

LONDON RESILIENCE PARTNERSHIP HUMANITARIAN ASSISTANCE FRAMEWORK STRUCTURED DEBRIEF REPORT

Incident:	Grenfell Tower Fire
Date of Incident:	14 June 2017
Date of Debrief:	12 July 2018
Debrief Location:	Prospero House, 241 Borough High Street, London, SE1 1GA
Debrief Team:	Facilitator: Joanne Hodson Digital Scribe Sandra Broad

Debrief Participants:	No	Name	Incident Role	Organisation
	1	Sandie Tomlinson	Policy & Resilience Staff Officer	Maritime & Coastguard Agency
2	Bernadette Keane	Director of Operations	Victim Support	
3	Celine Alderson	NHS England London HASAG support	NHS England (London)	
4	Barry Emerson	NHS England London HASAG support	NHS England (London)	
5	Clare Chamberlain	Director of Children's Services	RBKC	

	6	Ian Heggs	Director of Education	RBKC	
	7	Alex Townsend - Drake	London Resilience Manager	LRG	
	8	Toby Gould	London Resilience Strategic Advisor	LRG	
	9	Tony Andrews	Humanitarian Assistance Advisor to HALO	City of Westminster	
	10	Emma Spragg	Strategic Liaison Gold BRC	British Red Cross	
	11	Alison Kirk	Representing North Kensington Recovery Director	North West London CCG	
		Fiona Mair	None	LRG Observer	
	<p>Debrief Notes:</p> <ul style="list-style-type: none"> ➤ Participants were informed of the ethics of the debrief process ➤ For purposes of cross-referencing comments, participants have been allocated a number ➤ The structured debrief will allow each participant the opportunity to reflect on their respective organisation's involvement at strategic level in the incident. The key issues around what went well, aspects for improvement, and recommendations will be discussed based on the protocol section headings. 				

Item 1: Activation			
Aspects that went well		Comment from	Supported by
The Framework was in draft at the time and had been widely shared so that it became the reference point for the HASAG and SCG. Organisations responded as per their own individual organisational plans before the HASAG was set up.		10, 9 , 5	1, 2, 3, 4,7, 8, 11
Recent events (e.g. Westminster Bridge) and the consequent network building that took place meant that organisations were aware of each other's capabilities and worked together prior to the establishment of the HASAG		2	1, 3, 4, 5, 6, 7, 8, 9, 10
The community itself set up shelters, assistance centres and rest centres for survivors		9, 2	1, 3, 4, 5, 6, 7, 8, 10, 11
Aspects for improvement		Comment from	Supported by
The community response is not fully accounted for in the Framework.		9,5	1, 2, 3, 4, 6, 7, 8, 10, 11
The functions of an SRC were not all replicated in the centres that were set up		9, 8	3, 4, 5, 6, 7, 10
The functions of a FFRC were not all replicated in the centres that were set up		9, 8	3, 4, 5, 6, 7, 10
No.	Recommendations	Comment from	Supported by
1	Recognise in the Framework that the community itself may set up shelters, assistance centres and rest centres for survivors and the authority of the community groups should be respected. Acknowledge and plan for this type of spontaneous voluntary community response	5, 9	1, 2, 3, 4, 6, 7, 8, 10, 11
2	Review the provision, model, capabilities and resources available to set up emergency centres	8	1, 2, 3, 4, 5, 6, 7, 9, 10, 11
3	Review the provision of awareness raising, training and familiarisation with the Framework	8	1, 2, 3, 4, 7, 10, 11

Item 2: Information Sharing/Command Control and Coordination

Aspects that went well		Comment from	Supported by
Groups such as Housing, Donations and Community Engagement were set up		7	2, 3, 4, 8
Local authority Directors of Public Health were involved in the response		9	2, 4, 7, 8, 10
Aspects for improvement		Comment from	Supported by
The coordination organogram was not shared widely with all organisations		8	2, 4, 3, 7, 9
It was difficult to respond operationally to the requests from different channels because the coordination structure and who was in charge of various elements of the response was not clear to some organisations		5	3, 4, 2, 7, 8, 9, 10
Community Engagement, Donations and Housing were treated as distinct groups which caused problems with information sharing and connectivity between groups		7	2, 3, 4, 8, 9, 10
No formal data sharing agreements are place, however the NHS and CCG's do have examples of good practice which could be more widely shared		8, 3	1, 2, 4, 7, 9, 10
Information management was not effectively coordinated		7	2, 3, 4, 8, 9, 10
No.	Recommendations	Comment from	Supported by
1	Share the coordination organogram	8	1,2, 3, 4, 7, 9, 10
2	There needs to be formal communication lines between groups so that HASAG has a clear overview	7	1, 2, 3, 4, 8, 9, 10
3	Include Local Authority Directors of Public Health in the suggested invitation list for the HASAG and include their role and responsibilities in the Framework	9,3	1, 2, 4, 7, 8, 10
4	Adopt and modify the work done on information sharing in response to the incidents in 2017	4	1, 2, 7, 8, 9
5	The Framework needs to reflect the clarity with regard to the use of Helplines, online resources and related communications.	9	1,2,3, 4,7, 8, 10

Item 3: Impact Assessment			
Aspects that went well		Comment from	Supported by
The HASAG sent out the humanitarian impact assessment template for completion and the information was returned to Public Health for collation		9	3, 2, 4, 7, 8, 10
Aspects for improvement		Comment from	Supported by
Not all organisations understood how the humanitarian impact assessment template should be completed or its purpose.		9	2, 3, 4, 8
Completion, collation and analysis of the humanitarian impact assessment template is resource intensive and collation is not always timely.		10, 9	2, 3, 4, 7, 8
No.	Recommendations	Comment from	Supported by
1	Review the purpose, process, resourcing and ownership of the humanitarian impact assessment to ensure it helps to meet the needs of the people affected by the incident.	8	All

Item 4: Themes for future discussion		
	Comment from	Supported by
Managing donations and offers of support	7	1,3, 4, 8, 9, 10
Communication, consultation and engagement with the affected people and wider community	7	1, 2, 3, 4, 8, 9, 10
Schools as a focus for various activities e.g. emotional support, advice, communication etc.	6, 9	2,3,4, 7, 8,
Need to integrate the support given to affected people e.g. housing, emotional, social, financial	9	1,2, 3, 4, 7, 10
Psychosocial provision	3	1, 4, 7, 8, 9, 10
The impact of the media and social media both opportunities and challenges	3	1, 2, 4, 7, 9,10
Daily guidance pack for all front line humanitarian assistance staff	8	2,3, 1, 7, 9, 10