

Board of Directors (Public)**Item 6.1**

Subject: Preparedness for a Major Incident
Date of meeting: 26th January 2016
Prepared by: Dr Mark Jackson, Director of Research & Informatics and Chief Risk Officer
Presented by: Dr Mark Jackson, Director of Research & Informatics and Chief Risk Officer

BAF Ref	Impact on BAF Risk rating
3	None

1. Introduction

On 9th December, all Trusts received a letter from Dame Barbara Hakin, National Director for Commissioning Operations asking them to urgently review a number of issues with respect to preparedness for a major incident and provide assurance to their Boards.

This was followed by another letter dated 6th January from Ann Rainsberry, Regional Director NHS England (London) requesting that Trusts undertake a clinical risk assessment of the impact of the junior doctors industrial action and have in place measures to mitigate any resultant clinical risk.

2. Preparedness for a Major Incident

The Hakin letter asked Trusts to self-assure with respect to:

Completion of the Emergency Preparedness, Resilience and Response (EPRR) Return

This required Trusts to self-assess against 37 core standards and some additional questions in respect of preparedness for Pandemic Flu.

Full assurance was received by the Risk Management & Corporate Governance Committee and the return submitted by the due date.

Other questions were included in respect of hazardous materials and firearms deployment which were not applicable to our setting.

Cascade Systems to Contact Staff in the Event of Primary Communication Failure

The electronic staff roster system (ESR) held in Human Resources has the contact details of all junior doctors together with a good majority of our staff but not all. Work is underway to close this gap which will be completed by end March. Additionally all Ward and Departmental Managers have contact details for their own staff.

Access to Site in the Setting of Transport Disruption

Major failures in public transport would be mitigated by using private taxi hire. When / if this becomes unavailable due to demand exceeding capacity, staff with cars would be expected to

support the collection of staff from their homes to bring them to site. This provision is not yet reflected in the Major Incident Policy which will be updated accordingly.

Increasing Critical Care Capacity and Capability in Response to an Incident

Plans to respond to this are already in place. As a tier two centre we are not expected to take casualties directly. Rather we would take patients from other Trusts to create capacity for them to do so. This would result in us cancelling our own elective work.

Obtaining Advice on the Management of Traumatic Blast and Ballistic Injury

As a tier two centre, this does not apply to Liverpool Heart & Chest Hospital NHSFT.

The Rainsberry letter asks for a clinical risk assessment of the impact of the junior doctors' industrial action:

Three issues of importance emerged for consideration.

Clinical Risks	Mitigation
Crash team	Covered from within existing resources
Emergency care	Covered from within existing resources
Urgent care	Covered from within existing resources

As such, no reportable risks or concerns were identified.

3. Conclusion

The Trust has fully complied with the directives of both the Hakin and Rainberry letters.

These reviews require:

- Completion of the ESR data cleanse by end March.
- Updates to the major incident policy

4. Recommendation

The Board of Directors should be assured that emergency preparedness directives have been responded to, and the necessary improvement work to be fully assured is under way.