at relevant seminars and exercises sponsored by DH;
- Grade bi-laterals / regular discussions on issues of joint interest; and
- involvement of DH in DHSSPS plan reviews or training and familiarisation events.

5.5.6 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 Northern Ireland Regional Medical Physics Agency (NIRMPA) 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.

5.5.7 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.

5.5.8 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.

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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.

5.5.9 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-teleconferencing (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 HSC emergency planning leads through:

- Health Emergency Planning Forum meetings (a CMO-led group consisting of health emergency planning leads who advise and inform on emergency planning);
- extending invitations to relevant seminars and exercises sponsored by DHSSPS, through Health Countermeasures Group;
- annual or biannual monitoring meetings seeking compliance with the Controls Assurance Standard (CAS - see Annex A for definitions); and
- involvement in DHSSPS plan reviews.

5.5.10 Government of the Republic of Ireland

The DHSSPS will liaise in the first instance with the DoHC. 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;
- bilateral meetings on topics of common interest, for example Pandemic Influenza; and
- participation in training and exercises either through direct participation or observer status.

5.6 Internal stakeholder relationships

5.6.1 The Health Minister's Private Office

In the event of a Catastrophic Emergency in which DHSSPS has a part to play, the Health 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 Ministerial Committee on Civil Contingencies (CCC) (see Annex A for definitions);

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

- working jointly with the Health Countermeasures Group to develop and deliver a range of strategic exercises to validate respective response plans and to increase knowledge of, and confidence in, each other's capabilities;
- 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 CCC;
- 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 Statement of Internal Control (SIC – see Annex A for definitions).

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.

Emergency Planning Branch will obtain an annual sign-off by key internal and external stakeholders to the following plans:

- **DHSSPS LGD Document;**
- **DHSSPS Emergency Response Plan;**
- **DHSSPS Business Continuity Plan**.

5.6.3 Office of the Chief Medical Officer (CMO)

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

- professional medical and environmental health advice to Ministers and departments, to inform policy decisions throughout the DHSSPS;
- 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 and adverse incident reporting and learning.

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.

5.6.4 CMO Group

This Group would be vital in the event of an emergency, consisting of people drawn from Public Health Directorate and Safety, Quality and Standards Directorate as well as senior medical professionals and the Chief Environmental Health Officer.

5.6.5 Personnel & Corporate Services Directorate

Management Services Unit (MSU), which includes the Premises Officer for DHSSPS, will meet and maintain the Accommodation and Communication services requirements for the sustained operation of the RHCC for 24 hours a day over a 7 day period. However, after the implementation of Workplace 2010, which is scheduled for 2009, the provision and maintenance of the requirements for the RHCC will become the responsibility of the Private Sector Provider (PSP). MSU will work with the PSP during the cutover period to specify roles and responsibilities.

Personnel Management Branch (PMB) will be involved in the redeployment of staff, particularly in a sustained emergency such as a pandemic influenza outbreak. The nominated Departmental staff welfare representative will arrange for the Welfare Support Service to provide Staff Welfare support to deal with staff concerns during and after the RHCC's activation.

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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.

5.6.6 Information Technology Group (ITG)

The Department will make arrangements with IT Assist for the development, support and maintenance of ICT facilities and infrastructures to enable the RHCC to function effectively in an emergency.

5.6.7 Internal Audit

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

5.6.8 Health Estates Agency

Health Estates, in consultation with the DHSSPS Emergencies Officer and / or the RHCC 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.

5.6.9 Equality & Public Safety Directorate

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.

5.6.10 Professional Groups

Some incidents may require the involvement of professional groups. This will be clarified in the early stages of the emergency. The roles and responsibilities of the different Professional groups are set out in the DHSSPS Emergency Response Plan.

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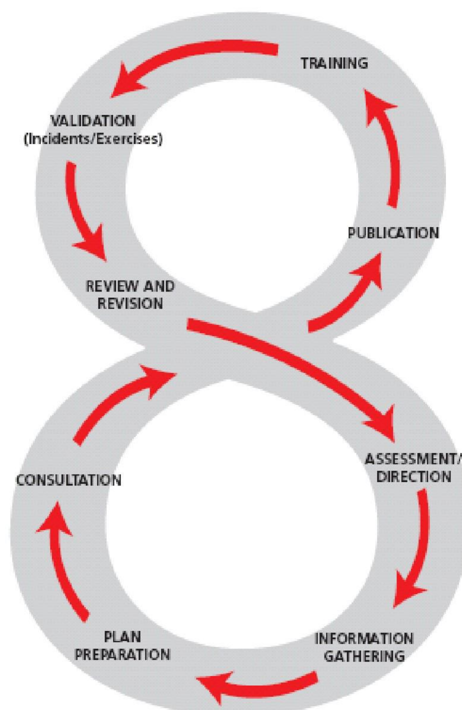
6. ASSURANCE AND AUDIT

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, DHSSPS has adopted the principle that assurance on Health Contingency Planning is incorporated into the annual assurance and risk control mechanisms of the Department's corporate governance regime.

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 DHSSPS Op Doc, 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.

6.2 Sources of assurance

Assurances will be obtained from identified external and internal stakeholders and from other reviewers identified as appropriate. 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 '**Statement of Internal Control**' (SIC).

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**.

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 as a high risk area and be subject to audit annually. The detail of the audit involvement will be discussed by the Departmental Audit and Risk Committee and approved 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 all members of the Departmental Audit and Risk Committee and to the Northern Ireland Audit Office. The Departmental Audit and Risk Committee can then discuss the findings, if considered appropriate, at one of its regular meetings.

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 appropriate comment in the Department's Statement of Internal Control (SIC).

7. ANNEX A - GLOSSARY

7.1 Definitions

The following definitions apply:

"**Cabinet Office Briefing Rooms**" **(COBR)** – Despite COBR being a location, the committee operating from COBR is commonly (but erroneously) referred to as 'COBR'. For terrorist emergencies, the COBR strategy group will meet and for civil emergencies, the Ministerial Committee on Civil Contingencies (CCC) will meet.

"**The Capabilities Programme**" – this is the core framework through which the Government is seeking to build resilience across all parts of the United Kingdom. The programme identifies the generic capabilities that underpin the UK's resilience to disruptive challenges, and ensures that each of these is developed. These capabilities include dealing with mass casualties and fatalities, response to chemical, biological, radiological or nuclear incidents, provision of essential services and warning and informing the public.

"**Catastrophic Emergency**" – a Catastrophic Emergency (Level 3 response) is one which has a high and potentially widespread impact and requires immediate central government direction and support, such as an outbreak of Pandemic Influenza; a Chernobyl scale industrial accident; or a 9/11 scale terrorist attack in the UK. Although the response would be led from COBR, often with the Prime Minister in the chair, the strategic coordination for any Consequence Management and Recovery issues for Northern Ireland would be delivered under Northern Ireland Central Crisis Management Arrangements (NICCMA). All CT elements for Northern Ireland would be coordinated from NIOBR chaired by the Secretary of State.

"**Civil Contingencies**" – Civil Contingencies are the events and situations impacting on the community which may or may not occur, but would lead to an emergency if they did. Civil contingencies cover all the hazards and threats which could impact upon human welfare, the environment, national security or the continuity of essentials of life services.

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"**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))** – works in support of the ministerially-led 'Crisis Management Group' (CMG) to coordinate the response across the Northern Ireland departments and other organisations such as the emergency services and district councils, in line with the strategic direction set by CMG. In addition, CCG(NI) has an ongoing role to review and develop cross-cutting civil contingencies arrangements in Northern Ireland and to facilitate the flow of civil contingencies information between member organisations.

"**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**" – managing the immediate consequences from an incident, assessing the wider impacts (see definition: "Impact Management"), and drawing on all available resources to prevent these wider consequences from occurring or limiting the negative effects they will have.

"**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 to police GOLD for all

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consequences and recovery matters and relaying strategic requests / messages back to NICCMA.

"**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)** - a ministerially led strategic coordination group with responsibility for setting the overarching strategy for the Northern Ireland Executive response to the emergency. CMG has the power to direct the central government strategic response and commit resources across the Northern Ireland Civil Service.

"**Dynamic Risk Assessment**" – the ongoing evaluation of events and circumstances surrounding an emergency, with a view to dealing with them with optimal effectiveness.

"**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.

"**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 and where applicable, the NIO's immediate management of any CT elements.

"**GOLD**" – strategic level management to establish policy, determine strategy, anticipate requirements and for making senior command decisions. For the purposes of the 'Op Doc', GOLD refers to police, fire and ambulance service structures. Police GOLD (an Assistant Chief Constable or the Chief Constable) will lead the response strategy from their Strategic Coordination Centre (see definition) supported, as appropriate, by a Strategic Coordinating Group (see definition).

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"**Government Liaison Officer**" **(GLO)** – supports the GOLD Commander on a 24/7 basis for its duration, reporting back regularly to the crisis committee (RHCC / NICCMA / NIOBR / COBR) to ensure that all decisions are based on accurate and up-to-date information and take into account both operational and political implications.

"**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)** – The department that, depending upon the nature of an emergency, leads and coordinates the government response.

"**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.

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"**Ministerial Committee on Civil Contingencies**" **(CCC)** - considers, in an emergency, plans for assuring the supplies and services essential to the life of the community and to supervise their prompt and effective implementation where required.

"**Northern Ireland Central Crisis Management Arrangements**" **(NICCMA)** – Strategic arrangements to coordinate a response across Northern Ireland departments when a serious or catastrophic emergency has occurred or is anticipated. It can interface with other emergency coordination bodies in Northern Ireland and at UK level.

"**Northern Ireland Office Briefing Rooms**" **(NIOBR)** – the Northern Ireland analogue of the Cabinet Office Briefing Rooms (COBR), completing the counter-terrorist response capability of the UK.

"**Recovery**" – the process of rebuilding, restoring and rehabilitating the infrastructure and the community following an emergency.

"**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 or infrastructure to withstand the consequences of an incident.

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

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"**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 level management to provide support for the operational response, including administration and staff management facilities, ensuring safety of operational staff and providing situation reports for senior management and press officers. For the purposes of the 'Op Doc', SILVER refers to police, fire and ambulance service structures.

"**Situation Report**" – a written account detailing the status of various activities since the last report.

"**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.

"**Statement of Internal Control**" **(SIC)** – 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.

"**Strategic Coordination Centre**" **(SCC)** – A secure police location for the convening of the Strategic Coordination Group to support police GOLD (usually an Assistant Chief Constable but can be the Chief Constable).

"**Strategic Coordinating Group**" **(SCG)** – A multi-agency group that sets the policy and strategic framework for emergency response and recovery work at the local level.

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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
DH	Department of Health (GB)
DoHC	Department of Health and Children (Republic of Ireland)
DSO	Departmental Security Officer
EIS	Executive Information Service
GLO	Government Liaison Officer
GLT	Government Liaison 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
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
SIC	Statement of Internal Control
SOPs	Standard Operating Procedures
VTC	Video-teleconferencing
WHO	World Health Organisation

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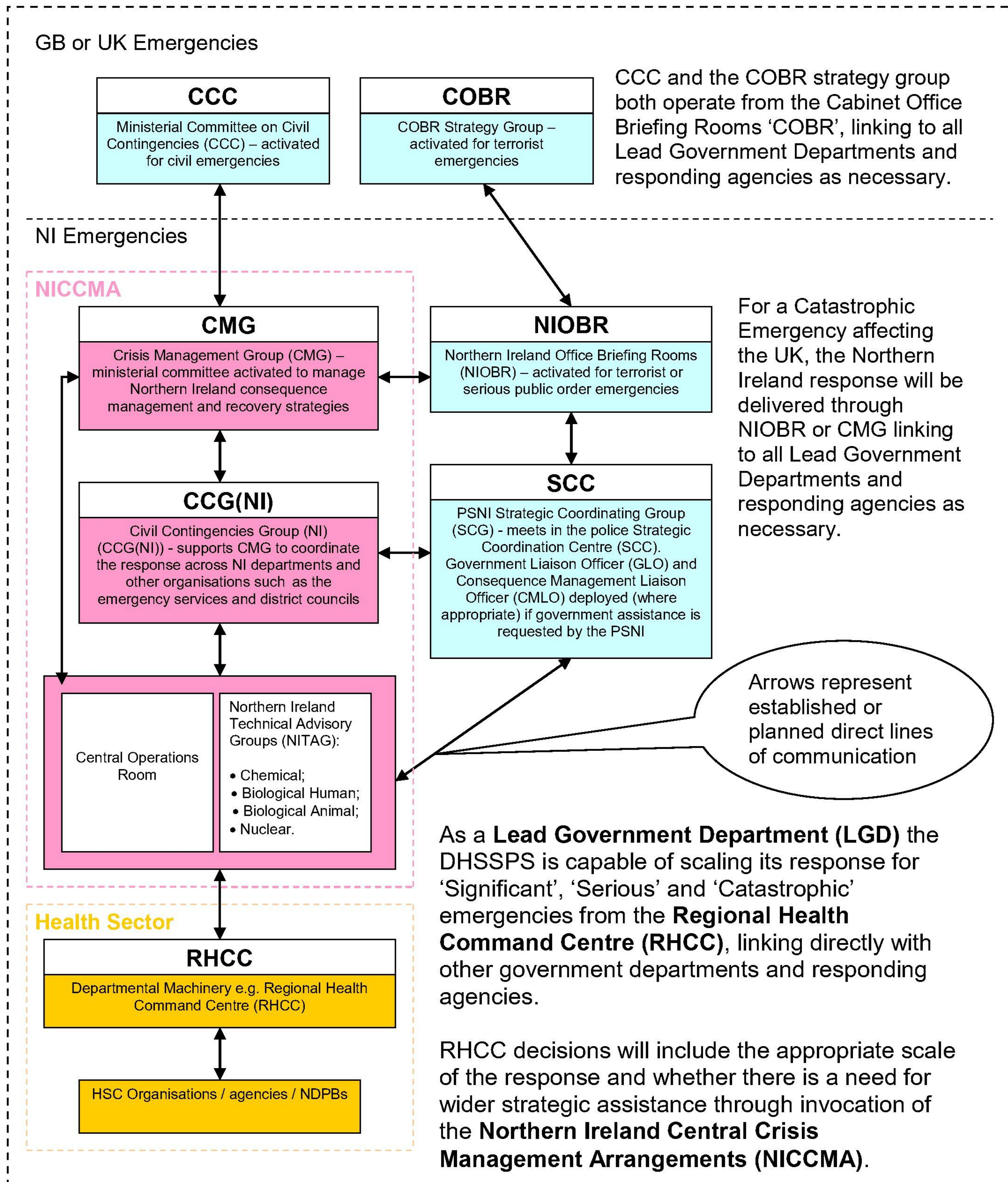
9. ANNEX C - STRUCTURES

9.1 Overview of national and Northern Ireland emergency response structures



As a **Lead Government Department (LGD)** the DHSSPS is capable of scaling its response for 'Significant', 'Serious' and 'Catastrophic' emergencies from the **Regional Health Command Centre (RHCC)**, linking directly with other government departments and responding agencies.

RHCC decisions will include the appropriate scale of the response and whether there is a need for wider strategic assistance through invocation of the **Northern Ireland Central Crisis Management Arrangements (NICCMA)**.

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