

Controls Assurance Standards/Core Standards); and provide a forum for discussion of training needs and best practice.

17. A further practical outcome of the 2010 Policy Circular was the establishment of a Joint Emergency Planning Board (JEP Board), co-chaired by the HSCB and the PHA, and supported by the Emergency Planning leads in the HSCB, PHA and BSO. The purpose of the JEP Board was to seek assurance on HSC preparedness to manage a response to emergency incidents (in adherence to the 2010 Policy Circular and within the context of the Northern Ireland Civil Contingency Framework), and to ensure an appropriate and proportional level of HSC preparedness to enable an effective HSC response to emergencies which have a significant impact on the local community.
18. Taken together, these changes helped to reaffirm emergency preparedness responsibilities across the Health and Social Care Sector and brought renewed focus on the significance of emergency planning.
19. As detailed in the Department's Emergency Response Plan (ERP) [see exhibit INQ000184662], the Department is responsible for leading and co-ordinating the health response when an emergency has been categorised as serious or catastrophic and requires a cross departmental or cross-governmental response. My experience is that this plan has been kept under review, updated, and tested and was helpful in preparing for pandemic response. The testing element is of critical importance and requires significant planning and preparation, whether across the UK or locally, if it is to be done well. There needs to be a firm commitment to prioritising the testing of plans and capabilities. Although it is understandable, on occasion, that the testing of such plans has been postponed due to other more immediate priorities. An example of this was Operation *Yellowhammer*, which is covered more fully below [at paras 55-56].
20. I also believe there would be significant benefit in conducting such testing of emergency response plans and joint exercises on a North/South basis involving respective Northern Ireland and RoI health departments, expert advisory arrangements and other relevant government departments. While a matter for respective Ministers, given the cross jurisdictional dimensions, the experience of

the Covid-19 pandemic would suggest that consideration should be given to testing such arrangements at a UK/Ireland level.

21. In respect of health and social care organisations, it should be noted that the Health and Social Care Board (HSCB) remained as an entity until its dissolution under the Health and Social Care Act 2022. The functions of HSCB were transferred in the main to the newly established Strategic Planning and Performance Group (SPPG) located within the Department of Health. The SPPG reports directly to a Deputy Secretary within the Department, rather than functioning as an ALB. The role of the SPPG as the Commissioner of HSC services is to work with service providers in HSC Trusts in agreeing levels of service and making payments, thereby ensuring resources are used in the most effective and efficient way.
22. Following the Covid-19 pandemic it would be best practice for respective organisations in health to review the effectiveness of all of the extant arrangements for emergency planning and preparedness and to identify any potential areas for improvement. As Departmental policy lead I intend to commission a review of the health arrangements to ensure future resilience as part of our lessons learned exercise and will wish to take into account the learning identified by the Inquiry.

#### Controls Assurance Standards and Core Standards

23. The Controls Assurance Standards (CAS) process was in place within the Department from 1 April 2002 – 31 March 2018. At the direction of the Department, all relevant health and social care public bodies were required to annually self-assess their compliance against the Emergency Planning Controls Assurance Standard (CAS). Each organisation was expected to demonstrate that it had a scalable emergency preparedness plan enabling it to respond to a range of emergency situations, and that it had pandemic influenza preparedness and response plans in place. If there were any gaps in compliance, organisations had to demonstrate actions that they would implement to enable full compliance and provide an associated action plan.
24. In April 2018 the CAS process was replaced by the Core Standards Framework [exhibits INQ000188761 and INQ000188762] for Emergency Preparedness which