



Structured Debrief Report

Debrief commissioned by:	Wirral Council
Event:	New Ferry Explosion (Response Phase)
Date of Event:	25 th March 2017
Date of Debrief:	Thursday 29 th June 2017
Debrief Location:	Wallasey Town Hall, Conference Room Two, Brighton Street, Wallasey CH44 8ED
Debrief Team:	Mark Camborne & Ian Voce Wirral Council
Debrief Participants:	See Appendix A
Debrief Summary: All persons in attendance were informed of the ethics and purpose of the debrief process. The report focuses on areas for improvement and perceptions of what went well; it concludes with a series of recommendations to assist the Council and MRF to improve the planning and management of similar future events. The report does not include or comment upon matters identified in any other debriefs or post-incident reports that may have taken place.	

ITEM	REC. No.	Comments
AREAS FOR IMPROVEMENT		
Activation/Notification Process		
<p>Duty Mobilisation Officer to have been called sooner rather than having to call the Control Room</p> <p>Notification process for agencies unclear following transfer of function over to NHS</p> <p>Delay in notifying Community Trust On Call Manager delayed staffing arrangements to assist with the influx of casualties</p>	1	<p>Current review of Wirral Council's All Hazards Plan to determine whether the activation/notification process requires amending to reflect observation.</p> <p>The rest centre planning for the Council will require review following the transfer of DASS into the NHS Trust.</p> <p>With the Life Church providing the rest centre facility it is acknowledged that a number of work flows contained within the current Council rest centre plan may have been initially overlooked and that verbal updates and briefings needed more clarity.</p>
Response		
<p>The Local Authority may have struggled to provide a similar level of support as the Life church rest centre within a similar timescale</p>	1	<p>See second comment above</p>

ITEM	REC. No.	Comments
Resources		
<p>A number of observations were raised by partners</p> <ul style="list-style-type: none"> • Remote access to IT systems and records • Access to funding/cost centres to enable purchasing of emergency items and goods. • The availability of health/therapy support on site • Unable to access emergency Store for rest centre equipment. • Did not have the necessary PPE for the inner cordon • Staff need to have Hi-vis vests/tabards in the cars at all times. • Duty Mobilising Officers should have access to the contact details for key staff e.g. Social services, Homeless team etc. • Too few Council officers on scene during the first few hours. There should be a small cadre of staff who can be alerted with larger numbers available to be called in support as required. This needs to be supported with resources, equipment and regular training. • Formalised recording procedure 	1	<p>A number of these issues appear agency specific which should be picked up as part of their development and learning e.g. PPE, access to IT systems etc.</p> <p>Those which have potential multi agency implications e.g. Rest centre to be included within the rest centre plan review.</p>
Command & Control		

ITEM	REC. No.	Comments
<p>With hind sight an SCG may have proved beneficial if only to formalise the recovery aspect of the incident as it was not required to support the response phase.</p> <p>Benefit of a remote SCG in accordance with guidance contained within the MERM</p>	2	<p>This matter has been raised at a number of other Multiagency debriefs e.g. Storm Doris , Remondis Fire in Knowsley, which has resulted in in an action placed against the Merseyside Resilience Forum Capabilities Sub-Group.</p>
Communications		
<p>A number of observations were raised by partners</p> <ul style="list-style-type: none"> • Search Audit recording - results of search audits and indications of who was in the properties near the explosion and were they had been evacuated to. • Achieving some clarity as to what exactly had occurred. The reason for this was that the blast had been heard and felt by members of the public across a large area and therefore the number of calls received into the control room caused some confusion as to what had actually happened, where and when. • Limited communications between agencies during the incident. Magenta's Response Team were on scene immediately to offer assistance but was not used. • Lack of updates which could have informed Magenta staff support to local tenants • OCM was not informed of the rest centre until 03:00 hours leading to delays in support for example medication requirements • Dealing with questions from members of the public and also handling media enquiries • Press and media on the day 	3/5	<p>Feedback indicated that the on scene command structure provided a forum for regular updates and actions in response to the event.</p> <p>The comments may be as a result of partner's limited awareness of on scene command protocols.</p> <p>As the rest centre was set up in the life Church it appears that a number of actions were overlooked in the initial phase which is to be picked up in the review.</p>
Welfare		

ITEM	REC. No.	Comments
<p>Needs of the victims:</p> <ul style="list-style-type: none"> • Clothing • Personal Hygiene • Drugs and alcohol addiction • Access to prescribed medication • Access to transport for victims to access accommodation • General communication with the victims • Pets • Catering • Legal status of victims 	4	<p>Overall feedback from residents caught up in the event was that their immediate needs were well catered for at the Life Church however it is acknowledged that there were a number of individual influences which should be included in the rest centre plan and other single agency arrangement reviews.</p>

AREAS OF GOOD PRACTICE

Integrated Emergency Management

The observations below were supported by agencies who responded to the incident.

- Co-location - a joint control point was designated opposite the first attending appliance initially and moved to the incident Command Unit once set up. This provided a focal point for the 3 Emergency Services and the LA.
- Co-ordination - On Scene TCGs where multi-agency objectives were agreed with a 60 minute battle rhythm. A further TCG set for 0830hrs to allow the IC to report back the outcomes of the canine searches which if negative would trigger a formal handover and transition to recovery.
- Communication – face to face communication aided by the co-location contributed to setting multi agency objectives and a battle rhythm which resulted in an early resolution to the response phase of the incident
- Shared situation awareness and Joint understanding of risk - aided by co-location which facilitated regular updates and co-ordination meetings
- Early multi agency meetings on site in accordance with principles of JESIP assisted with shared situational awareness and agreeing objectives.
- Operational Response Plan to mobilise USAR assets to scene in a timely manner.
- Good liaison with all responders, everyone was working together to save/rescue persons involved.
- On the ground briefings which updated all agencies at regular intervals. I felt well informed and knew what each agency was doing and the forward plans.
- On – site agency partnership working
- Partnership working
- Scene maintained and reduced to a safe and manageable level.
- TCG meetings held to coordinate activity.
- Command structure established to coordinate police response at scene.
- Early identification of numbers of casualties assisted in delivering accurate messages to the media.

These support both the Civil Contingencies best practise and the Joint Emergency Services Interoperability Programme (JESIP) doctrine and helped the efficient and effective response to the event and immediate needs of the community.

Communication		
<p>Early declaration of Major Incident and METHANE message sent from initial Fire and Rescue Service Incident Commander.</p> <p>On scene updates to the Control Room/their assistance in calling out key agencies.</p> <p>Good communication with Building Control both on the night and next morning, allowing updates for residents.</p> <p>Councillors/residents within the Contact Centre updated by Council officers.</p> <p>Early identification of numbers of casualties assisted in delivering accurate messages to the media.</p>		<p>Provided good shared situational awareness and ensured that all persons affected were kept up to date, again in accordance with emergency preparedness and response best practice</p>
Resources		

<p>Life Church opening as a Contact Centre – greatly assisted as volunteers already there in place to support and help the residents. They were able to provide food, shelter and support to those displaced residents.</p> <p>The ‘voluntary’ attendance of a representative from Children’s Social Care offered assistance and for the displaced residents throughout the night.</p> <p>The attendance of Adult Social Services and Homeless Team at the Contact Centre the following morning to take over assisting residents.</p> <p>Rest Centre accommodation worked well for scale of issue</p> <p>Role of volunteers at the Church, kitchen facilities / food hot drinks etc.</p> <p>Support from community / organisations re : emergency provisions</p> <p>Support from Leader WBC/MP’s/ local councillors</p> <p>GP was able to assess the requirements of the patients and make arrangements for prescriptions to be faxed to a local pharmacy for collection once they opened.</p> <p>Emergency Centre location and church members were excellent</p> <p>The local Psychological Services (South Staffordshire Healthcare) agreed quickly that referrals could be taken directly without going through the GP</p>		<p>Suitable and sufficient support set up for the people immediately affected by this event which enabled the longer term structures to be set up and put in place.</p> <p>Clearly outlined the desire for those affected to remain close in the initial stages of the incident which will be considered in the rest centre review.</p>
Welfare		
<p>Salvation Army voluntarily attended to offer drinks/food to staff on the ground.</p> <p>Support from community / organisations re : emergency provisions</p> <p>Support from Leader WBC/MP’s/ local councillors</p> <p>Community support and donations</p> <p>Large majority of the New Ferry and surrounding area returned to normality before morning.</p>		<p>Indications of the role of the voluntary and faith sector in supporting emergency response arrangements</p>

No.	RECOMMENDATIONS - Multiagency	OWNER	COMMENTS
1	Since the incident the Council's Adult Social Services function has been commissioned out to Wirral NHS Community Trust, which would ordinarily require review of associated emergency plans. Rest Centre provision/planning needs to be co-ordinated between the Council and Trust	Mark Camborne	Review of plan(s) and arrangements in accordance with new contract Task & Finish Group to be convened to progress planning and management
2	Strategic Coordinating Group (SCG) activation: the Merseyside Emergency Response Manual (MERM) contains relevant guidance into the command and control of significant incidents which may not fall into the definition of a Major Incident but see a multi-agency response. The explosion at New Ferry will provide additional evidence in support of an ongoing work stream within the MRF.	MRF Capabilities Sub Group	Linked to similar observations raised following other incidents.
3	On scene command and control structures: Emergency Preparedness and Response awareness to be delivered to non-category one responders to ensure future integration into multiagency command structures.	Ian Voce	Linked into wider business resilience strategy. Engagement with registered providers and voluntary sector to improve liaison and awareness
4	Out of hour's pharmacy provision: review of arrangements and protocols for the provision of emergency prescriptions for displaced or evacuated members of the public following a significant or major incident.	NHS England	<p>There are out of hours GPs and Nurse Prescribers activated via NHS England 1st On Call that can attend rest centres/survivor reception centres. With regards to the New Ferry incident, 1st on call for NHS England was not asked to provide this as part of the response. There is a work plan in place to raise awareness and will provide training to the staff that have moved over from the Council regarding the roles and responsibilities of NHS England on call staff in response.</p> <p>This piece of work will also compliment the action within recommendation 1</p>

No.	RECOMMENDATIONS - Multiagency	OWNER	COMMENTS
5	In consistent information and data in relation to walking wounded casualties (P3s) who go to walk-in-centres for treatment, prior to attending a rest centre/survivor reception centre	NHS England	Task and Finish group to be set up through the Local Health Resilience Partnership (LHRP) Community Providers, mental health providers, CCGs and NHS England will be meeting to discuss what this long term action may look like and how it will be taken forward. It was also raised and agreed at Merseyside Resilience forum (MRF) Human Aspects Group and supported as useful piece of work.

Appendix A – Participants

Agency	Name						
Wirral Council	Mark Camborne	Ian Voce	Sab Spina	Carolyn Hooper	Sheila Jacobs	Wayne Tsoi	Chris Pentecost
Merseyside Police	Jason Pulford	Dave Westby	Georgina Minnery				
Merseyside Fire & Rescue Service	Mark Thomas						
NWAS	Matt Hough	Craig Hooper					
NHS England	Jo Richardson						
Wirral NHS Trust	Mick Blease	Kenny Robinson	Dave Carroll				
Magenta Living	Paul Robinson						