

## Board of Directors (Public)

### Item 6.4

## Board Report

**Subject:** Major Incident Plan- update  
**Date of meeting** 28<sup>th</sup> July 2015  
**Prepared by:** Helen Martin, Risk, Safety & Emergency Planning Lead  
**Presented by** Mark Jackson, Director of Research & Informatics

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating
Bronze	6	None

### 1. Executive Summary

The purpose of the Major Incident Plan is to ensure that all relevant staff are aware of the co-ordinated action and emergency management procedures that need to be implemented in the event of a Major Incident affecting any part of Liverpool Heart and Chest Hospital (LHCH).

### 2. Background

The Civil Contingencies Act require public bodies to have in place plans to assess, plan, advise and take into consideration civil protection.

Responsibilities are set out in The Civil Contingencies Act 2004, which defines an emergency as:

An event or a 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

This Act is supplemented by specific guidance to the NHS from the Department of Health. This defines major incidents for the NHS as being:

Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations.

### 3. Issues

The LHCH major incident plan has been updated in line with national guidance to incorporate plans for mass casualties, bomb and terror threats.

Its effectiveness will be measured by means of table top exercises at least annually and a live test every three years.

The last major incident test was Red Dawn which was conducted in February 2010. The actions arising from it included

- Having a folder of contacts in Major incident boxes – complete
- Site Plan for Major Incident Room – complete
- Identify second major incident room within major incident plan – complete
- Mobile phones to be identified – complete
- Development of major incident boxes - complete

The major incident plan was last actually invoked in December 2013 when EPR went off line. The resulting actions from this were

- Review other Medical Logic Modules that may be impacting performance – complete
- Establish proper Structured Query Language maintenance routines to ensure table fragmentation is below 40% - Complete

There were no recommendations affecting the content of the major incident plan directly.

#### **4. Conclusion**

- It is a requirement for all public bodies to have in place a major incident plan.
- The LHCH Major Incident plan has been updated in line with national guidance.

#### **5. Recommendations**

The Board of Directors is asked to approve the major incident plan.