

Name and date of meeting: TRUST BOARD 13th October 2014
Document Title: Learning from the Hillsborough Disaster
Document Author: Joel Standing, Emergency Planning and Liaison Officer Martin Wilson, Director of Delivery and Improvement
Lead Director: Martin Wilson, Director of Delivery and Improvement (Accountable Emergency Officer)
Action required: The Trust Board is asked to: a. Note the recommendations for the NHS arising from the Independent Panel Report into the Hillsborough Stadium football disaster in 1989. b. Confirm that the recommendations have been embedded within St George's Healthcare NHS Trust's approach to emergency preparedness, resilience and response.

Background

1. In 1989, ninety-six people died at the Hillsborough Stadium disaster. Hundreds more were injured and thousands were traumatised in the event which has been recognised to be the worst stadium disaster in England's history.
2. In October 2012, the Hillsborough Independent Panel made 12 recommendations for the NHS, of which seven are relevant to providers of NHS funded services (including St George's).
3. Shortly after the release of the Hillsborough Independent Panel Report, Sir David Nicholson, then NHS Chief Executive, wrote to all NHS Chairs and Chief Executives advising that they should consider the report carefully and review their systems and processes for responding to major incidents.

4. The Local Health Resilience Partnership (LHRP) has recently written to all NHS providers in London seeking assurance that the report recommendations are being complied with.

Trust position

5. St George's Healthcare NHS Trust has a well-developed approach to emergency preparedness, response and resilience (EPRR). The recommendations from the Hillsborough Independent Panel Report have been considered by the Trust.
6. The Trust has clearly identified leadership for emergency preparedness, response and resilience:
 - a. Martin Wilson, Director of Delivery and Improvement is the Trust's appointed Accountable Emergency Officer. He is also chair of the Trust's Business Continuity Steering Group.
 - b. Dr Phil Moss, Clinical Director of Emergency Medicine, is chair of the Trust's Major Incident Steering Group.
 - c. Brendan McDermott, Head of Operations, is the senior management lead for emergency preparedness, resilience and response
 - d. Joel Standing, is the Trust's full time Emergency Planning and Liaison Officer.
7. Both the Business Continuity Steering Group and Major incident Steering Group are permanent sub-committees of the Organisational Risk Committee and accountable via this Committee through the Quality and Risk Committee to the Trust Board.
8. Appendix 1 confirms that the Trust is fully compliant with the recommendations for the Hillsborough Independent Panel Report.

Action required:

9. The Trust Board is asked to:
 - a. Note the recommendations for NHS providers arising from the Independent Panel into the Hillsborough football disaster (set out in appendix 1).
 - b. Confirm that the recommendations have been embedded within St George's Healthcare NHS Trust's approach to emergency preparedness, resilience and response.

Martin Wilson
Director of Delivery and Improvement (Accountable Emergency Officer)
23rd October 2014

Appendix 1 – St George's Healthcare NHS Trust compliance with Hillsborough Independent Panel Report recommendations for the NHS

Appendix 1 – St George’s Healthcare NHS Trust compliance with Hillsborough Independent Panel Report recommendations for the NHS (only recommendations relevant to NHS funded providers of healthcare listed here)

No.	Report Recommendation	Action required from NHS funded organisations	St George’s Healthcare response
3	<p>NHS England should make sure effective debriefing from actual or potential incidents is completed and all appropriate learning is shared and implemented across the local and the wider NHS, where relevant, enabling incident plans to be updated. This could be considered as part of the annual Emergency Preparedness, Resilience & Response (EPRR) assurance process.</p>	<p>Providers of NHS funded care are asked to confirm that they undertake debriefing as part of the recovery to any incident or exercise, and that any recommendations are shared appropriately.</p>	<p>St George’s Healthcare Trust undertakes debriefing after any incident or exercise. A hot debrief takes place immediately after an incident or exercise. The hot debrief is then followed up with a formal debrief. A post incident / post exercise report is then produced and circulated to key stakeholders. This process is supported by the SGH Emergency Preparedness Resilience and Response Policy (Section 5.2.6):</p> <p><i>“Post Significant Incident or Emergency Debriefing</i></p> <ul style="list-style-type: none"> • <i>In order to learn from any significant or emergency the EPLO will ensure the following debriefs and reports are carried out within the stated timeframes;</i> • <i>Hot Debrief - Immediately after the incident or period of duty if the incident is protracted or across multiple locations</i> • <i>Organisational Debrief - Internal debrief within two weeks post incident</i> • <i>Multi-Agency Debrief - Within one month of the incident and only if there was been multi-agency involvement</i> <p><i>Post Incident Reports</i></p> <ul style="list-style-type: none"> • <i>Within 6 weeks of the incident supported by action plans and recommendations in order to update any relevant plans within achievable and Major Incident Steering Group agreed timeframes”</i>
4	<p>NHS England, via the LHRP, should</p>	<p>Providers of NHS funded care are</p>	<p>St George’s Healthcare Trust undertakes monthly</p>

	actively seek assurance from NHS funded organisations with a responsibility to plan for, and respond to, major incidents, that they have tested these activation processes and they are clearly understood by staff. This should be accompanied by evidence that staff training in major incident response is	asked to confirm that they have trained and exercised appropriate staff who may be expected to respond to a major incident. Providers of NHS funded care are asked to confirm that they undertake communications exercises at least six monthly.	Major Incident Training. This training is aimed at staff that work within the Emergency Department, Security, Reception, Portering and other key areas. The SGH Emergency Preparedness Resilience and Response Policy sets out the requirement for training (Section 5.9). Communications exercises take place every six months. The last one was on the 29 May 2014. The SGH Emergency Preparedness Resilience and Response Policy sets out the requirement for exercises and specifically refers to a Communications exercise (Section 5.9.3)
7	LHRPs to consider and action as appropriate this review and NHS England Co-Chairs to report the outcome of these considerations with their relevant Local Resilience Forum.	Accountable Emergency Officers (AEO) from NHS funded organisations are asked to provide a signature below as evidence that these recommendations have been reviewed by their Board.	Martin Wilson as Trust Accountable Emergency Officer will sign and submit this form following its approval by the Trust Executive Management Team and Trust Board. A copy of this document will also be shared with the System Resilience Group.
8	LHRPs should ensure their ambulance services remain fully engaged in Safety Advisory Groups and via the LHRP, that all NHS funded organisations with a role in responding to a major incident at large crowd events are aware of the type of event and the potential impacts on health services to the local population for the duration of the event, or should a major incident occur.	NHS funded organisations are asked to confirm that they are represented at key Safety Advisory Groups for large scale events occurring within their geographical area.	The Emergency Planning and Liaison Officer for St George's Healthcare Trust attends the relevant Safety Advisory Groups (SAG) for the geographical area of Wandsworth and Merton. This is achieved by being a regular member of the Borough Resilience Forums (BRF) for Wandsworth and Merton. The BRF highlights the need for a SAG via the Combined Events List (published by the relevant local authority). The most recent SAG attendance was on the 03 September 2014 for the Fireworks Event taking place at Battersea Park in November 2014
9	LHRP member organisations should	AEOs are asked to confirm by	Martin Wilson as Trust Accountable Emergency Officer

	take the opportunity to review their emergency preparedness and resilience arrangements in their local area in line with Sir David Nicholson's letter of October 2012, and the LHRP should be able to demonstrate that the lessons from the Hillsborough Independent Panel Report have been considered and any recommendations implemented accordingly by local partner organisations.	signing and returning a copy of this letter once it has been reviewed by the organisations Trust Board.	will sign and submit this form following its approval by the Trust Executive Management Team and Trust Board confirming assurance with this recommendation.
10	LHRPs should ensure that the learning from any exercises, and any incident that produces a number of casualties, is identified, shared amongst relevant NHS providers, and reflected in major incident planning.	Providers of NHS funded care are asked to confirm that they undertake debriefing as part of the recovery to any incident or exercise, and that any recommendations are shared appropriately	Martin Wilson as Trust Accountable Emergency Officer will sign and submit this form following its approval by the Trust Executive Management Team and Trust Board confirming assurance with this recommendation.
11	LHRPs may wish to use their remit to assure that all NHS funded providers with a requirement to plan for and respond to major incidents, have joint communications/media plans in place as part of their major incident plans.	NHS funded organisations are asked to confirm that they have media/communications plans in place, and that they are linked to their major incident response arrangements	St George's Healthcare Trust has a media/communications plan that is linked to its incident response arrangements. The Communications Department Emergency Response Plan is owned by the Communications Department at SGH. Section 21 of the trust Major Incident Plan and Section 09 of the Corporate Business Continuity Plan for Internal Disaster Recovery both specifically cover Communications requirements