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Improving cross-agency responses to major incidents

Submission date
19/07/2021

Recruitment status
No longer recruiting

Registration date
25/01/2022

Overall study status
Completed

Last Edited
18/05/2022

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims

The Grenfell Tower fire was one of the biggest peacetime disasters in the UK. The fire was declared a major incident, and a response coordination team was established consisting of government and local partners. The government funded a multi-agency response including a health and wellbeing response. This involved funding both from the local council and from the NHS. In response to the disaster a specialist psychological trauma service was set up, a mental health outreach team, GPs offered enhanced health checks, specialist paediatric and respiratory clinics were established, there was mass screening for post-traumatic stress disorder (PTSD) including door-door, many local third sector organisations received funding for wellbeing work, and there was an extensive programme of work on psychological trauma with local schools as well as considerable third sector activity with local children and young people. During 2019 the Dedicated Service was set up, a service bringing together physical, mental and social care to tower survivors, other evacuated and bereaved families. There was also a large response from the local community including local third sector providers. These all played a major part, delivering services and support and advising and engaging with statutory organisations. The focus of this study is the way that the public bodies responded and supported the recovery of those directly affected by the Grenfell fire in relation to their mental health and psychological wellbeing outcomes, the novel solutions to problems they came up with, the barriers to working across organisations they encountered, how they worked with the third sector and the community, and how they worked together to co-ordinate the response. The aim is to inform planning for major centred incidents in the UK and internationally. The researchers expect to be able to provide recommendations from this project which will inform planning for future incidents. This research aims to learn from Grenfell and feed that learning into future policy guidance, and case study evidence. The project is not a study of fire safety, or of issues around cladding or rehousing or the immediate emergency response.

Who can participate?

Recruitment is not open to the public. Stakeholders or key decision-makers who have been involved in the Grenfell health and wellbeing response and voluntary sector and community leaders who can comment on the response.

What does the study involve?
Qualitative interviews with participants will be triangulated against routinely reported data on activity outcomes and costs and publicly available documents.

What are the possible benefits and risks of participating?
The study will have no benefit to the participants personally but it is hoped that it will improve planning for major incidents, particularly centred events both nationally and internationally. This is not a high-risk study and the researchers do not anticipate any particular risks to participants.

Where is the study run from?
Central and North West London NHS Trust (UK)

When is the study starting and how long is it expected to run for?
June 2019 to June 2022

Who is funding the study?
The National Institute of Health Research (UK)

Who is the main contact?
Dr John Green
john.green@nhs.net

Contact information

Type(s)
Scientific

Contact name
Dr John Green

ORCID ID
https://orcid.org/0000-0002-5469-973X

Contact details
Department of Clinical Health Psychology
Clarence Wing
St Mary's Hospital
Praed Street
London
United Kingdom
W2 1NY
+44 (0)20 33121658
john.green@nhs.net

Additional identifiers

Integrated Research Application System (IRAS)
292286

Central Portfolio Management System (CPMS)

49898

Study information

Scientific Title
Lessons from the health and wellbeing response to the Grenfell Tower Fire: a multi-method approach

Acronym
MILL

Study objectives
This is a case study therefore it has aims but not a hypothesis. The study aims to draw lessons from the Grenfell Tower disaster and the mental health and well-being response to inform future planning and delivery of services for centred major events. The aim is to inform planning for major centred incidents in the UK and internationally. The researchers expect to be able to provide recommendations from this project which will inform planning for future incidents. It is important to learn from major incidents to improve the management of these nationally and internationally.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 13/05/2021, Research Ethics Committee in the School of Healthcare Sciences at Cardiff University (Cardiff University, Eastgate House 35-43, Newport Road, Cardiff, UK; +44 (0) 29 2068 7689; HCAREethics@cardiff.ac.uk), ref: REC799

Primary study design
Observational

Study design
Observational; Design type: Qualitative

Study type(s)
Other

Health condition(s) or problem(s) studied
Mental health

Interventions
There are no interventions in this study and it is not an observational study. This is an evaluative case study.

This study triangulates publicly available documents about the response of statutory organisations to the Grenfell Fire, routinely reported quantitative data on outputs and costs and interviews with those who took key decisions or who were in a position to observe and comment on those decisions. Analysis of documents and interview transcripts will be carried out using a

Framework Method approach. The researchers expect to provide a case study report which will incorporate clear recommendations for ways in which planning and delivery can be improved in future centred major events.

Intervention Type
Other

Primary outcome(s)
The response of statutory organisations to the Grenfell Fire, assessed using:
1. Publicly available documents from [August 2017 – June 2019]
2. Routinely reported quantitative data on outputs and costs from [August 2017 – June 2019]
3. Interviews with those who took key decisions or who were in a position to observe and comment on those decisions from [August 2017 – June 2019]

Key secondary outcome(s)
There are no secondary outcome measures

Completion date
30/06/2022

Eligibility

Key inclusion criteria
The study interview sample is individuals who can cast light on the decisions taken about Grenfell, what determined those decisions, how they were arrived at, what mechanisms were available - particularly for joint working across agencies - and what the impact was. Recruitment is not open to the public. Recruitment will be from four main sources:
1. From the NHS, clinicians, managers and commissioners involved decision making and delivery
2. From the local authority and the schools for which they have a coordinating role, managers, commissioners and headteachers
3. From the voluntary sector those involved in delivering services to those affected by Grenfell, particularly those who received funding of other support from the local authority or the NHS
4. From the local community, opinion leaders who are able to comment on the overall health and wellbeing programme

Participant type(s)
Mixed

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
Those who were not involved with, or in a position to observe, the Grenfell health and wellbeing response over the period covered by the study

Date of first enrolment
12/07/2021

Date of final enrolment
30/06/2022

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Central and North West London NHS Trust
7a Woodfield Road
London
United Kingdom
W9 2NW

Sponsor information

Organisation
Central and North West London NHS Foundation Trust

ROR
https://ror.org/05drfg619

Funder(s)

Funder type
Government

Funder Name
NIHR Central Commissioning Facility (CCF); Grant Codes: NIHR202366

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated and/or analysed during the current study during this study will be included in the subsequent results publication. The researchers will not be making copies of the transcripts available for the reasons of confidentiality given the small sample size but they will be publishing the analysed framework and quantitative data and indexing the publicly available documents used in the study.

IPD sharing plan summary

Other