INQUESTS ARISING FROM THE DEATHS IN THE LONDON BRIDGE AND BOROUGH MARKET TERROR ATTACK OF 3 JUNE 2017

RESPONSE OF THE LONDON AMBULANCE SERVICE ON SUBMISSIONS CONCERNING PREVENTION OF FUTURE DEATH REPORTS

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1. The London Ambulance Service ("LAS") is grateful for this opportunity to respond to submissions made by Interested Persons concerning reports for the prevention of future deaths that the Chief Coroner may now consider making. In particular, the LAS welcomes the chance to address the matters raised by the six families of Christine Archibald, Sara Zelenak, Sebastien Belanger, Alexandre Pigeard, James McMullan and Kirsty Boden ("the families"). The LAS fully recognises why the families raise the issues that they do.

The Law

2. The power and duty to make a PFD report only arise where the coroner forms the opinion, based on evidence relevant to his/her inquiry, that particular risks of death exist for which preventive action is required. In R (Cairns) v HM Deputy Coroner for Inner West London [2011] EWHC 2890 (Admin) at [74], Silber J 23 explained that the statutory expression "in the coroner's opinion, action should be taken…" reflects a discretionary judgment by the coroner.

3. The jurisdiction to make PFD requires that the material in the particular investigation has highlighted systemic risks or failures

which may recur or continue, with potentially fatal consequences: see R (Francis) v HM Coroner for Inner South London [2013] EWCA Civ 313 at [7]-[8], Davis LJ.

4. The report must be sent to a person or organisation who the coroner believes has power to take such action (para.7(1)(c), Schedule 5 of the 2009 Act).

5. It is open to a coroner to decide not to make a PFD report on an issue on the basis that he/she is not satisfied that further action is necessary. If, for example, a risk or issue has likely been addressed by action taken, or if circumstances have changed materially since the death(s) in question, the coroner may reasonably say he/she is satisfied that no further action is required. Alternatively, a coroner may decide that he/she has insufficient material to form a view that there are particular risks of future deaths and/or that further action is required.

6. The LAS further notes the Chief Coroners Guidance no. 5 at [24 – 27]. If a report is made, it need not (and generally should not) prescribe particular action to be taken, the coroner's function is to raise the concern.

The LAS's General Position

7. The LAS sets out its general position in relation to the making of a PFD report by the coroner here. The specific issues raised by the families will be addressed in some further detail below. In general terms the LAS does not resist the making of a PFD report by the coroner in relation to emergency services response issues which have arisen in

the evidence given in these inquests many of which directly impact upon the LAS. The LAS is committed to learning lessons as an organisation and to ensuring real changes result where that is necessary in order that the quality of care that it provides is the highest possible. As is explained below, there are reasons why LAS has adopted the policies and procedures that are currently in place. These reasons are set out not to obfuscate or to avoid scrutiny or change. Instead they are presented for two purposes: first, to allow the Chief Coroner to make an informed decision on whether to make a report and if one is made, on the terms in which it is made, and second to assist the families in understanding the current position.

8. It is also important to note, in relation to some issues raised, that the LAS follows nationally applicable guidelines / policies / principles and it is not solely within the power or gift of the LAS to make changes. The LAS's own policies, protocols, plans and training have embedded within them such national guidance such as the JESIP (the Joint Emergency Services Interoperability Principles) Joint Doctrine and the Joint Operating Principles in relation to Responding to a Marauding Terrorist Attack. This is a relevant consideration for the coroner in deciding to which organisation or person any PFD report he makes is addressed.

9. The JESIP are of significance. The JESIP Joint Doctrine focuses on the interoperability of Police, Fire and Ambulance services in the early stages of a response to a major incident. The purpose of this Doctrine is to provide a tactical and operational framework to allow the services to respond together effectively.

10. It is likely that for any material changes to be made to the way in which the LAS operate or to policies adopted by it in relation to the emergency response to major incidents, including terrorist attacks, they will need to be made at a national level by JESIP, the relevant government department and / or with the agreement and co-operation of the chiefs of all the relevant emergency services.

11. Further, it is essential that any changes to major incident procedures adopted by the LAS as an individual organisation are made with the knowledge and co-operation of the other emergency services with whom the LAS work. To do otherwise would risk undermining the framework described above, with the potential to create risks to public safety and patient care.

12. Where the LAS view that changes should be effected to national guidelines / policies / principles, the LAS is committed to feeding back to the relevant national body / government department. This is in order to ensure concerns or issues are discussed at the national level and changes are considered and made where necessary and agreed at that level. This has indeed been the case with the Joint Operating Principles for the Emergency Services in relation to Responding to a Marauding Terrorist Attack. This document has been revised twice since 2017. It incorporates learning from the emergency responses to the Westminster, London Bridge, Manchester Arena and Parsons Green terror attacks (see further below at paragraph 18).

Matters to be addressed

13. The LAS sets out a more detailed response to the individual concerns / issues raised by the families below.

The emergency services should reassess the model of using 'hot' and 'warm' zones to coordinate the response to a marauding terrorist attack and consider whether it is realistic in light of likely conditions during such an attack.

- *The emergency services should consider whether the model wrongly assumes that 'hot' zones will be relatively confined, and will be declassified as soon as a threat is neutralised.*
- *The emergency services should consider whether the model wrongly assumes that emergency responders will not enter 'hot' and 'warm' zones, and should put in place plans for coordinating, supporting and communicating with emergency responders who are in those zones.*
- *Plans should be made for the extraction of any casualties in 'hot' and 'warm' zones to 'cold' zones from which they can be removed to hospital.*

14. The LAS and other emergency services in London and nationally work to the JESIP Joint Operating Principles. As stated above, this document has been revised twice since 2017. The current edition of the document, dated February 2019 is a complete rewrite and is therefore referred to as "Edition 1". It is entitled "Responding to a Marauding Terrorist Attack: Joint Operating Principles for the Emergency Services". It is to be noted that the third version, in force at the time of the London Bridge terror attacks, referred to "marauding terrorist

firearms attack" and so Edition 1 now formally recognises that that there may be variations in attack methodology.

15. Edition 1 still recognises the designation of zones in such an attack as hot, warm or cold and the importance of shared situational awareness between the emergency services. It is important that all agencies working nationwide to these principles recognise and have a joint understanding of the assessment of risk to their own staff members responding to and to the general public involved or caught up in such incidents. The designation of zones facilitates this risk assessment.

16. However, there have been material changes to the document in order to address the balance of risk to members of the public requiring assistance and emergency responders. Edition 1 allows flexibility of interpretation to allow decision-making on the ground in line with the threat presented and intelligence available.

17. A summary of some of the significant changes in relation to the designation of hot, warm and cold zones in particular is as follows:
    a. In Edition 1 there is express recognition and emphasis placed upon speed of deployment of emergency responders to casualties to deliver clinical care and treatment and on their extrication from the scene. This is emphasised as the overarching priority of the emergency services. There is now express recognition that such speed of deployment to casualties and their onward movement to secondary care (i.e. hospital) will affect survival rates.

b. There is greater emphasis in Edition 1 on the importance of decision-making regarding the designation of zones.
c. There is formal recognition in Edition 1 of the impact of a hot zone being designated as an unnecessarily large area or for a longer period than is necessary and required by the nature of the particular incident. It highlights the importance of ensuring decisions related to the designated zones are reviewed continuously and reclassified as appropriate.
d. Edition 1 now recognises that non-specialist emergency responders may be deployed into hot zones (police officers) or warm zones (police officers and ambulance personnel). This allows tactical commanders on scene more flexibility and greater tactical options to deploy personnel in order to assist with casualty management, clinical care / treatment of casualties and their extrication to safety, irrespective of their location. This is a significant change from the previous editions and serves to mitigate against the risk of a delay in reaching casualties because of their location in a hot or warm zone in the early (and inevitably chaotic stages) of an incident where there may not yet be any or sufficient specialist trained resources on scene. As this remains a tactical option i.e. one which the appropriately trained Commander on scene will consider, the LAS has made the decision to make such organisational changes as are necessary to ensure that there is more speedy deployment of a specialist Commander to the scene so that there is no delay in the availability of these tactical options. Paragraph 20, below, sets this out.

e. There is express recognition that armed police escort availability should not delay deployment of emergency responders to casualties.
f. It is expressly recognised in Edition 1 that the deployment of specialist and non-specialist personnel from any one emergency service into a warm zone need not await the arrival of all three services' tactical commanders i.e. the ambulance commander may deploy ambulance responders without the presence of the other emergency services.

18. More generally, a summary of some of the significant changes is as follows:

a) Both the simplified structure and concise format of Edition 1, makes the content easier to understand and apply for those using it. Now included in Edition 1 is a consideration of different types of attack. These include lower sophistication methodologies such as vehicle or acid attacks (as opposed to a previous sole focus on firearms) and a corresponding consideration of a wider range of possible responses and tactical options.
b) There is a greater emphasis on the emergency services taking immediate positive action to ensure rapid deployment of responders to locate casualties, ensure provision of clinical care to them and to evacuate them to safety and onwards to hospital.
c) Edition 1 now states that, when an "Operation Plato" incident is declared, further information should be provided at the earliest

opportunity by the police to other emergency services regarding the method of attack in order to inform those services' responses.

d) Edition 1 expressly recognises that non-specialist emergency responders will likely be on scene first (i.e. unarmed first response police officers and ambulance personnel) prior to any specialist emergency responders. These non-specialist responders can effect immediate evacuation of an area and deliver immediate lifesaving clinical interventions to casualties, if safe to do so, and can report back providing valuable situational awareness.

e) The need to de-escalate an Plato Operation declaration (i.e. rescind it) in a timely fashion should it transpire the incident was not a marauding terrorist attack is expressly included in Edition 1 in order to promote more timely and easier access of emergency medical teams to, what would otherwise be, controlled areas.

The London Ambulance Service should put procedures in place to ensure that specialist teams with training on working in 'warm' zones should be deployed rapidly

19. The LAS is currently reviewing the number and availability of Plato trained Commanders (and the supporting command team) who would deploy to the scene of a Plato declared incident to act as tactical commander of the scene.

20. As set out above at paragraph 17d, the LAS has made the decision to make such organisational changes as are necessary to ensure that there is more speedy deployment of an appropriately trained Commander to the scene. This will ensure that there is no delay in the deployment of specialist teams. The LAS is drawing up options in order to ensure that there is an on duty specialist Commander to remove the delay caused by having to recall such a person to duty and then have them travel to the scene[1]. This is as a direct result of the learning gained specifically from the London Bridge incident and the time it took for the Plato Commander to arrive on scene and thereafter deploy HART teams forward.

21. The changes described in Edition 1 and those detailed above at paragraph 17d, which allow the tactical option of deployment of non-specialist staff into such zones, mitigates the risk of delay of casualties remaining in hot or warm zones with no assistance deployed to them to provide clinical care and treatment. This revision also allows the opportunity to extricate casualties more quickly to safety and if necessary, onwards to hospital. It emphasises the overarching priority of the emergency services to expedite the deployment of emergency responders to casualties to deliver clinical care and treatment and their extrication from the scene.

A designated person should have responsibility for analysing reports to ascertain the location of casualties.

[1] It should be noted that the LAS still intends to deploy an additional Plato trained Commander who will be recalled to duty and sent to the scene of a Plato declared incident to provide further tactical support.

22. The LAS is currently reviewing the SOC Major Incident action cards to incorporate the issues which arose in the London Bridge incident and the resultant learning. This learning will be incorporated into updates to the relevant action cards, the relevant training and future LAS and multi-agency training exercises on major incident management. There is a multi-agency exercise planned for September 2019 in which the identification of casualty locations and communications with the on scene commanders will be tested.

23. The LAS also plans to undertake a review into the communication pathways between the MPS and the LAS control rooms to identify where improvements can be made in the passing of information between the services (the MPS has agreed to be involved in this review).

Additional medical equipment and training should be available to the police, in recognition of the fact that they are likely to be the first responders in 'warm' and 'hot' zones.

24. The LAS continues to liaise and work with the MPS (and other police forces) in order to identify whether there is any additional clinical equipment and / or training which can practicably be provided to unarmed first response police officers to enhance the delivery of immediate first aid. This is in recognition of the fact that they are most likely to be the first responders on scene including into warm and hot zones and including to casualties where there is not yet an ambulance service personnel presence but also recognising the need

for these procedures or the equipment to be used by non-clinical personnel.

25. LAS already sits on the MPS Clinical Advisory Group. At this group the LAS seeks to ensure that the training delivered by the MPS to its officers is in line with that which the LAS as a Trust delivers. The primary focus is to ensure that police first responders are able to provide immediate life-saving interventions in situations where the MPS officer arrives on scene first - in particular in relation to haemorrhage control. The LAS has supported a proposal from the MPS that MPS officers should consider carrying tourniquets, haemorrhage packing and chest seals and should be trained in their use and, if required, would be willing to share training packages. Consideration is to be given to extending this out to officers from BTP and City of London Police which the LAS would support.

Police forces and other Emergency Services should explore technical means to ensure that incident commanders can communicate reliably with emergency responders on the ground.

26. The LAS plans to further consider this issue with its police and other emergency service partners. The LAS together with the other emergency services continually look to explore the use of technological alternatives and new technology to enhance communication.

The Emergency Services should consider whether technical measures can be taken to enable the location of vehicles and personnel to be identified.

27. The LAS plans to further consider this issue with its police and other emergency service partners.

28. There are currently web based mapping systems available which could be used to provide shared situational awareness of locations of Forward Command Points (FCP's) and Casualty Clearing Points (CCP's), and also potentially of personnel and casualties. The LAS understands that the MPS are already undertaking some small trials.

29. The LAS is aware that the MPS and LFB also already have limited drone capabilities which can be utilised at major incidents and are a tactical option for scene commanders to assist in gaining situational awareness. The LAS is keen to further explore the potential benefits of this technology, in order to improve situational awareness in fluid and complex incident footprints.

30. The LAS also plans to give further consideration to making greater use of GPS technology to assist in tracking the location of its personnel e.g. by the use of their Airwave radio handsets.

The Emergency Services should consider co-location of control rooms as part of the response to major incidents.

31. Through the Blue Light Collaboration Programme, the LAS continues to engage with other emergency service partners, in particular the MPS, to consider this issue further.

32. Currently upon declaration of a major incident the LAS sends a representative to the MPS Special Operations Room (and so upon their arrival at the SOR there is effectively co-location from that time). The LAS intends to consider further how to ensure such co-location can be effected without undue delay.

33. Currently the Blue Light Collaboration Programme in London is considering the opening of a London Emergency Service Co-ordination Centre. This would enable emergency service operational leads to be co-located 24/7. This would reduce times for co-ordination of large scale incidents as they are declared and allow for increased communication channels and rapid set up of communication channels. The LAS has a dedicated senior manager embedded in the Blue Light Collaboration Programme to facilitate this work.

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