

NHS England
London Region
Southside
105 Victoria Street
London SW1E 6QT

To: London AEOs of NHS Funded
Organisations
Cc: London EPLOs

August 2014

Dear Colleague

In March 2014 Sarah Pinto-Duschinsky, NHS England (National) Director of Operations and Delivery, wrote to NHS England Regional Directors of Operations and Delivery and NHS England Regional Heads of EPRR with an update of the work completed, to date by NHS England (North) following the publication of the report by the Hillsborough Independent Panel in September 2012. Below is a summary of that letter and the actions required by LHRPs and NHS funded organisations.

Background

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. The Report of the Hillsborough Independent Panel is detailed in its methodology and analysis of events, and adds significantly to our understanding of the context, circumstances and aftermath of the disaster. In doing so it enables the NHS and partner agencies to reflect and comment upon their state of preparedness for any such emergencies in future.

In October 2012, shortly after the release of the Hillsborough Independent Panel Report, Sir David Nicholson, then NHS Chief Executive, wrote to all NHS Trust Chairs and Chief Executives, and to the Chairs and Chief Executives of the former Primary Care Trusts and Strategic Health Authorities. He advised that they should consider the report carefully and review their systems and processes for responding to major incidents. A copy of Sir David's letter is attached.

In December 2012, following an application by the Attorney-General, the High Court overturned the verdicts in the original inquests and ordered fresh inquests to be held. Lord Justice Goldring has been appointed as Assistant Coroner for South Yorkshire (East) and West Yorkshire (West) to conduct those inquests. These inquests were scheduled to start on 31st March 2014, and are expected to continue to run for a considerable amount of time.

The former SHA in the North had undertaken a full analysis of NHS systems and processes for managing incidents at large crowd events. NHS England (North) – together with provider organisations – have completed a review of this work, which makes a number of recommendations that are widely applicable to all NHS provider organisations and LHRPs.

Action

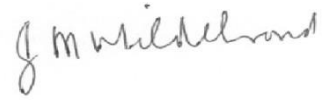
The June LHRP meeting in London decided that assurance should be obtained from every NHS provider that the report recommendations are being complied with. To aid this process, provided below is a matrix of the actions. You are asked to ensure that your Trust Board have had sight of these, by your own internal EPRR governance

process; and to sign and return a copy of the letter to demonstrate that your trust are compliant. Please return this to peter.boorman@nhs.net by Friday 31st October.

Yours sincerely



Simon Weldon
Operations and Delivery Director
NHS England (London)



Jonathan Hildebrand
Director of Public Health
Royal Borough of Kingston upon Thames

	Report Recommendation	NHS England (London) Response	NHS funded organisation Action Required
1	Ensure the review is considered by relevant NHS England professional networks and groups, specifically, medical, operations & delivery and emergency preparedness, resilience and response.	The review and its report will be circulated across networks in London as part of the distribution of the LHRP minutes.	No action required
2	NHS England area teams, in overseeing the commissioning by Clinical Commissioning Groups, should continue to work with their local ambulance services and Local Health Resilience Partnership to actively evaluate the effectiveness of the engagement of ambulance services in Safety Advisory Groups (SAGs).	London Ambulance Service engages fully in all SAGs with regard to large scale events held in London, produces event plans and communicates with relevant health partners. NHS England (London) EPRR team also attend SAG events and contribute to the multi-agency planning where appropriate.	No action required
3	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>NHS England (London) encourages all NHS organisations to undertake a full debrief and report process following incidents and exercises, including the highlighting of any learning to allow lessons to be incorporated into plans as early as possible.</p> <p>NHS England (London) produces reports for any incidents that it is involved in, and shares with LHRP partners.</p> <p>NHS England (London) encourages all NHS providers in London to produce reports following incidents, to share recommendations and best practice.</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.
4	NHS England, via the LHRP, should 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	NHS England (London) delivers a comprehensive annual EPRR assurance process across all NHS organisations in London based on the EPRR Core Standards, including the review of plans and training. NHS England (London) undertakes monthly communications exercises with all NHS organisations in London, to ensure that central	<p>Providers of NHS funded care are asked to confirm that they have trained and exercised appropriate staff who may be expected to respond to a major incident.</p> <p>Providers of NHS funded care are asked to confirm that they undertake communications exercises at least six monthly.</p>

	completed and maintained. These actions could be included as part of the annual EPRR assurance process.	activation processes are tested, and ensures that trusts undertake similar internal exercises at least six monthly.	
5	NHS England, via the LHRP, should seek assurance from relevant NHS funded organisations and commissioners, of the ability of the local health care system to provide Medical Emergency Response Incident Team (MERIT) capability in a major incident response. This should also be considered for reporting as part of the annual EPRR assurance process.	London has a fully developed and integrated MERIT system, which is delivered by HEMS via LAS.	No action required
6	NHS England should complete regular reviews of the state of readiness and suitability of specialist ambulance resources (e.g. HART) to ensure a capability is maintained effectively to respond to significant incidents beyond normal major incidents.	LAS, including HART resources, are included within the annual NHS England (London) assurance process.	No action required

Recommendation for Local Health Resilience Partnerships (LHRPs) and Local Resilience Forums

	Report Recommendation	NHS England (London) Response	NHS funded organisation Action Required
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.	Review to be an agenda item at the LHRP and Patch LHRPs.	AEOs from NHS funded organisations are asked to provide a signature below as evidence that these recommendations have been reviewed by their Board.
8	LHRPs should ensure their ambulance services remain fully engaged in SAGs, 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.	London Ambulance Service engages fully in all SAGs with regard to large scale events held in London, produces event plans and communicates with relevant health partners. NHS England (London) EPRR team also attend SAG events and contribute to the multi-agency planning where appropriate.	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?

9	LHRP member organisations should 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.	<p>All NHS organisations in London undertake an annual EPRR review as part of the assurance process.</p> <p>The London LHRP will task the Patch LHRPs to obtain signed statements from NHS funded providers, to confirm that these lessons have been considered.</p>	AEOs are asked to confirm by signing and returning a copy of this letter once it has been reviewed by the organisations Trust Board.
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.	NHS England (London) encourages all NHS organisations to undertake a full debrief and report process following incidents and exercises, including the highlighting of any learning, and that this is shared across all NHS partners via the EPRR newsletter. NHS England (London) produces reports for any incidents that it is involved in, and shares with LHRP partners.	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.
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.	All plans are reviewed as part of the annual EPRR assurance process, including the presence of comms/media arrangements.	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.
12	Airwave radio systems should be exercised and tested under full scale exercise conditions on a regular basis to identify any capacity or interoperability problems with the network.	Airwave arrangements are currently under review by the blue light services.	No action required

I Charles Bruce confirm that Kingston Hospital NHS Foundation Trust has considered the recommendations as laid down in the table above, and that it complies with the relevant requirements detailed from the Hillsborough Report. This will go to the next Trust Board on 26th November 2014 for approval that the recommendations have been completed, this delay has been agreed with the Trust CEO and NHS England (London), Deputy Head of EPRR.

Name:

Organisation: