



HEALTH AND SOCIAL CARE TRUST

**INTERIM REPORT
OF
TRUSTS RESPONSE TO THE
BOMBING INCIDENT
IN OMAGH ON
SATURDAY 15 AUGUST 1998**

27 AUGUST 1998

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CHAIRMAN'S REMARKS

Before we start the business of today's meeting, I would ask you to stand with me for some moments of silence and reflection.

As you can imagine the primary focus of our energies since the horrific event of August 15 1998 has been to continue to provide for the care of the injured in both our hospitals - the Tyrone County and the Erne, and to begin the process of ongoing support to the bereaved, to the injured and to the community as a whole. At the same time, however, we have also been developing a programme of staff support mechanisms to assist our own staff who had to deal with, not only a scene that should not be part of a civilised society, but also the emotion of witnessing at first hand, such devastation in their own community and among people that they know personally.

I am conscious that there may be a need to help people appreciate the enormity of this event, not only in terms of the seriousness of the casualties that presented at our two hospitals, but also the sheer volume. In due course I will be asking Mr Mills and the directors to brief the Trust Board on specific aspects of our response, but if I may, I would like to make some personal comments.

Imagine a scene on a quiet Saturday afternoon in the hospital of our small market town, the Accident and Emergency department dealing with the routine Saturday injuries from the local sports Clubs, and minor injuries resulting from the previous night's partying. Suddenly all of that was thrown into turmoil. Staff in the Accident and Emergency department heard the bomb which was within three quarters of a mile of the hospital. Immediately our staff put into action our Emergency Plan procedure. Ironically the bomb also put out telecommunication lines, which, as you can imagine, presented additional difficulties at a time when making contact was vitally important for the co-ordination of all the Emergency Services. Within minutes of the bomb going off, scores of casualties began arriving at the Tyrone County Hospital Accident and Emergency department. This is a department, that on a busy night, might deal with 15 casualties. Suddenly staff were faced with two busloads of bleeding and injured men, women and children, along with much more seriously injured people arriving by ambulance. I also understand that, in

addition to those who came by bus, taxi, car and ambulance, many people walked the distance from the bomb site to the hospital, rather than await transportation. Those of us who were not present can barely imagine how horrific that scene must have been.

In addition to the wounded, many of our own staff, and other professionals who were in the area converged on the Tyrone County Hospital to offer whatever assistance and support they could. We are deeply indebted to all of those. Undoubtedly, they saved lives.

On that afternoon, the Tyrone County Hospital dealt with 209 casualties; the Trust's other hospital, The Erne, dealt with 71 casualties, some of which had been re-directed from the Tyrone County Hospital. In total 280 people were attended to in our hospitals, with a further 56 patients attending Altnagelvin and South Tyrone Hospitals.

Mr Dominic Pinto, one of our Senior Surgeons, led the medical assessment of the injured. There was a need to assess how seriously injured individuals were, to stabilise them, and to determine whether or not they required further specialist services, which our own hospitals would not be in a position to provide. Very quickly, through this assessment process, we were able to identify those that needed onward transfer. Of those assessed at the Tyrone County Hospital, 23 were transferred to the Royal Victoria Hospital, 2 to the Ulster Hospital, 1 to Belfast City Hospital and 25 to Altnagelvin Hospital in Derry. In addition, 4 patients were transferred from the Erne Hospital to the Royal Victoria Hospital and 3 to the Ulster Hospital in Dundonald.

This was a huge emergency - 5 separate hospitals all required to activate their Emergency Plans, in addition to those activated by our Ambulance Service colleagues, the Military, the Police and the Fire Service. Many of those requiring immediate transportation to specialist regional facilities, such as the Royal Victoria and the Ulster, were airlifted with the assistance of the local regiments in our area, with paramedical support. Again, lives were saved that could otherwise have been lost.

Simultaneously, our community service emergency arrangements were activated. Many of our social workers and mental health officers went directly to the incident rooms established at the Omagh Leisure Centre. Here, our staff were faced with the heart breaking task of working to support those who were known to have been bereaved and those who, as yet, faced the unknown, eventually receiving confirmation that their loved one had been another victim.

As with so many others, I have watched the press coverage of the event when I have had the opportunity, and it struck me how so many of those that commented - politicians, clergy and government ministers - reflected on the intentions of those who perpetrated this act of destruction. When we reflect on the extent to which people have pulled together, not only on the day, but since that time, in terms of offering whatever support they could, I am confident that any intentions of the terrorists to divide the community have not been fulfilled. We are a strong community, now united both in our revulsion and in our mutual caring and support for all who have suffered. Support at both hospitals has come from every quarter - we had medical and nursing staff from across the Province, as well as Cavan, Monaghan, Navan, Drogheda, Dundalk and Sligo, in addition to other doctors and nurses who were on holiday in our area.

In addition to those who came in to assist on the clinical front, many of our Social Workers and voluntary workers in our communities came forward to assist in helping those who have been bereaved. This experience has no doubt had a profound effect on every single person involved, whether in the incident itself, or in trying to help those injured, bereaved and traumatised.

Undoubtedly, as the weeks ahead of us unfold, there will be many stories to tell; good stories of immense humanity. Hugh Mills and I know, personally, having visited the scenes at the Tyrone County Hospital, the Leisure Centre, and the Erne Hospital Enniskillen on the Saturday evening and since that time, that we, like so many others, have been deeply touched by responses to this event. Perhaps one example I can offer you, is the Spanish teacher and a student from Mount Lourdes College in Enniskillen, who came forward and worked diligently at interpretation and talking in their own language with the young Spanish children admitted to the Erne Hospital. The young student involved, proceeded to go along with one of the Spanish children transferred to the Royal

Victoria Hospital, and sat for many days by that child's bedside. These are the sort of examples of selflessness that this event has brought about.

Since Saturday we have been inundated with cards, flowers, fruit, gifts and monetary donations from all around the world. Indeed, I understand we received van loads of fruit and flowers from the people in the City of Dublin. In addition, we have had offers of continued support and assistance from many of our neighbouring Health and Social Care Trusts, and many hospitals and voluntary organisations right across the Island of Ireland. During this time it has also been extremely supportive to have had so many VIPs, including royalty and senior political figures, willing to come along and just spend some time with our staff and the injured. Among those that have visited the Tyrone County Hospital and the Erne Hospital, we have had the Prince of Wales, the Duke of Abercorn as Lord Lieutenant of Tyrone, The President of Ireland Mary McAleese, the Secretary of State, Marjorie Mowlam, the Deputy Prime minister John Prescott, the Deputy Prime minister of Spain, the Taoiseach Mr Bertie Ahern, the First Minister of Northern Ireland, David Trimble, and the leaders of the main churches. Mr McFall, the minister in charge of health at the Northern Ireland Office, has visited us on at least three occasions. Without exception, every visitor contributed to the morale and well-being of patients and staff.

In a press conference last week, our Chief Executive Hugh Mills, reminded us that Sperrin Lakeland Trust is a part of the wider community, and as part of the community we are grieving also. Many of our own staff number among those who have been bereaved and injured. Understandably our thoughts are with them, and we are endeavouring to communicate in some appropriate fashion our heartfelt sympathies and support for them.

This event will have long term implications for the people of our area, and as a Health and Social Care Trust, providing Acute hospital, Community, Social Services and Mental Health services, we will have a vital role in seeking to ensure that the victims in our community are appropriately supported and assisted in their rehabilitation. Already we are beginning the process of developing, with the Western Health and Social Services Board, our main purchaser, our assessment of the resource implications of the aftermath of this horrendous tragedy, in order to ensure that whatever resources are needed, will be made available.

At some stage we hope to send letters of thanks to all who have made their contributions. Unfortunately it is inevitable that we shall miss out some people whose help was given anonymously, but we shall do our best.

In conclusion, it is appalling that our services should have been tested in such a way, but whatever the test, it has been evident to all that good people have combined to do what they could to address and repair what damage has been done. To quote the words on a memorial plaque at the Tyrone County Hospital

"..... To live in hearts we leave behind is not to die"

INTRODUCTION - (Mr Hugh Mills, Chief Executive)

Chairman, you will appreciate that in the limited time available since the 15th August our efforts have been focused on the immediate needs of patients, families of the bereaved, those in the community, and the impact on our staff.

This report today is an interim report and in due course with the completion of de-briefing of staff and the assessment of the full implications a further report will be presented to the Trust Board. Today I have requested each of the Trust Directors to share information on the response from their departments and their role in responding to this emergency.

Can I however state at the outset whilst this is a report on behalf of Sperrin Lakeland Trust I must emphasise that our services were greatly supported by so many others. Indeed such was the scale of the emergency that we couldn't have managed to achieve what we have without the support we received. Our personal thanks must go to all healthcare workers including those from care agencies and nursing homes, clergy and members of the public who gave us assistance. We received significant support from other hospitals in Belfast, Londonderry and Dungannon. The action of the emergency services including the ambulance and helicopter support, local GPs and healthcare staff from both North and South in responding to the emergency is to be commended. Support from voluntary organisations was immediate and continues at this time. We are indebted to this wider community for the significant humanitarian response.

In sharing this report I wish to draw to your attention how closely we have all been associated with this emergency. Whilst gratefully none of our staff are among the dead there are 4 among the injured 26 of our staff are closely related to those deceased and 36 staff are related to those injured. In every staff room there are those who know the deceased and injured. Continuing to maintain our day to day services is a challenge in these circumstances. Our work is part of the community and we grieve with the community.

The story of our immediate response to the Omagh bombing is described as a story of three parts inter-linked to provide a co-ordinated response. These were the parts played by:-

- 1) The Tyrone County Hospital
- 2) The Erne Hospital
- 3) The Omagh Leisure Centre

Dr Russell and Mr Barton will outline the activity at the two hospitals and Mr Bolton will describe the role of those at the Leisure Centre.

RESPONSE AT ERNE HOSPITAL - (Mr Ronnie Barton, Clinical Services Manager)

Report to Trust Board on the number of casualties seen at all hospitals plus how the incident was responded to at the Erne Hospital.

Good morning my name is Ronnie Barton, Clinical Services Manager and acting Director of Acute Hospital Services. I was involved with a colleague in the co-ordination of the incident on the Omagh Site.

This morning I wish to update the Board on the number of casualties attending all hospitals then tell you on how the incident unfolded at the Erne Hospital. Dr Russell will then explain to you the sequence of events as they unfolded at the Tyrone County Hospital.

	No of Attendances of Casualty	No of Admissions from Casualty	Admissions subsequently transferred to other hospitals			
			Altnagelvin	RVH	Ulster	BCH
Tyrone County Hospital	209	69	25*	23	2	2
Erne Hospital	71	37		4	3	
South Tyrone Hospital	26					
Altnagelvin Hospital	30					

* 11 of these patients were transferred directly from Tyrone County Hospital, A&E Department to Altnagelvin.

Further Casualties attending due to the incident

Tyrone County Hospital	44					
Erne Hospital	2					
Totals	382	106	25	27	5	2

In-Patients at 7.00 am on 27 August 1998

TCH	ERNE	AAH	RVH	STH	ULSTER	BCH
3	5	12	21	2	8	2
F 2 (A) M 1 (A)	F 5 (A)	F 6 (A) M 1 (A) F 2 (C) M 3 (C)	F 11 (A) M 2 (A) F 3 (C) M 2 (C)	F 2 (A)	F 7 (A) F 1 (C)	F 2 (A)

* F = Female M = Male A = Adult C = Children

The Senior Manager on duty for emergencies when she became aware of the bomb called the senior nurse on duty at the Erne Hospital before she left her home at Temp to go to Omagh and informed him that a bomb had gone off in Omagh. He alerted the A/E department and the hospital wards and waited for further information. At 3.40 pm the first casualties arrived, at that time through the switchboard he put the emergency plan into action. The A/E sister saw the news flash and made her way to the hospital. She arrived at A/E at 3.50 pm and, at that time 5 patients had arrived in A/E.

The senior nurse on site was later joined by the Directorate of Acute Hospital Services, Business Services Manager, and her deputy who manned the incident centre and continued with the emergency plan. This allowed the senior nurse to be more involved in management of the clinical care of the patients.

Staff were re allocated to A/E from all wards in the hospital. Casualties came thick and fast for the next hour by car, ambulance and truck with 25 patients brought in by helicopter. Due to the number of casualties arriving patients were cared for in the 'old physio' department which is adjacent to A/E and also in out-patients department. Many off duty staff from departments/wards within the hospital, community and westcare services came to offer their assistance. In addition staff from the voluntary and private sectors and retired staff came to the hospital to help.

On arrival all patients were

- 1 Triaged
- 2 Stabilised
- 3 Transferred from A/E to wards, ICU, theatre and other hospitals.

It was ironic that during the acute phase of the incident there was a serious road traffic accident outside Enniskillen where one of the patients because of his injuries required to be transfer to Belfast with the another requiring to be admitted to the intensive care unit at the Erne Hospital.

Approximately eight of the patients were seriously ill with a total of 27 being admitted on the Saturday. Patients were admitted to:-

- Surgical ward
- Intensive care
- Childrens ward
- Gynae ward
- Theatre and then to the ward

2 patients were transferred to Altnagelvin hospital because of bony trauma.

A/E department had on duty initially 1 doctor and two nurses. Support as the result of the request on the media came from

- Community nurses
- General practitioners
- Nursing homes
- Cavan hospital - Sunday/Monday
- Drohead - Sunday/Monday

I am pleased to report that none of the patients seen at or admitted to the Erne site lost their lives. We are very grateful to all the staff who came in to help from leave, off-duty, other hospitals, other trusts, and also from the South of Ireland.

RESPONSE AT TYRONE COUNTY HOSPITAL - (Dr Clive Russell, Medical Director)

Mr Chairman, I do not wish to go into a detailed account of the medical response to this horrible terrorist attack on our people as a more formal debrief will be undertaken by Eugene Fee. I do however hope to give the Trust Board an outline of the initial 30 hours following the bomb. Mr Barton has provided you with the numbers of people who were involved directly as casualties and who required assessment treatment and in many cases transfer for specialist care to other hospitals. On that afternoon, the TCH was quite and there were only a handful of resident medical staff and normal nursing cover. Following the bomb, Sister McMenamin, a senior sister on duty went immediately to the A & E Department and opened the adjacent Outpatient Department. At that time however, the first of many casualties had arrived. Indeed, because of the proximity of the hospital to the blast, the injured had arrived before the major incident plan could be properly activated. Fortunately the junior medical staff on duty had arrived in the A & E Department and alongside the nursing staff, they started to treat the injured and dying.

Mr Pinto was the duty surgeon, Dr Garrett and the Consultant Anaesthetist were contacted and informed of the incident, Dr Garrett as physician on call assumed the role of major incident co-ordinator. Indeed at this stage, many off duty nurses and doctors including local GP's had already heard the bomb blast and had made the decision to

come into the hospital. This was to be our salvation. Weave upon weave of casualties were arriving at this stage, coming in cars, buses vans and ambulances to the A & E and the outpatients. This initial phase lasted until approximately 8 pm.

Staff were confronted with the most horrible of injured affecting all ages but primarily women and young children. These injured included severe shrapnel and blast wounds involving loss of limbs, serious head chest and abdominal wounds, severe burns and eye injuries and appalling bony injuries. The initial response involved triage of these patients. Resuscitation and prioritisation of the severity of the injuries was swiftly undertaken, with the most seriously ill being taken transported directly to the ICU and recovery areas. Wards 5,6,7, and 8 were quickly filled and ENT wards 1 and 2 were also opened. Children were transferred to the children's. Depending on the severity of the illness, patients were divided into 3 broad groups. Those for rapid transfer to specialist units in Belfast and Derry. Those requiring immediate surgery and those who required observation and treatment at ward level. At this time and urgent appeal for medical and nursing assistance was issued on radio and TV. In addition, the Postgraduate Centre was opened for the treatment of minor injuries and the Day Procedure Ward was turned into a temporary mortuary. At ward level, all patients were assigned an individual who remained with them. Basic resuscitation for all patients involved IV fluids, pain relief, antibiotics and tetanus prophylaxis. With the arrival of so many nurses and doctors, it was possible to staff 3 theatres and to ensure that each ward had at least 3 doctors. Transfer of the seriously ill was undertaken by ambulance and military helicopter and the service they provided was exemplary. They ensured that we were never short of assistance and all requests were insistently provided. A major problem during the initial period was a large influx of anxious relatives seeking their loved ones.

I posted door men at the entrance of each ward, they had a list of the patients names and this ensured access only by relevant relatives. At this time it was decided to open the leisure centre as a major incident centre and this helped enormously to clear corridors and improve access to wards and treatment areas. By 8 pm, 3 operating theatres were functioning, no new casualties had arrived and many of the most seriously ill had been transferred or were being stabilised for transfer. This second phase which lasted until approximately 1.30 am, allowed the medical and nursing teams to stabilise those patients who remained and prepare others for transfer. Frequent ward rounds were undertaken by

myself and Dr Garrett to see patients with particularly problems and this enabled the surgeons to continue operating. Mr Pinto had been joined by Mr Rodney Patton, a Consultant Surgeon from Dungannon and they occupied 2 of the theatres. The third theatre in the day procedure unit was staff by volunteer surgical and anaesthetists who has responded to the medial appeals. Around 1 am the last helicopter left for the RVH carrying a thoracic surgeon and his patient. Shortly after this a further patient was transferred by ambulance to the RVH accompanied by a Neuro- Surgical Registrar. For the first time I had felt that the house was quiet.

The next phase, all day Sunday, I have called the follow-up phase and this involved a serious of ward rounds, visiting the injured and reassessing their injuries. Further transfer of those who presented new problems and a day long operating session undertaken by Mr Pinto. Sunday was also the first of a series of hospital visits by politicians, church leader and dignitaries.

The first visit was in fact the Chief Constable Ronnie Flannigan on Saturday evening and he was followed on Sunday am by Mr John Prescott the Deputy Prime Minister and local MP's, William Thompson, Ken Maginness and Seamus Mallon. It was decided on Sunday that all elective operations and outpatient clinics would be cancelled for the following week, but emergency surgery and admission would continue.

We have all been affected by this event, but I will always remember with pride, the generosity of spirit, the compassion and the sheer decency of those who came to the assistance of the Omagh people that day. Our colleagues in the other hospitals, the emergency services, the ambulance services, the RUC and army, all locked together in an enormous operation which I believe was highly successful.

Mr Chairman I will conclude with a phrase repeated several times by Mr Prescott during his visit. He said

*"when we need you,
you never let us down,
the NHS never lets us down,
and he was right.*

RESPONSE AT THE LEISURE CENTRE - (Mr David Bolton, Director of Community Care)

At about 6.00 p.m. on the 15th August the decision was made to move the focus for enquiries about those who were missing to the Leisure Centre. A number of staff who had been at the Tyrone County Hospital, including social workers and community nurses, were dispatched to the Centre. Over the next 24 hours staff worked with members of voluntary organisations, the Centre staff and the police to support those who were making enquiries, to obtain information about missing persons and to assist families through the harrowing task of describing and later, identifying their dead relatives.

Over the first few hours of the evening nothing seemed to be happening. However, police officers at the Centre and colleagues at the Army Camp at which a temporary mortuary had been set up, were drawing together the information about those who were missing and those who had died. Also, the police and the Trust agreed the basis on which families would be supported.

During the evening Trust staff, and the members of voluntary bodies who together made up the Leisure Centre Team were briefed on the task to be undertaken. Later the clergy were briefed.

Towards 11.00 p.m. a meeting was held in the Centre for those families who by now almost certainly were facing bad news. At that meeting the Director of Community Care (from the Sperrin Lakeland Trust) briefed the families about the process that would be undertaken, and advised that it would take a number of hours, through into Sunday morning at least. The families were also briefed by a senior police officer and addressed by Mr John McKinney (Chief Executive of Omagh District Council). Then the gathering was led in prayer and meditation by Bishop Seamus Heggarty, Bishop of Derry and Rev. David Kerr, President of the Methodist Church in Ireland.

One of the most moving moments of those hours in the Leisure Centre was when together we, the families, clergy, police, members of voluntary organisations, staff from the Leisure Centre and the health and social services, joined in saying the Lord's Prayer. We all knew many would be facing a trial of life changing proportions, and that the events of the next hours would bring many face to face with tragic loss.

As the night unfolded, information about those who had died reached the Centre and we began to link a police officer and 2 representatives of the health and social services team with each family. During exchanges with each family, fine details were checked and confirmed until it was established that the bodies in the mortuary matched the descriptions of those who were missing. Then, family by family, representatives were taken to the Army Camp where they were asked to confirm the identify of their relatives. This took a long time, and for humanitarian and administrative reasons it could not be rushed. Where requested, each family was accompanied to the temporary mortuary by a representative of the health and social services team. Likewise, clergy were also involved.

At the Camp, the Army had created a chapel of rest and an ante-room in a sports pavilion. With use of flowers, drapes, comfortable chairs and tea and coffee, they created as suitable an environment as possible for the families who came to identify their loved ones. This was a most important contribution to the care and support of the families over those harrowing hours.

On returning to the Leisure Centre, there were moments of great distress as the news was conveyed to other family members and friends, that, yes indeed, the person in the mortuary was their relative.

Throughout the night information was exchanged between the Leisure Centre and the hospitals. As new information arrived, names of those who had been admitted were read out, and lists put up on a notice board for people to read. Some people who were waiting, received word that their relatives were in fact in hospital, which came initially as a relief, although, as we now know, many of those in hospital have been badly injured.

In the early hours of the morning we became concerned about the numbers of people who were reported missing. After collating the available information, we counted 55 missing persons, yet there were 28 bodies in the mortuary. We were concerned that there may be more people trapped, alive or dead, in the rubble. Whilst the police assured us that searches by dogs trained to find human beings had revealed nothing, our concerns remained. In view of our concerns, additional staff were asked to be available, and the hospital was notified, in case more casualties would be found.

It was not until late Sunday afternoon, that we were confident that no one was unaccounted for. A combination of communication problems caused by the overloading of the Omagh telephone and mobile communication systems, and damage to some telephone cables, and the failure of people to report that their loved ones had turned up, had resulted in the problem. With great efforts from the Police, the hospitals and the Leisure Centre staff, we were able to track everyone down or to reassure ourselves that no one else was believed to be missing.

Early in the morning a press conference was held which was addressed by Mr John McKinney (Chief Executive) and David Bolton (Director of Community Care). Local politicians were also interviewed. Throughout the day more media representatives arrived for interviews and information.

By late Sunday afternoon all the families had been taken through the process, and had left the Centre to return home. During the afternoon, we were visited by President McAleese and by a number of senior politicians and churchmen. Members of the public came to the Centre to check out information about friends and to read the lists of hospital admissions. By about 10.00 p.m. things were beginning to settle down and the Centre closed its doors to everyone except the families of those who had died and those who had been involved in supporting them. By midnight, all was strangely quiet.

The Leisure Centre was undoubtedly a most suitable location for the task that had to be carried out. It had all the facilities we required, with plenty of space for privacy. The contribution of the Leisure Centre staff and other Council staff was of great importance to the work that was undertaken. Their kindness, efficiency and initiative was greatly appreciated by all. Likewise, the police undertook a very sensitive task with great concern for accuracy and with regard for the well being of the families of those who were missing. The clergy were there throughout the night offering support, providing words of comfort and speaking with the families. There were also the acts of kindness from people like taxi drivers, who stayed throughout the night to bring family members to and from the Centre, free of charge. Food and drinks were available all night from the catering staff at the Centre. The members and staff of voluntary organisations and the health and social services staff, undertook their work with great sensitivity and concern for those who were going through those tragic hours.

Throughout most of Saturday night and well into Sunday, we were waiting. We were all aware, I believe, of the great tragedy we were all participating in, some of us perhaps more than others. For many who were waiting in dread, there remained hope, which was not to be realised. There was also the calmness, perhaps one could call it resignation. Few will have been unaware of the quiet calmness that seemed to contain each little family gathering. Even those who had jobs to do, did it quietly and after in hushed tones. Perhaps more than anything, here was community sharing in a tragedy. There were those who were suffering loss and those who had their work to do, all united, either consciously or unconsciously, in this dreadful event.

CO-ORDINATION ARRANGEMENTS - (Mr Hugh Mills, Chief Executive)

An emergency of this scale requires a significant response. You have heard a brief outline of the immediate response over Saturday and Sunday, 15th and 16th August. To co-ordinate the ongoing response the SMT have met each morning at 8.30 am Monday to Friday last week and again at 10.00 am on Saturday and Monday and Tuesday this week.

Arrangements have been established to provide support to the community and our staff. We took decisions to reduce levels of work to alleviate pressures and enable staff to attend funerals and staff support sessions. In both hospitals the chaplains co-ordinated an opportunity for staff to gather together in prayer. Similarly meetings were held on both sites for staff to meet together to share their thoughts, experiences and feelings.

The Senior Management Team were joined at their meetings by the Chairman of Medical Staff, both Clinical Services Managers, Public Relations Officer and Occupational Health Consultant. Discussion took place on progress reports on patients, offers of support and sympathy, preparation and distribution of information for staff and leaflets for the community, response to press and media attention and co-ordination of visits from VIPs.

We have established links with other agencies and directly with John McConnell who has been appointed by the Secretary of State to co-ordinate the response from Government Departments to the Omagh bombing.

David has provided a framework which describes the structure we are in the process of establishing and the areas of activity which are being addressed.

I now wish to ask each Director to relate some details of the area of activity they have been tasked to address.

CONTINUING SUPPORT TO THE COMMUNITY - (Mr David Bolton, Director of Community Care
Preparing To Support People Affected By The Bombing In The Future

Since Sunday 16th, each bereaved family has been assigned a social worker or community nurse or member of a voluntary organisation, to work alongside an assigned police officer. These staff provided information and a contact point for each family. (These links applied only to local families and did not include the Spanish bereaved families nor the Buncrana families. Links have been made with Buncrana and Spain. In addition, families living outside the Sperrin Lakeland Trust have been referred to their home Trust for support.)

It is expected that over the next few days the assigned police officers will gradually withdraw, but they or replacements will remain available for contact by the family, or to provide any update for example relation to the investigation. We expect to re-assign a social worker from the community trauma team (see below) in due course.

Within days of the bombing and based on the early assessment of the task ahead, the SMT agreed the structures and strategy set out on the attached page. This has involved the establishment of a community trauma team. The objectives of this team include:

1. The proactive support of the bereaved families (addressing practical and emotional problems)
2. The assessment of the needs of those who have been injured with a particular emphasis on their physical and psychological needs
3. The co-ordination of referrals from the public and primary care, with the voluntary bodies.

of

4. The appropriate channelling of referrals within our own services

5. Community initiatives to assess and address needs

This team is now up and running and the co-ordinator is Michael Duffy (Senior Social Worker) who brings an experience of physical disability needs and services, the needs of people affected by traumatic events and a knowledge of local community groups, especially those associated with disability. He is presently negotiating the membership of the team.

We have had detailed discussions with voluntary bodies including WAVE, CRUSE, Victim Support, Red Cross, Samaritans, and The Tara Centre. We have also had contact with St Vincent de Paul and hope to have discussions with The Knights of Malta and St John's Ambulance. We are developing a profile of services available through the voluntary sector and plan to make details widely available to primary care and hospital staff.

I have also had discussion with Mental Health colleagues and intend to involve managers and practitioners in initiatives and services to ensure co-ordination with the Mental Health Care Programme counselling and debriefing services being developed by mental health services.

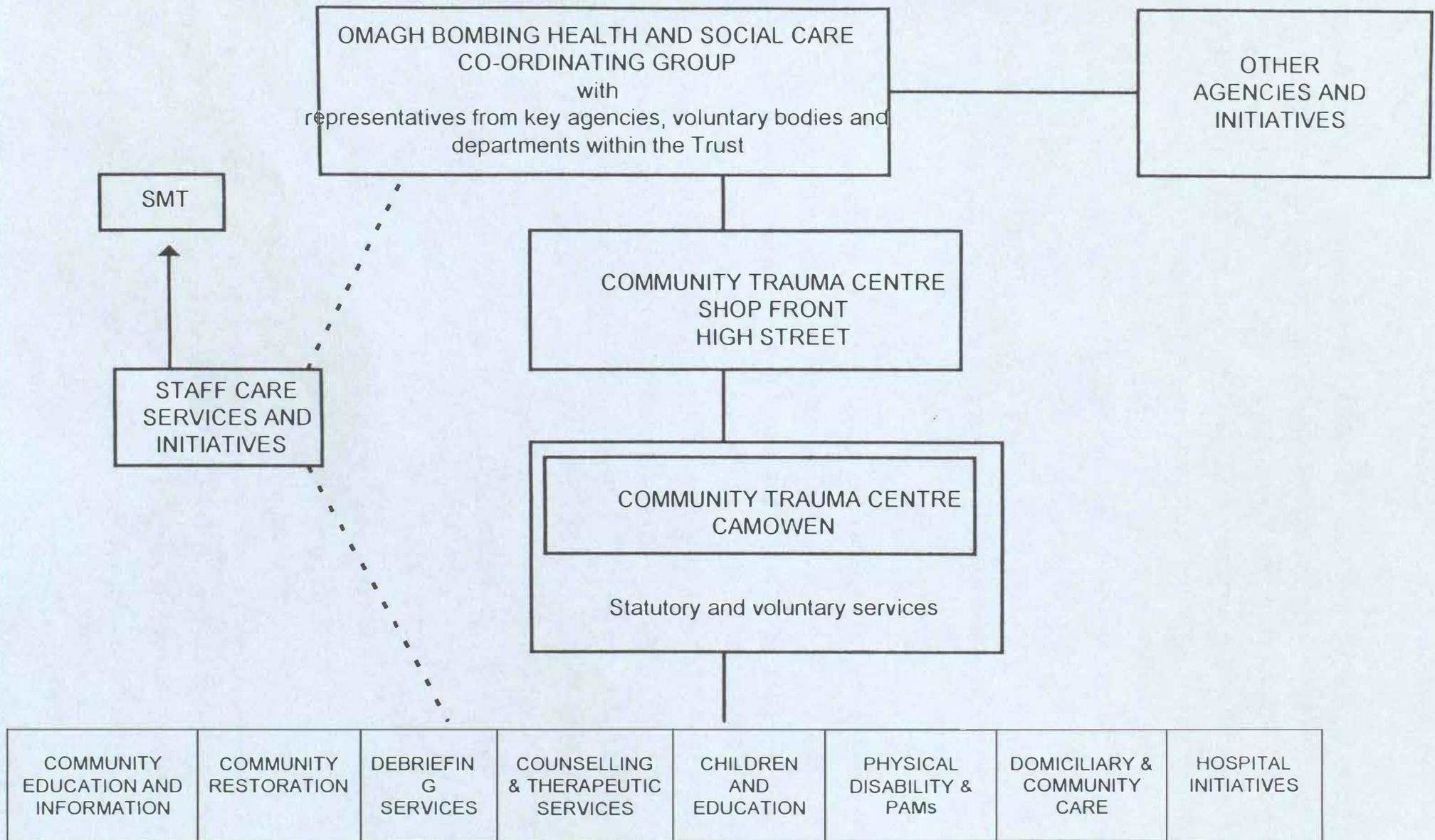
I have been in discussions with the Education and Library Headquarters staff with a view to supporting their efforts to address the needs of children and to ensure that there is effective liaison between the Education services and the Trust.

Work is presently underway to ensure that those in hospital are assisted during the discharge process and that their needs on returning home and returning to school are anticipated and planned for.

Work is also underway with other Trust colleagues and members of WH&SSB staff to prepare a services plan so that the needs of those affected by the bombing can be adequately addressed in the medium and long term that no blockages occur in the system.

Staff have been offered support through the team debriefings we **have** had and the formal Trust staff support responses.

We have also been co-ordinating the offers of help and the donations of flowers and gifts. Red Cross and St Vincent de Paul have assisted with the latter.



SUPPORT FOR STAFF BOTH INTERNAL AND EXTERNAL & THE INVOLVEMENT OF MENTAL HEALTH AND ELDERLY SERVICES - (Mr G Carey, Director of Mental Health & Elderly Services)

The response to this tragic event was immediate from the Directorate of Mental Health and Elderly Services with a number of mental health nursing and medical staff assisting in the treatment of casualties at the Tyrone County Hospital. Transport and domestic services personnel also supported the work of front line staff in the hospital. Subsequently social workers from the elderly programme together with medical, social work, nursing and clinical psychology professionals contributed to the sensitive work undertaken with the relatives of the dead and injured in the Leisure Centre throughout Saturday and Sunday. A significant number of those staff were off duty and willingly volunteered their services. I know they made a valuable contribution to the overall response for which I would like to offer sincere appreciation and thanks on behalf of both myself and the Trust.

In the days following the bombing the major objective of the Directorate was to devise an effective response to staff and public who have been traumatised by this atrocity. The paramount consideration is to emphasise that the emotional and physical reactions experienced by people caught up in the bombing and in the response to it are quite normal. Sadness, mood swings, guilt, regret, anger and fear are all reactions which will be experienced by staff and public and such unsettling symptoms may continue for some weeks or months after the event. If the symptoms persist for a prolonged period individuals may need professional help. Essentially what is initially required is a basic human response which allows individuals to express distress and pain at what they have witnessed as opposed to a "therapeutic" response which would only be appropriate in exceptional circumstances.

The emphasis will be on facilitating the process of coping and recovery and avoiding unnecessary medicalisation of the issue. In the longer term we aim to ensure that those people who suffer enduring mental distress are identified and referred for appropriate professional assessment and treatment. As part of the short term response mental health professionals have made contact with Primary Care Teams, voluntary groups and clergy to provide education/information sessions focusing on the emotional and physical reactions that they can expect to see from individuals affected by the Omagh bombing

and what their response should be. Where they have particular concern about any individual they can contact us for further advice and guidance.

On the Monday after the bomb we arranged for nurses with counselling skills to be placed in the Omagh Health Centre to help the G.P.'s in their response to those traumatised by the bombing. This support service is currently being provided by Victim Support. The need for ongoing provision of this nature will be reviewed shortly.

Staff Support

The issue of staff support is an essential element of the Trust's response not only to provide for the psychological well-being of our staff, but also to ensure that they feel well enough to cope with the demands of service delivery to the public. This aspect of work is being lead by Dr Clive Burges, Occupational Health Physician with a steering group that is comprised of a number of mental health professionals. Dr Burges and his group will develop the strategy for staff support.

However in response to the needs of staff we put in place staff support systems in the Tyrone County Hospital and the Erne Hospital staffed by Cognitive Behaviour Therapy Nurses and Social Workers. These arrangements were subsequently complemented by inputs from the Staff Counselling Service organised by Marion Gibson, South and East Belfast Trust.

In devising the response from the Directorate we have linked closely with the arrangements established by Mr David Bolton to co-ordinate the overall response from the Trust.

Finally both Churches in the Tyrone and Fermanagh Hospital were made available for funerals. Four funeral services for victims were organised prior to remains being escorted home from the Roman Catholic Church. Services were arranged by Fr. Eugene Gallagher, the chaplain for the hospital. Five funerals were also arranged from the Protestant Church.

INFORMATION SERVICE ACTIVITIES IN RESPONSE TO THE OMAGH BOMB

- (Mr Vincent Ryan, Director of Contracting, Planning and Information)

Good morning, My name is Vincent Ryan and I am the director of Planning, Contracting and Information. My role routinely is to provide a strategic focus for these areas and operationally to provide support to the service delivery directorates in the form of medical records, secretarial, and admin staff. Indeed the need for information was never as great nor as urgent, as it was on this tragic occasion.

On my arrival to the Erne I was updated as to the situation regarding casualties and assisted in responding to enquires as to the location and condition of loved ones. In my first hour over 70 enquires were dealt with by the incident room staff. An added language difficulty had arisen as a result of the Spanish Students involvement and with the assistance of volunteer translators a difficult situation was made more manageable.

This initial response phase was then followed by wave-upon-wave of press enquiries looking for details about the number and extent of injuries sustained. At times these requests were demanding but on a whole they were measured and dignified. The hospital was then visited by a number of distinguished guests ranging from the Spanish Ambassador, the Sec of State, and The minister of State to Barry McGuighan and George Graham to mention a few. These visits, while fraught at the time, were a welcome diversion and a show of support to all those staff and community involved in the tragedy.

During the course of these visits staff reflected on how this tragedy brought back memories of the Poppy Day bomb in 1987, sometime in tears and sometimes in anger, These memories were of a time gone by when the people of Enniskillen lost their own loved ones like those of Omagh. Many went on to comment that the impact of this incident will only become apparent in the weeks and months to come as borne out by their own bitter experience of that tragic day in November.

From a directorate perspective a number of Speciality Team /Admissions Office staff arrived at the Erne site having heard of the major incident in Omagh. These individuals assisted those clinical staff in Casualty and administrative staff in complying lists of all those patients who attended. The completed lists were maintained in the Erne incident

room where General services staff, in close liaison with ward staff, updated other sites on patients conditions and locations. The days that followed were used updating computer systems with all details available and producing lists for visiting clergy, answering relatives enquires and liaising with police officers in updating their lists of all patients.

A summary book was produced for limited circulation to key clinicians and managers detailing the aggregate figures of all those that had both attended Trust and other medical facilities as a result of the bomb blast incident. The document also included accurate listings of all patients treated, admitted, transferred and discharged both to the TCH and Erne sites and also to South Tyrone, Altnagelvin, the Ulster, City and Royal Hospitals.

In conclusion, the support, teamwork and professionalism shown by all members of staff was a credit to the people of Tyrone and Fermanagh and will provide a firm foundation for the future of our community.

FINANCE ACTIVITIES AND RESPONSE TO THE OMAGH BOMB

- (Mr Michael MacCrossan, Director of Finance)

The response of Finance staff on Saturday 15th August 1998 included assisting with documenting the names of those injured, assisting at reception, responding to phone calls and emptying the pay phones to ensure that they remained operational.

As the next week progressed finance staff were involved in receipting and acknowledging monetary donations received from the public. These donations were mainly for use in the Patients Comforts Funds.

Finance staff worked to ensure that all weekly and fortnightly paid staff received their pay on time despite the understandable disruption to mail deliveries.

Finance staff became involved in the dissemination of information aimed at helping staff to cope with and recover from the harrowing tragedy. This was done by distributing the documents with staff pay slips to ensure that all staff including those on holiday or absent through illness would not be overlooked.

A number of staff have expressed the wish to donate an element of their pay to the Omagh Relief Fund. Finance staff will facilitate the processing of these donations.

Finance staff have begun to estimate the additional resources required to cope with the tragedy and its immediate aftermath. Beyond this initial period, finance and planning staff together with Clinical and Community Services Managers have begun working on the Trust response plan to address the short and long term needs of all those affected by the bombing. This plan has been requested by the Secretary of State. The Trust staff are grateful for the support from Senior Officers from the Western Health and Social Services Board who have been released to assist with the preparation of the plan given the day to day workload on our own Managers since the tragedy.

HUMAN RESOURCE ACTIVITIES AND RESPONSE TO THE OMAGH BOMB

- (Mr Gerry McLaughlin, Director of Human Resources & Operational Services)

I'm Gerry McLaughlin and within the Trust I have managerial responsibility for the Human Resources function and a number of Support Service functions for example Catering, Domestic and Laundry Services. I also have a responsibility for Estates and Supplies.

However on the evening of Saturday 15th August when I went to the Hospital my role there initially was just to help those dealing with the emergency in any way that I could. Labels were unimportant – I did anything that I perceived would help my colleagues.

Throughout that evening I specifically helped ensure that our catering, domestic, laundry and estate services were able to provide the range of services that the situation demanded. I feel all these groups contributed significantly to helping members of the public, relatives, press and staff to deal with the events of that dreadful evening.

Normally my role within the Trust is a strategic one. However over the past week and a half I have been very close to operational issues and I can say, with a degree of pride, that through observing all of the staff groups supporting one another on the Saturday and Sunday was comparable to watching, on a massive screen, all aspects of the Health and Personal Social Services working together for the benefit of all. I now know what real teamwork involves.

From late Saturday night until Tuesday of this week I assumed responsibility for the co-ordination and organisation of a number of visits to the Tyrone County Hospital, details of which have already been given by our Chairman, Mr Scott.

I also in conjunction with Omagh District Council had a role in co-ordinating Trust representation at the Memorial Service held in Omagh on Saturday 22 August.

All of our visitors wished to meet with patients who were injured in the bomb attack, those staff who treated and cared for them and also they wanted to meet representatives of all the supporting departments, both clinical and non clinical, which played such a major role in helping the direct care staff.

These visits were comforting to us all. It was an indication that the wider community shared in our grief and by their presence and kind words they helped us all to an extent, that is probably greater than we can yet appreciate.

From a Human Resources standpoint what I witnessed over the past days has helped me fully appreciate the quality and dedication of all employed by this Trust. We all have been traumatised to some extent and we must understand that there are many difficult days ahead. The toll that this incident will take on all of us over the next year will be significant and it will manifest itself in the effect it will have on the health and well being of our staff. We are mindful that members of our staff have been injured. Others have had friends and relatives killed or injured.

In the aftermath of the terrible atrocity that befell the town of Omagh on Saturday the 15th August the employees of this Trust, gave their all and did everything in their power to meet the many needs of those affected by the bomb. They gave no thought to the personal cost to themselves.

With this in mind, over the year ahead, Trust Management and our Staff Side colleagues must do everything possible to meet the needs of everyone for if we are to deal with the immediate and long term effects on our community we must also heal ourselves.

PUBLIC RELATIONS ACTIVITIES IN RESPECT OF THE OMAGH BOMBING

-(Ms Bridget O'Rawe, Director of Corporate Affairs)

This brief report is provided in three sections:

1. PR activities in direct response to the events of 15 August
2. Relations and communications within the organisation
3. Response to external organisations and volunteers

I would wish to begin by formally acknowledging the sterling efforts of Mrs Janet Hall, the Trust's Public Relations and Communications Officer, in co-ordinating our response to the understandable media enquiries, and our administrative team at Headquarters, who worked diligently behind the scenes in assisting the Chairman and myself in responding to non-media issues.

1. Public Relations Activities in Direct Response to the Event

A key responsibility of the Public Relations function within the Trust's Emergency Plan is to co-ordinate and respond to media enquiries, and through the media, to keep the public appropriately informed. This must be done in a way that enables clinical and other personnel to direct their energies towards their specific professional functions, but also enables them to contribute comments and statements without adding unduly to the burden of responsibility they already carry.

On being alerted to the bombing, Mrs Hall immediately went to Tyrone County Hospital to establish arrangements for handling the press. At the same time, I went to the Erne Hospital to provide some initial assistance to Mrs Bernie McCrory, in establishing arrangements for handling the media through the Erne incident room. Communication between the two hospitals was difficult at the initial stages, as a result of the damage caused to telephone lines as a result of the bomb.

During the course of the next five days, Mrs Hall co-ordinated a number of press conferences at Tyrone County Hospital. Three on Saturday, one on Sunday and

one on Wednesday (19th evening). These involved Mr Hugh Mills, Dr Clive Russell, Mr Ronnie Barton and Mrs Glynis Henry. In addition, Mr Dominic Pinto participated in Sunday's press conference and Mr David Bolton in the Wednesday press conference. All press conferences proved to be extremely valuable in informing the public of events as they unfolded. Significantly, a number of the press conferences were transmitted live on national and regional television. In addition to the formal press conferences, Mrs Hall co-ordinated one-off interviews with key staff, liaised with patients, staff and relatives regarding their willingness to be interviewed by the press and the doorstep interviews with the respective VIP visitors to the hospital.

Through proactively seeking to provide information to the media, it was possible for the Chief Executive to take a decision to advise the press that Directors would not provide comment for a period of 24 hours, commencing Thursday morning 20 August. This enabled Directors to increase their focus on other actions that needed to be addressed. This period was extended on Friday 21 August. However, where convenient and possible, some comments were provided to the press.

It is important to note, and I would wish to formally record our appreciation to members of the press, whose sense of responsibility and sensitivity to the issues, made a difficult task easier for those who agreed to provide comment.

2. Public Relations and Communication within the Organisation

Following the first meeting of the Senior Management Team on Monday 17 August, a core brief was drafted and issued to all departments on Tuesday 18 August. A copy of the core brief has been included in Trust Board members' packs.

In addition, it was recognised that many of our own staff had been personally affected by this tragedy. A list of all staff injured, bereaved or with relatives injured in the bombing, was compiled. An appropriate letter of sympathy was drafted and issued to everyone concerned, from the Chairman.

3. External Organisations and Volunteers

We are continuing to compile two lists - one of those who came forward and volunteered spontaneously on hearing of the bombing, and secondly a list of all organisations which have expressed sympathy, and offered some means of practical support since the event. This latter list has been circulated among relevant officers in the event of such support needing to be called upon. All such offers have been acknowledged by the Chairman. In respect of the former listing, we are in the process of drafting a letter of appreciation to these individuals. In addition, the Trust has placed a public notice in all of our local papers, three regional papers and the Irish Times, expressing our heartfelt appreciation to all those who gave of themselves so selflessly.

Finally, we have been inundated with messages of support and sympathy from right across the Province, Great Britain, Republic of Ireland, and as far away as Australia. We have been overwhelmed by the many acts of kindness - from lorry loads of fruit and flowers from the people of Dublin to paintings from some disabled children in Dublin, sending get well messages, to track suits provided by our local Dunnes Stores. Mrs Eithne Connolly, Administrative Officer at the Tyrone County Hospital is co-ordinating the distribution of those gifts which are perishable, with the assistance of St Vincent de Paul and the Red Cross, and is arranging appropriate temporary storage of other gifts pending our plans for appropriate use and distribution.

Conclusion and Way Forward - (Mr Hugh Mills, Chief Executive)

I trust that these reports have been helpful to describe an outline of the extensive nature and range of activity involved. The responsibilities have been shared amongst the team. We are greatly heartened by the support from our staff and yourself Chairman and the other NEDS.

One of the initiatives suggested by the Chairman is to encourage staff to record in writing their role in respect of the emergency and their thoughts and feelings evoked by this

tragic event. This will be encouraged both for therapeutic reasons and a means of recording and documenting the events.

Formal and full de-briefing will be conducted by Mr Eugene Fee, Director of Acute Hospital Services on his return from leave. Eugene has passed on his good wishes to all of those involved. I was pleased to advise him how well the staff had responded to this emergency.

You have heard of our work to respond to the request from the Secretary of State. We hope that this initial recovery plan will be completed by the end of next week.

Within the framework outlined in diagrammatic format we will continue to respond to the identified tasks through the structures established and in conjunction with other agencies.

For me personally, this experience has been unique and I sincerely hope it will remain so. Next week I will complete 25 years work in health and social services. I do not wish to witness the effects of such an atrocity again in my life time. I believe you will all agree it must not happen again.

We have all experienced a wide spectrum of feeling's and emotions. One of those which I have shared with staff is our immense feeling of pride to witness the positive response of our staff in health and social services. It is a privilege for me as Chief Executive to be a part of this organisation and work with so many committed and dedicated staff. It has been an honour for us to serve the needs of the Omagh community at this tragic time.

In conclusion I will leave you with a quote from Albert Schweitzer - which I feel very adequately describes the feelings of our staff.

*"but this I do know,
you who will be truly happy are those who will have sought for,
and found a way to serve".*

Chairman this concludes the initial report on the Trusts response to the Omagh bombing, I will respond to any areas on which you wish to have clarification.