

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS
HELD ON 20TH JANUARY 2016

Subject	STHFT preparedness for a major incident specifically a 'Paris' style terrorist attack (marauding terrorist)
Supporting TEG Member	Ms Kirsten Major, Director of Strategy and Operations
Author	Ms Carole Mistry Emergency Planning Manager
Status¹	N

PURPOSE OF THE REPORT

In light of the recent tragic events in Paris, NHS England requested that all trusts provide a statement of readiness for a number of additional Emergency Preparedness, Resilience and Response (EPRR) standards.

KEY POINTS

- The Trust can demonstrate readiness in all areas requested. However as with all EPRR activity this can be further developed to increase the organisations resilience.
- A Strategic Task and Finish Group will be established in January to address the planning response required in the event of a marauding terrorist attack.
- The Trust uses a resilient automated telephone cascade system, "Confirmer" and this is tested every six months.
- Arrangements are in place to allow staff access to STH premises in the event of a Major Incident.
- The STH Critical Care Escalation Plan outlines arrangements to increase critical care capacity and capability
- The Trust has the ability to gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries from a national hotline. Additional formal blast and ballistic trauma training to be made available to all staff involved in Major Trauma and to additionally expand the education given during our MERIT provider courses.
- As part of the preparation for the 12th Jan strike action STH has been asked to confirm that the board are aware of plans to deal with a marauding terrorist attack

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Board is asked to note the report and be assured that a process is in place to develop a plan by the end of May for a marauding terrorist incident.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Board of Directors	20.01.16	

¹ Status: A = Approval
 A* = Approval & Requiring Board Approval
 D = Debate
 N = Note
² Against the five aims of the STHFT Corporate Strategy 2012-2017

NHS preparedness for a major incident request for assurance Dame Barbara Hakin (NHSE) 09/12/15

NHSE Assurance request	STH Response
<p>You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system</p>	<p>The Trust has an automated telephone system known as “Confirmer” which in the event of an incident contacts all numbers listed on it, (both in and out of hours). All departments / personnel expected to respond to a Major Incident are included in the cascade. The system is tested every 6 months for Major Incident purposes and is used intermittently to cascade Trust wide internal messages</p> <p>There are two telephone exchange systems on each campus- 4 in total. Both main campuses have telephony supplied from two separate sources, to ensure 24/7 working telephone systems</p>
<p>You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency</p>	<p>Security and Car Parking staffs have defined roles within the Trust Major Incident Plan. Namely traffic management at site entrances and marshalling roles to direct the public/ patients and the emergency services to appropriate receiving areas. South Yorkshire Police will assist the Trust where possible with traffic management, depending on the demands on their own services during an emergency. Staff unable to get to their normal place of work site would report to their nearest site (as they would do during periods of adverse weather)</p> <p>The Trust has a car parking share scheme and shuttle bus service which would be utilised to its capacity during an incident.</p>
<p>Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care</p>	<p>STH Critical Care Escalation Plan outlines arrangements action clinicians will take in the event that activity exceeds capacity. Measures include:</p> <ul style="list-style-type: none"> • Clinical review of all patients to ensure no patients who could be reasonably stepped down to a lower level of care immediately or within a reasonable time frame • Consultant in charge will assess appropriate support in other areas i.e. PACU/ Recovery. Cardiac and Neuro Critical Care. • Convert level 2 capacity to level 3 if safe to do so • Cancellation of elective activity requiring level 2 and 3 support • Stand down any regional referrals/ network admissions which may require level 2/3 care • Access Critical Care Network • Mobilisation of appropriate additional staffing • Open unfunded capacity

<p>You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries</p>	<p>The Trust is to establish a strategic Task and Finish Group in January 2016 to address the planning response required in the event of Marauding Terrorist attack. The Group will be chaired by the Chief Operating Officer and membership will include clinical representation from Surgical Services, Burns and Plastics, Orthopaedics, Radiology, Theatres, Microbiology and Emergency Planning.</p> <p>3 staff members from STH attended the National Meeting 'MTC-27 – EPRR – beyond day one' in Birmingham on 24th November, from which 2 national sources of information were given:</p> <ol style="list-style-type: none"> 1) The Military Advice to Civilian Authorities (MACA) telephone hotline/ national EPRR Major Incident Line: 0844 822 2888 and ask for "NHS 05" 2) The Combat Trauma app (formally Role 4 Trauma Guidelines) for which we are arranging access <p>Further to these resources, STH have emailed a military surgeon working in a neighbouring trust with a view to him being available for advice where needed.</p> <p>A formal education session on blast and ballistic trauma, open to all STH staff involved in Major Trauma, is planned at our annual major trauma study day.</p> <p>We also plan to expand on the education given on blast and ballistic injuries during our MERIT provider courses, attended by around 70 emergency medicine and anaesthetic consultants, emergency department nurses and operating department practitioners.</p>
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