SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS' MEETING
HELD ON 27th FEBRUARY 2013

Subject	Report of the Hillsborough Independent Panel 12 September 2012
Supporting TEG Member	Neil Riley, Trust Secretary
Authors	Sandi Carman, Head of Patient and Healthcare Governance Carole Mistry, Emergency Planning Manager
Status	Note

PURPOSE OF THE REPORT

To update the Board of Directors on the review of the findings of the report and ensure arrangements for responding to major incidents are as robust as possible, including the way in which Trusts work with local agencies.

KEY POINTS

The tragic events of April 1989 have been reviewed following a request in December 2009 by the then Home Secretary, Alan Johnson to form a Hillsborough Independent Panel with a remit to oversee *"full public disclosure of relevant government and local information within the limited constraints set out in the disclosure protocol".* The resulting report, published 12 September 2012, 'Hillsborough: the report of the Hillsborough Independent Panel' shows that multiple factors were responsible for the deaths of the 96 victims. The panel also concluded that up to 41 of those 96 might have survived had the emergency services reaction and co-ordination been improved.

The Department of Health have requested that all Trust's review their arrangements in light of the Reports findings. This paper outlines the relevant key findings and the Trust's response.

In summary:

- The Trust Major Incident Plan has been reviewed and includes a Mass Casualties plan, which was tested in July 2011.
- The Major Incident plan 2011 clearly identifies a suitable reception area for relatives and friends (Firth Wing Therapy Services Unit).
- Sheffield Teaching Hospitals Emergency Planning Manager meets formally with other Category One responders in Sheffield on a regular basis.
- During a Major Incident a Police Casualty Bureau would be established in the Accident and Emergency Department.
- The Trust has 21 Health Protection Agency trained loggists who would be available to taken contemporaneous notes as an event unfolded.
- Any blood samples taken from a Major Incident Casualty would now be recorded in the Major Incident Patient notes.

IMPLICATIONS

	Aim of the STHFT Corporate Strategy 2012-2017	Tick as Appropriate
1	Deliver the best clinical outcomes	√
2	Provide Patient Centered Care	√
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Board of Directors are asked to note the attached report which, aligned to the findings of the Hillsborough Report, includes a summary of the systems and processes in place to respond to a Major Incident.

APPROVAL PROCESS

Meeting	Presented	Approved	Date
Trust Executive Group	Neil Riley		9 January 2013
Board of Directors	Neil Riley		16 January 2013

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Response to the Report of the Hillsborough Independent Panel 12 September 2012

Author: Carole Mistry
Emergency Planning Manager
30 November 2012

1. Introduction

On 15 April 1989 over 50,000 people travelled to Hillsborough Stadium in Sheffield, to watch an FA Cup Semi-Final between Liverpool and Nottingham Forest. As a result of a crush in the Leppings Lane terrace of the stadium 96 women, men and children died, and 766 more were injured. The incident remains the worst stadium-related disaster in British history and one of the world's worst football disasters.

In December 2009, Home Secretary Alan Johnson announced the formation of the Hillsborough Independent Panel with a remit to oversee "full public disclosure of relevant government and local information within the limited constraints set out in the disclosure protocol". The resulting report, published 12 September 2012, 'Hillsborough: the report of the Hillsborough Independent Panel' shows that multiple factors were responsible for the deaths of the 96 victims. The panel also concluded that "up to 41" of those 96 might have survived had the emergency services reaction and co-ordination been improved.

In a letter to all NHS Chief Executives on the 19 October 2012 (DoH Gateway Ref. 18268) Sir David Nicholson, NHS Chief Executive summarises the findings of the report noting a range of authorities fundamentally failed the people they were supposed to be looking after.

This paper has been written in response to a request, in the same letter, that Trust Boards review the findings of the report and ensure arrangements for responding to major incidents are as robust as possible, including the way in which Trusts work with local agencies.

2. Casualty Numbers

Between 3.21pm and 4.30 pm, 88 people had been taken to Northern General Hospital (NGH) and 71 to the Royal Hallamshire Hospital (RHH). Three people with minor injuries were also taken to Barnsley District General Hospital.

A total of 81 people were admitted to hospital, 56 at NGH and 25 at RHH. A further 69 people were discharged after treatment for less severe injuries, 21 at NGH and 45 at RHH, as well as the three taken to Barnsley District General Hospital.

3. Diversion of Patients

Findings: It is clear those facilities at NGH, which bore the brunt of admitting and treating the most severely injured, were stretched by the influx of casualties. Additional space was used to provide treatment areas and extra ventilators were obtained from elsewhere in the hospital. A hospital divert to the RHH was requested and from 4.11 pm all vehicles attending the incident took remaining casualties to the RHH.

Action taken by the Trust

- The Trust Major Incident Plan has been reviewed and includes a Mass Casualties plan, which was tested in July 2011; this plan includes the option of transferring patients, staff and equipment to the Royal Hallamshire site and the establishment of a secondary triage area in the Huntsman dining room at the Northern General site.

- The Control and Command arrangements for diverting patient's forms part of the Yorkshire and the Humber escalation policy, which was updated October 2012.

- Liaison with the Medical Incident Commander (MIC), through the Hospital Ambulance Liaison Officer (HALO), with an AED Consultant is a pre-determined role agreed by all NHS Trusts. This liaison would enable messages to be conveyed regarding capacity within departments to enable patients to be appropriately distributed across a number of Trusts.

- The expansion of the Accident and Emergency Department to accommodate a significant influx of patient numbers has been undertaken since 1989 and is currently being expanded for a second time.

4. Multi-agency Planning

Findings: According to the Sheffield Wednesday Football Club (SWFC) Secretary, there was no inter-agency pre-match briefing before the 1989 Semi-Final.

Action taken by the Trust

- Sheffield Teaching Hospitals Emergency Planning Manager meets formally with other Category One responders (Fire, Police, Ambulance and City Council) for peer review of plans, to test multi agency response to emergencies, to agree plans for specific events for example, Tramlines Summer Concerts, Sheffield Half Marathon, Olympic Torch Relay etc.

- The Emergency Planning Manager and Lead Consultant for Trauma in the Accident and Emergency Dept have worked with other Regional Leads for Emergency Response to ensure that the arrangements for summoning a Mobile Emergency Response Incident Team response are robust. Training for STH A&E Doctors, Nurses, Anaesthetists and Operating Department Practitioners is arranged and will take place in January and February 2013.

- The South Yorkshire Local Health Resilience Partnership has been recently established and is a strategic forum for organisations in the local health sector. It's key responsibilities are to:

    - Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi agency planning:
    - To ensure plans are in place for a co-ordinated health response to an emergency – including command and control arrangements
    - To ensure plans are in place for mutual aid to and for other Category One responders
    - To provide a provision for joint testing and exercising of plans
    - To provide a framework to ensure that joint plans are current and effective

- The Emergency Planning Team circulate the Trust's Business Continuity Calendar each month to Directorates to ensure that they are aware of events in the City that may have an impact on Service Delivery and which may require additional resources.

5. Major Incident Activation

Findings: During the Hillsborough Disaster communications between all emergency services were imprecise and inappropriately worded leading to delays and misunderstandings.

Action taken by the Trust

The Trust's Major Incident plan 2011 clearly outlines the procedure that will be followed should a Major Incident be declared and is as follows:

- Yorkshire Ambulance Service (YAS) is the agreed sole point of contact for the NHS through which all other emergency services in South Yorkshire will declare a Major Incident
- Once confirmed that a Major Incident has been declared the STH switchboard will invoke an automated telephone and bleep cascade across all sites.
- Gold Silver and Bronze Command teams will be established to manage the incident.

6. Hospital Treatment

Findings: Disclosed records show that both main Sheffield hospitals provided prompt and effective treatment for survivors taken there, aided by the activation of their major incident procedures.

Action taken by the Trust

- The Trust Major Incident Plan has been reviewed and tested on a number of occasions, most recently July 2011 and includes response and provision by most specialties including Head and Neck, Surgical Services, Operating Services/Critical Care/Anaesthetics Medicine, Diagnostics, Emergency Care, Hotel Services, Laboratory Services, Chaplaincy, etc.

- The Major Incident plan includes a plan for Mass Casualties.

- Medical Emergency Response Incident Teams (MERIT) have been commissioned and training is on-going throughout the organisation in-order to effectively provide this capability during a major incident**.**

7. Friends and Relatives

Findings: Relatives had faced a long and uncertain wait. They had been searching hospitals and/or waiting at the disused Boys' Club. Faced with an indeterminable wait in the dour surroundings of the Boys' Club, and unable to discover what was being planned, some relatives went to the hospitals, adding to the throngs already occupying the staff canteens at NGH and RHH.

Action Taken by the Trust

- The Major Incident plan 2011 clearly identifies a suitable reception area for relatives and friends (Firth Wing Therapy Services Unit) This area would be staffed by senior Therapy and Nursing staff during an emergency and who would be in regular contact with the Silver Command Team. There are also formal arrangements in place with

Sheffield City Council for them to provide a Major Incident Response Group (MIRG) to the hospital and this is further supported by the attendance of the Hospital Chaplaincy Service. This area was used successfully for this purpose on the night of the flood in Sheffield 25 June 2007.

- During a Major Incident a Police Casualty Bureau would be established in the Accident and Emergency Department. All information regarding casualties would be provided by the Bureau

8. Recording of events

Findings: The report highlights the importance of correct contemporaneous notes and Loggists within the Hospital Coordinating Team.

Action taken by the Trust

- The Trust has 21 Health Protection Agency trained loggists who would be available to taken contemporaneous notes as an event unfolded. They would sit in each of the Command Teams across the Trust.

9. Blood Samples

Findings: The disclosed documents show that blood alcohol levels were tested in some survivors who attended hospital, as well as in all those who died. There is no record of these tests or their results in the medical notes of survivors, and in some there was no apparent medical reason for the test.

Action Taken by the Trust

- Any blood samples taken from a Major Incident Casualty would now be recorded in the Major Incident Patients' notes; also since the introduction of electronic reporting we have an allocated set of electronic numbered patient record sheets for Major Incident Casualties.

- STH does not currently routinely test for blood alcohol concentration in the Emergency Department and this would also be the case in a major incident. If the police request a blood alcohol test, this should be carried out by the police surgeon and not by the Emergency Department doctor. In exceptional circumstances where the police surgeon is unavailable, the police can ask a doctor not involved in the care of the patient concerned to take the blood alcohol test

10. Conclusion

The report of the Hillsborough Independent Panel has been reviewed against the STHFT Major Incident plan and provides assurance that the current plan addresses all the issues raised within the Panel report.