

Appendix 2 – EPRR Core Standards Action Plan 2018/19

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Deadline
5	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Confirmation to be sought from the board	March 2019
9	Collaborative planning	Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.	Additional partners such as Bradford Council and Bradford area CCG's to be consulted with as part of the planning process to ensure they are demonstrable in planning arrangements.	October 2018
15	Pandemic influenza	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza as described in the National Risk Register.	Previous policy out of date, initial meeting held between Emergency Planning manager and Nurse Consultant in IPC. An updated policy is now being written and due out for consultation in October.	October 2018
18	Mass Casualty - surge	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to increase capacity by 10% in 6 hours and 20% in 12 hours.	Meeting to be arranged with Operations team to pursue this NHS England guidance.	December 2018
19	Mass Casualty - patient identification	The organisation has arrangements to ensure a safe identification system for unidentified patients in emergency/mass casualty incident. Ideally this system should be suitable and appropriate for blood transfusion, using a non-sequential unique patient identification number	Meeting to be arranged with Operations team to gather further evidence for this process.	December 2018

		and capture patient sex.		
25	Trained on call staff	On call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer.	On call managers handbook to be produced by members of Operations Team. Once this has been implemented then an On call Director pack will be produced	October 2018
26	EPRR Training	The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.	Training needs analysis needs to be formally agreed so training can be arranged.	April 2019
28	Strategic and tactical responder training	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation	Further training need to be organised for staff who have not attended this with a reminder to all on call staff about the need to be able to evidence personal training and exercising portfolios for themselves.	April 2019
30	Incident Co-ordination Centre (ICC)	The organisation has a pre-identified an Incident Co-ordination Centre (ICC) and alternative fall-back location.	Documented processes for establishing an ICC needs to be updated and awareness sessions booked for on call staff.	October 2018
40	LRHP attendance	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.	Intention of regular attendance planned	April 2019
46	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders.	Arrangements to be clarified with relevant stakeholders.	October 2018

50	Data Protection and Security Toolkit	Organisation's IT department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Statement of compliance required as evidence.	October 2018
51	Business Continuity Plans	<p>The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:</p> <ul style="list-style-type: none"> • people • information and data • premises • suppliers and contractors • IT and infrastructure 	Documented plans to be written for these 5 key areas.	December 2018
55	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers' arrangements work with their own.	Further evidence to be sought from Procurement department.	October 2018
58	HAZMAT / CBRN risk assessments	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation.	Full Impact assessment of CBRN decontamination on other key facilities to be undertaken.	October 2018
63	Equipment PPM	<p>There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date decontamination equipment for:</p> <ul style="list-style-type: none"> • Suits • Tents 	Evidence of PPM's to be collected and servicing arrangements clarified.	October 2018

		<ul style="list-style-type: none">• Pump• RAM GENE (radiation monitor)• Other equipment		
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