

From: John McGrath  
Director of Trusts and Human Resources

Date: October 1998

1. PS/Minister
2. PS/ Secretary of State

#### **RESPONSE TO OMAGH RECOVERY PLAN**

<b>Issue</b>	To advise Ministers that Recovery Plans relating to the aftermath of the Omagh Bombing submitted by Sperrin Lakeland HSS Trust and the WHSSB have been considered and accepted in principle by the HSS Executive.
<b>Timescale</b>	As soon as possible
<b>Recommendation</b>	That Ministers acknowledge the efforts of all parties involved in and after the incident and recognise that additional costs have been incurred. Ministers are invited to give a commitment that the necessary funds (£4.759M over the next two years and an additional £1Mpa thereafter as set out in this submission) will be made available from "new" monies.

## BACKGROUND

1. In response to a request by the Secretary of State, Mr Hugh Mills, Chief Executive of Sperrin Lakeland HSS Trust has submitted a Recovery Plan (including costings over the short term) relating to the aftermath of the Omagh Bombing. The HSS Executive has also received a report from Tom Frawley Chief Executive of the Western Health and Social Services Board reporting on the costs associated with the Omagh Bomb. Each report outlines the short, medium and longer term future. Both reports have been considered by the Executive and each has been accepted in principle.

## COSTS

2. A summary of the additional HPSS costs attributable to the bombing are set out in the Table below and each element is discussed in subsequent paragraphs and clarified in Appendices 1 – 3.

YEAR	£000s
1998/99	3181
1999/00	1578
<b>TOTAL</b>	<b>4759</b>

The estimated costs diminish over time as they represent the initial high level response and the establishment of intensive support systems for patients, staff and the wider community. The need for some of these services will diminish over time and they are likely to be withdrawn, but there is an underlying long term requirement for community support of the more seriously affected victims amounting to £1M on a recurrent basis.



**1998/99 ( See Appendix 1)**

3. These costs can be broken down into expenditure actually incurred by Trusts, arising within the initial 48 hour emergency period, caused by the additional costs of overtime and calling staff in to work, goods and services and the cost of lost or damaged equipment. Additional in-year expenditure on patient care will be incurred by the establishment of a community Trauma and Recovery Team, enhanced Psychological Support, the continued input from Voluntary Organisations and the development of a rehabilitation service.
4. Intensive Community Care Packages to support 23 hospital inpatients following discharge have also been put in place at various locations around the province. Additionally ten critically ill patients will incur extraordinary costs as hospital inpatients due to the nature of their injuries and are predicted to have a hospital stay of approximately one year.
5. Additional staff costs arise from the need to provide counselling and occupational health provision for staff and to provide a multi-level trauma training programme that will assist staff to identify and deal with stress in the general community. Further in-year cost arises from providing extra staff to cover stress-induced sickness absence.
6. A capital cost of £500K has been included to fund the replacement of radio handsets in ambulances.

**1999/00 (See Appendix 2)**

7. The patient costs in 1999-2000 arise primarily from the need to continue to provide the services set up in the previous year such as the Trauma and Recovery Team, enhanced Psychological Support, the continued input from Voluntary Organisations and the development of a rehabilitation service.

The additional in year cost associated with staff support mirrors the extra costs identified for 1998/99 and reflects the full year cost of the proposed research project.

### **SUBSEQUENT YEARS (See Appendix 3)**

8. This expenditure arises from the need to provide long term support to those who suffered the worst injuries and will by that stage be seeking to rehabilitate into the wider community
9. Professional colleagues in the Executive are very supportive of the Trusts' action to date and fully endorse the plans for the future. In their considered view the Trust's estimation of resources is conservative, and they would also caution that there are still costs to be discovered. These include the increased use of prescribed medicines, additional demand on General Practitioners and an increased rate of morbidity and level of activity in the areas of Mental Health and Child Health problems. Some of these latter costs will inevitably be reflected in expenditure on Family Practitioner Services.
10. The Ambulance Service are recognised as having made a significant contribution to the overall management of this situation. As the first to be called to the scene, the speed of their operations made a direct impact on the number of lives that were saved. It was apparent that operational difficulties were encountered directly from poor communications technology. Deficiencies in the microwave radio circuit were identified as being urgently in need of essential upgrading.
11. The Minister has recently commissioned a thorough review of the N.I. Ambulance service when these issues will be further explored and if appropriate a business case will be prepared by the Trust and submitted accordingly. Preliminary estimates of a total revamp of the network would



be in the order of £2M, however it is anticipated that £500K is required immediately to enable replacement of obsolete portable equipment with modern sets compatible with current communication systems.

## **STRATEGIC OUTLOOK**

12. David Bolton, Director of Community Care at Sperrin Lakeland HSS Trust has also submitted a narrative report providing a broad overview of the emotional and community consequences that a major tragic incident of this nature can have on a community. The report gives details of the implementation of a strategy that anticipates the effects of such trauma and as such implements appropriate support systems.

## **DEBRIEFING SESSION**

13. The Executive recently arranged a strategic debrief of the principal participants in the response to the incident. This picked up major operational problems which were apparent at the time or which have subsequently been recognised. The majority of these have their roots in operational practices but the objective was to take a strategic overview with a view to improving practices and facilitating interagency co-ordination and co-operation.

## **CONCLUSION**

14. The funding of the above amounts will be pursued by way of monitoring bids but it will also be necessary to sustain pressure within the political arena to ensure that additional funding is forthcoming for the future longer term needs. Accordingly Ministers are recommended to support the bids outlined above, and to give a political commitment that the necessary funding will be provided from "new" monies. Otherwise the inevitable consequences will be that the effects of the Omagh atrocity will continue to

erode the funding which would otherwise be available to meet the very significant pressures which exist on the Health and Social Services Budget.

15.If Ministers are content with the overall thrust of this submission, a draft reply to Hugh Mills, Chief Executive at Sperrin Lakeland HSS Trust and a draft press release are attached for consideration.

cc Secretary  
CMO  
CNO  
CI/SSI  
Mr Simpson  
Mr Mc Gahan  
Miss Dixon  
Mr Grzymek  
Mr Townson

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APPENDIX 1.

COSTS FOR 1998/99

Areas of Expenditure	£ 000
Direct Patient Care Costs	231
Immediate to short term costs to other providers	772
Short Stay Hospital & Community care Costs	109
Trauma Team	120
Community Psychological Needs	120
Voluntary Sector Services	150
Staff Training Costs	24
Relief Staff for Training sessions and Counselling.	45
Cover for Staff Sickness	120
Rehabilitation facility	100
Research Project	20
Intensive Community Care Packages to support 23 hospital inpatients being discharged at various locations around the province	480
Ten Critically ill patients with an estimated hospital stay of one year	390
Replacement of Ambulance Radio Handsets	500
<b>Total Costs for 1998/99</b>	<b>3181</b>

172.  
576  
81  
89  
89  
112  
18  
34  
90  
75  
15  
358  
291  

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2000

3181 - 500  
= 2681



## COSTS FOR 1999/00

<b>Areas of Expenditure</b>	<b>£ 000</b>
Trauma Team	171
Community Psychological Needs	189
Voluntary Contribution	50
Cover for Staff Sickness	70
Research Project	120
<b>Total cost to Sperrin Lakeland HSS Trust</b>	<b>600</b>
<b>Costs to other providers</b>	<b>108</b>
<b>Ten patients remain critically ill with a projected hospital stay of one year</b>	<b>390</b>
<b>Community Care Packages for 23 seriously wounded patients discharged from hospital</b>	<b>480</b>
<b>Total Costs for 1999/00</b>	<b>1578</b>



## RECURRENT COSTS FOR 2000/01 AND THEREAFTER

Areas of Expenditure	£ 000s
Intensive Community support for the 10 seriously wounded patients who will eventually be discharged into the community	1000
Total costs for 2000/01 and subsequent years	1000



RECONCILIATION OF COSTS IN AFTERMATH OF OMAGH BOMB

	1998/1999			1999/2000			2000/2001		
	£000s			£000s			£000s		
	Sperrin Lakeland	WHSSB	HSS Bid	Sperrin Lakeland	WHSSB	HSS Bid	Sperrin Lakeland	WHSSB	HSS Bid
Costs for first 48 hours to Sperrin Lakeland	231	231	231	0	0	0	0	0	0
Costs to other providers	772	792	772	108	88	108	0	88	0
Short Term hospital & Community Care	109	109	109	0	0	0	0	0	0
Trauma Team	120	291	120	171	0	171	0	0	0
Community Psychology	120	167	120	189	142	189	0	0	0
Voluntary Sector	150	200	150	50	0	50	0	0	0
Staff Support	45	47	45	0	0	0	0	0	0
Staff Trauma Training	24	22	24	0	0	0	0	0	0
Staff Sickness Cover	120	83	120	70	83	70	0	0	0
Rehabilitation Refurb	100	100	100	0	0	0	0	0	0
Research Project	20	82	20	120	82	120	0	0	0
Community Care Packages for 23 seriously injured patients	0	0	480	0	957	480	0	0	0
Ten critically ill hospital inpatients (1 year)	0	0	390	0	780	390	0	0	0
Long term, high intensity Community Care packages for the same ten patients	0	0	0	0	0	0	0	1040	1000
<b>TOTAL</b>	<b>1811</b>	<b>2124</b>	<b>2681</b>	<b>708</b>	<b>2132</b>	<b>1578</b>	<b>0</b>	<b>1128</b>	<b>1000</b>



RECOVERY COSTS OF OMAGH BOMB

Summary of Costs by Year (£000s)			
Year	Sperrin Lakeland	WHSSB	HSS Bid
1998/99	1811	2124	*3181
1999/00	708	2132	1578
<b>Total</b>	<b>2519</b>	<b>5384</b>	<b>4759</b>

NOTES

1. WHSSB and HSS Executive bids contain short, medium and longer term costs.  
The longer term costs comprise
  - Community care packages for 23 seriously ill patients
  - Ten hospital inpatients requiring Critical Care for a period of approx one year
  - High intensity community care for these ten patients following discharge from hospital
  
2. The Sperrin Lakeland short to medium term costs only cover 1998/99.
  
3. \*The HSS Executive bid includes £500K to replace Radio Handsets for the Ambulance Service.
  
4. An assumption is made that the WHSSB long term costs of £957K (Intensive Community Care Packages for 23 seriously injured patients) and £780K (The cost of critically ill hospital inpatients for a period of approx.1 year) which are set against the year 1999/00 are better split between 1998/99 and 99/00, as recent telephone discussions with the WHSSB would confirm that it is now known that this more accurately reflects the actual period in which these costs arise. ( Please see attached fax)