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Dear Sir

Regulation 28; Prevention of Future Deaths Report arising from the inquests into the deaths of Xavier Thomas; Christine Archibald; James McMullan; Alexandre Pigead; Kirsty Boden; Sébastien Bélanger; Sara Zelenak; and Ignacio Echeverria Miralles de Imperial.

Thank you for your Regulation 28 Report dated 1st November 2019 setting out matters of concern regarding the circumstances creating a risk of future deaths.

I would like to begin by again expressing sincere condolences on my own behalf and on behalf of the LAS Board to the families of the eight deceased victims, Xavier Thomas; Christine Archibald; James McMullan; Alexandre Pigead; Kirsty Boden; Sébastien Bélanger; Sara Zelenak; and Ignacio Echeverria Miralles de Imperial.

I would like to also express my thanks for the rigorous investigation into the facts and evidence that was presented at the inquests.

I hope that this reply will be helpful in detailing the consideration given and actions taken to demonstrate how the matters of concern have been addressed and the ongoing work to make improvements within the London Ambulance Service NHS Trust (LAS). It remains our intention to continue working with our fellow emergency service partners both locally and on a national level on the issues raised.

I will address your concerns, as directed to the LAS as follows:

MC13 – “Procedures generally be reviewed to ensure that they accord with the requirements of speed and flexibility of response..... I also suggest that training exercises be devised which address demanding situations which features such as (a) hot and warm zones of uncertain extent (b) a need for re-assessment of hot and warm zones and (c) a need to locate and assist casualties in dangerous areas.”

Joint Operating Principles of the Emergency Services (JOPs)

As previously reported to you, the Joint Operating Principles of the Emergency Services (JOPs) were completely reviewed and updated in February 2019 and have now been implemented as a new first edition. This new edition JOPs is titled “Responding to a Marauding Terrorist Attack (MTA)”, rather than “Marauding Terrorist Firearm Attack (MTFA)” as was the case in the 2017 edition. The new edition covers various types of attack methodology,

rather than only firearms attacks. These new JOPs also incorporate wider learning from the incidents of 2017, in that the principles are now designed to be more adaptable and flexible to allow a scalable response for varied methods of terrorist attack and include the deployment of both specialist and non-specialist responders.

With regard to the issues of the identification and flexibility of zoning, the new JOPs now include additional clarifications on each of the following specific definitions:

The **Hot Zone**; an area assessed to contain a credible and continuing threat to life, including the presence of attackers with weapons. Therefore, the hot zone will initially include both specialist and non-specialist police responders, dependent upon the nature of the threat(s) present and attack methodology. LAS resources will not proactively be deployed into this zone, unless the situation warrants an exceptional deviation from guidance.

The **Warm Zone**; an area where the attackers are not believed to be present at this time, but an identified threat remains. In the light of learning from the incidents in 2017, the response in the warm zone will now vary depending on the attack methodology, the threat, and measures in place to mitigate that threat. Therefore, multi-agency responders in the warm zone can now include a combination of both specialist and non-specialist responders. Such changes in the JOPs enable the LAS to initiate a more flexible and dynamic approach at an incident, thus achieving a greater speed of deployment and increasing the availability of clinicians to treat patients.

In addition to this, the principles further state that the availability of armed police officers to escort responders is not guaranteed and should not delay responder deployment, again allowing the LAS greater flexibility of response as required and as indicated by dynamic risk assessments on scene.

The **Cold Zone**; an area where no known threat exists or where appropriate control measures have been implemented. Potential control measures and their necessity will be determined by attack methodology and proximity to the hot and warm zones. Some cold zones will not require any control measures. It is expected that Forward Command Points will be established on the edge of cold and warm zones.

The updated JOPs sets out that the size, location and necessity for zones should be continuously reviewed and every effort should be made to reclassify zones to accurately reflect constantly evolving threat and risk. It specifies that zones should be no larger than absolutely necessary and their size should relate directly to the attack methodology. It provides an example where there is a firearms threat, the hot and warm zones may be considerably larger than those for an incident involving bladed weapons or a hostile vehicle attack.

The aim is to move the hot zone to warm as soon as practicable to enable the rapid deployment of responders to deliver clinical care to save life. As soon as it is confirmed that any threat has been mitigated, this information should be shared immediately with responding organisations.

National Ambulance Resilience Unit (NARU)

The National Ambulance Resilience Unit (NARU) acts as a central support unit for all UK ambulance services, to ensure that they as a whole can respond to a variety of hazardous and challenging incidents in the safest and most effective way possible. NARU's key role is to maintain and develop the high standards expected of all the NHS ambulance service's specialist interoperable capabilities so they are always high quality and always fit for purpose.

Maintaining contract standards, ensuring safe systems of work, training and equipping specialist operational staff from each service so that they have the right tools, knowledge and attitude to be able to enter challenging and hazardous situations with the confidence and ability to save lives (while mitigating the risks to their own safety) is key to NARU's work. Accordingly, NARU works closely with a range of stakeholders to support the national development of Emergency Preparedness, Resilience and Response (EPRR) related policy.

Given NARU's role the LAS continues to work closely with it to develop guidance and standard operating procedures to support the deployment of staff into appropriate zones at future incidents. This will ensure the broadest experience and input is secured for this work. NARU will be providing greater clarity on the expectations of how and when Ambulance responders should deploy into the warm zone of incidents. This will be in the next edition of the JOPs, subject to the agreement of all relevant agencies. It remains the LAS' expectation that its staff will receive support from Police and Fire Service responders under the Joint Emergency Services Interoperability Principles (JESIP) when operating in a warm zone. NARU has representation on the JESIP MTA JOPs working group who will ensure these issues on behalf of ambulance services continue to be represented and reviewed.

In line with NARU responsibility for maintaining contractual standards it has agreed to undertake a formal review of the national contract standards for ambulance services' MTA interoperable capability. An audit of the current national MTA capability has been completed, which included a compliance assessment for every Ambulance Trust in England, including the LAS. Both the findings of this audit and the recommendations in the Regulation 28 Report will inform NARU's review of the MTA capability contract standards. The updated MTA contract standards will be in place for the new commissioning period (start of the new financial year 2020).

Furthermore, NARU is also undertaking a formal review of the national MTA Standard Operating Procedures (and corresponding generic rescue plan, generic operational risk assessment, equipment data sheets and training information sheets including core competencies) which enable the local implementation of the JOPs, with the intention to include further clarification of warm zone responders and deployments. The formal process for making changes to national provisions is clearly defined within the NARU 'National Provisions for Interoperable Capabilities' and will be followed.

NARU has confirmed that, once updated, these provisions will become mandatory for all NHS Ambulance commanders, HART and MTA responders. They will be required to be included on all subsequent MTA training courses (national and local) and they will be communicated to all relevant responders via the existing Proclis Standard Operating Procedures platform. The updated MTA standard operating procedures and safe system of work provisions will be in place by July 2020, subject to NARU's workplan being agreed by NHS England.

LAS policies and procedures

In order to embed the changes in the February 2019 JOPs, the LAS training and exercise packages, action cards and procedures were reviewed. March 2019. These will be undergoing a further review following the detail of your Regulation 28 Report and following the formal review by NARU. This further review will be complete by September 2020.

Training of LAS staff

Upon implementation of the updated JOPs in February 2019, the LAS commenced a 10 week specialist training programme for specialist responders and commanders (Hazardous Area Response Team (HART), Tactical Response Unit (TRU) and commanders) to ensure they are all fully up to date with the changes and new

provisions within the JOPs. This training, which is the consolidation of the theoretical learning from the JOPs and its practical application in a multi-agency scenario setting includes classroom based learning, table top exercises and physical MTA live exercises conducted on a multi-agency basis (alongside the Metropolitan Police Service (MPS) and London Fire Brigade (LFB)). Currently, 100% of TRU staff, 94% of HART staff and 100% of commanders have completed the training. In addition to specialist teams and commanders, the LAS is also training front line (non-specialist) staff through its annual Core Skills Refresher (CSR) training programme, identified as CSR 2019.3. This particular module started on 1st December 2019 and will run through to 31st March 2020.

Alongside classroom based learning, the LAS also continues to instigate and engage in multi-agency MTA training exercises with both specialist and non-specialist responders, including the 'Yellow Penguin' Exercise which took place at Chessington on 6th March 2019, Exercise 'Red Botham' at Lords cricket ground on 30th March 2019 and Exercise 'Eleanor' on 28th October 2019. In addition, the LAS has undertaken further live exercises to test particular elements of the JOPs. An example of this is the 'Autumn Falls' Exercise which specifically included the identification and response to hidden casualties. This took place on 29th September 2019 and was a large scale Chemical Biological Radioactive and Nuclear (CBRN) training exercise.

Exercise 'Autumn Falls' was located at a sporting stadium; information relating casualty locations within the stadium was fed into the LAS Specialist Operations Centre (SOC) and venue control room to test the information flow between these areas and the exercise commanders and responders on the ground, to ensure that information was received and acted on, finding the exercise casualties hidden within the stadium. The exercise debrief is currently being finalised, and by the end of January 2020 the relevant SOC action cards will be updated to ensure that learning is incorporated in LAS response to incidents. Further information can be found below regarding the location and assistance of casualties.

In addition to multi-agency training exercises, the LAS is providing a teaching session to MPS staff on their tactical firearms commander course, which explains the LAS response to MTA incidents and the principles of casualty management from an LAS perspective. The session covers the LAS duty of care to patients, the incident response structure and the LAS' pre-determined response to a MTA or major incident. It also includes information relating to casualty collection points, the purpose and benefit of these and how the MPS and LAS work jointly during a major incident. It stresses the importance of recognising and understanding the use and process of casualty collection points and how patients can be brought directly to them for medical treatment.

Effective joint decision making is crucial for multi-agency working during an MTA or major incident and the session also covers best practice in this respect and sets out examples of how working well together will increase the speed of deployment of ambulance resources to provide life-saving intervention.

The LAS commends the actions of police officers who worked bravely and tirelessly on scene to treat the many injured patients and the LAS fully supports the work being undertaken to expand the police first aid training and provision of equipment, recognising the benefit this will bring to those officers who may arrive first on scene.

MC14 – “the LAS review its guidance documents and training exercises to ensure that they stress this point and indicate practical means of locating casualties (e.g. from information in emergency call records)”

Locating and assisting casualties – changes to LAS guidance and procedures as a result of training exercises

The location and assistance of casualties in dangerous areas has been a clear area of focus for all agencies responding to an MTA, as evidenced by the “Autumn Falls” Exercise and training programmes referenced above.

In response to the issues raised by the 2017 incidents and the learning from the 'Autumn Falls' Exercise, when faced with a MTA or major incident, the LAS has decided to designate specific roles SOC Manager (to ensure the information is considered and actioned), a Critical Loggist and a SOC Allocator) within its control room to undertake the task of identification and recording of casualty locations to prevent any oversight. Those within these roles are tasked with ensuring that identification of casualty locations is prioritised, with a designated person responsible for constantly monitoring, reviewing and linking up information coming from members of the public via 999 calls, the MPS CAD link, ES5 (emergency services radio communication channel) and the call log so that it can be actioned. By operating in this manner the LAS can mitigate against a single point of failure and in smaller incidents where not all roles are filled, at least one of these roles will be present.

All patient information received will be cross referenced to ensure that a full picture of patients' injuries and locations is captured. Action Cards will also detail the process of passing the information to the Ambulance Commander at the Forward Command Point. Once in receipt of patient location information, the commander at the Forward Command Point will coordinate extraction of the patient. It is detailed in the JOPs that this type of information will form part of the commander's casualty management plan.

Control room staff will be updated in the use of this process so that, by March 2020, there will always be a staff member on shift on a 24/7 basis with the capability of undertaking these roles. Training for control room staff will be provided via a bulletin for Emergency Operations Centre (EOC) staff with the updated Action Cards. It is also currently being explored whether a session can be incorporated into the EOC Core Skills Refresher training for the coming year.

MC17 – “consideration be given to introducing/ improving technical measures to assist in identifying the exact locations of emergency services personnel so that they can be communicated reliably to other first responders”

NARU is nationally responsible for the development and introduction/improvement of technical measures to assist in the identification of casualties and emergency service responders during an MTA. Its aim is to ensure that a nationally-appropriate solution is adopted, which can be accessible by all emergency services (fire, police and ambulance). In light of its experience in responding to these and other major incidents, the LAS has been asked by NARU to take the lead in the practical assessment of these technical measures. Over the course of 2020, the LAS will therefore be working to review the technical solutions currently available, including those which are already in use by different emergency services. As the successful roll out of these technical solutions will be dependent on their interoperability with current or any new Computer Aided Dispatch (CAD) systems, it is not anticipated that a solution will be implemented before 2023.

MC18 – “consideration be given (including through the Blue Light Collaboration Programme) to the possibility of having a small number of LAS and London Fire Brigade staff stationed in the MPS control room at all times”

The LAS continues to work together with the MPS and the LFB through the Blue Collaboration Programme to explore all possibilities for improved joint-working and communication, including the implications of co-locating a small number of LAS and LFB staff in the MPS control room on a permanent basis.

A table top exercise to explore co-location of some staff in the MPS control room has already been completed in November 2019. The involved operational staff from LFB, LAS and MPS. The team examined calls during a six-hour late duty in October, to see what effect the immediate triaging of calls may have had on deployments for each of the services during this period.

A further live trial is planned for seven days in February 2020. This will see a member of LAS staff based in the MPS control room with a member of the LFB, 24 hours a day. The focus on this test of concept is on timely and accurate situational information sharing. The outcome of this trial will be analysed and a recommendation based upon the results will be considered for approval by the Autumn of 2020.

Finally, I very much hope this response helps in setting out the ongoing work that the LAS is engaged with to ensure front line and command personnel are fully up date and trained in the latest JOPs, when faced with a major incident or MTA in the future. Learning and development from Serious Incidents are never a finished task and the LAS will continue to work with its emergency service partners to promote best practice in sharing information and collaborating as part of a multi-agency approach. The LAS is committed to continuing its local and national work in its ongoing effort to perform at its best for all patients, whenever they need it.

The LAS Board takes its responsibilities very seriously and has emphasised the importance of ensuring that the organisation's ongoing capability to respond to MTA and other major incidents remains a matter of focus. To this end it has increased its visibility of the HART and TRU teams through visits to these teams and enhanced reporting on their readiness and performance. A lead Non-Executive Director for EPRR issues has been identified and the Board will be receiving regular updates on the progress of the actions set out in this response.

My thoughts and those of my colleagues at LAS remain with the families of the victims.

Yours sincerely



Garrett Emmerson

Chief Executive, London Ambulance Service NHS Trust