INQUESTS ARISING FROM THE DEATHS IN THE

WESTMINSTER TERROR ATTACK OF 22 MARCH 2017

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

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1. 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, LAS welcomes the chance to address the matter raised by the families of Kurt Cochran, Leslie Rhodes, Aysha Frade and Andreea Cristea ("the families"). LAS fully recognises why the families raise the issues that they do.

2. 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 second to help provide the families with answers to the questions that they pose.

The Law

3. LAS adopts §§18 to 24 the submissions of Counsel to the Inquests, dated 1 October 2018, which set out the relevant legal principles. LAS notes the observations at §24 that: "PFD Reports will often draw attention to matters of concern or to risks, rather than prescribing particular solutions." See also §24 of the Chief Coroners Guidance no. 5.

Matters to be addressed

4. Two matters have been raised by the families that concern LAS. These may be summarised as:

a. A concern about individual paramedics declaring major incidents, together with a recommendation that the Department of Health (now the Department of Health and Social Care, "DHSC") and London Ambulance Service review whether this is appropriate [§§50-53 of the submissions of Gareth Patterson QC, dated 2 October 2018].
b. A concern that there was a delay in covering the body of Aysha Frade, together with a request that LAS and the Metropolitan Police consider whether guidance needs to be given or amended to ensure the immediate covering of casualties declared dead [§70 of Mr Patterson's submissions].

5. As Mr Patterson says, the latter point is not one that could properly form the basis of a prevention of future death report. However, LAS has addressed the matter in full in this document in the hope that this will assist the families.

Declarations of major incidents by individual paramedics

<u>The nature of LAS's major incident procedures</u>

6. LAS's major incident protocols have been developed over a number of years and in consultation with national guidance designed to co-ordinate procedures and encourage best practice across the emergency services. The resulting procedures have drawn upon recommendations and lessons identified from past incidents and are carefully developed and reviewed.

7. The LAS uses the NHS Major Incident definition as, "any occurrence that presents a serious threat to the health of the community, or causes (or is likely to cause) such numbers or types of casualties, as to require special arrangements to be implemented."

8. The Trust's Emergency Preparedness, Resilience and Response (EPRR) department are responsible for developing an assurance process. This is used by NHS England to gain assurance that the Trust is prepared to respond to an emergency and has the resilience measures in place to ensure that safe standards of patient care continue to be provided during a major incident. NHS England assessed the Trust as substantially compliant for EPRR in November 2017.

9. In addition to the above, the Joint Emergency Services Interoperability Principles (JESIP) are embedded into all Trust incident response plans and training. 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 an operational and tactical framework to allow the services to respond together effectively.

10. It is essential that any changes to major incident procedures adopted by LAS are made with the knowledge and co-operation of the other emergency services with whom LAS work. To do otherwise would risk undermining the framework described above.

<u>The relevant procedures for declaring a major incident and their rationale</u>

11. LAS produces Incident Response Guidelines that set out what to do in the event of a major incident. The salient features are provided on Incident Response Cards that are carried by LAS staff for ease of reference. There have been various iterations of the Incident Response Cards. The version that is thought to have been in effect on 22 March 2017 can be found at **DC5150** of the Inquests database.

12. The major incident definition is set out at **DC5150/10**. Underneath the definition three bullet points are used to reinforce the key points. There then follow the words (in capitals and in red for emphasis): "**DON'T BE AFRAID TO DECLARE**".

13. The Incident Response Cards are designed to give individual paramedics confidence to declare a major incident. Paramedics are trained for such an eventuality and LAS considers that it is important that, where appropriate, they do make such a declaration. There are a number of reasons for this.
    a. In many situations, an individual paramedic will arrive at a scene either on his or her own, or with only one crew-mate in attendance. Those on the scene will be in the best position to assess the situation and determine its severity and the response that will be required. While the response to a major incident can be co-ordinated from LAS' Strategic Command suite, the information on which such a response is based comes from those on the ground.
    b. Once a major incident is declared, a pre-determined attendance from LAS is triggered. This ensures that adequate resources are deployed to the scene as soon as possible, including command and control structures designed specifically to deal with a major incident.

c. The declaration of a major incident also triggers co-ordination with other emergency services and with other relevant authorities (e.g. informing hospitals to expect casualties).

d. All of these steps are time critical. Were the declaration of a major incident to be delayed – for example to allow for the attendance on scene of a senior LAS officer – then the responses outlined above would also be delayed. This would mean that it would take longer to get the necessary paramedics and resources to the scene. It would also take longer to secure the scene and its environs, and to prepare hospitals for incoming casualties.

e. Further, it is the experience of LAS that the more that time passes between the event causing a major incident and the implementation of procedures to respond to that incident, the harder it is to implement an effective emergency response. Evidence given at the recent Hillsborough Inquests emphasises the importance of those in attendance declaring a major incident at an early stage in order to put in place the necessary steps to allow for areas to be cleared for triage and for treatment, for measures to be taken to allow ambulances to arrive and casualties to be loaded, and to ensure co-ordination between the emergency services. Once control is lost at a scene, it is extremely hard to regain. It is much easier to scale-back a pre-determined attendance if the event does not prove to be as serious as first feared.

<u>LAS's view on the proposal re. the declaration of a major incident</u>

14. LAS can understand why the family have posed the question they have. However, it is the Trust's firm position that changing the process by which major incidents are declared would be counterproductive. Although major incident procedures are subject to frequent review, this is not a matter that LAS consider needs additional attention. For the reasons given above, LAS consider it essential that individual paramedics retain the power and confidence to declare a major incident when they consider it appropriate to do so. As James Richards said in his evidence, it is a "very heavy responsibility and it is a choice that no-one takes lightly" **[Day 2/77]**. But there are good reasons why individual paramedics are trained to take such an important step.

15. LAS also note that were any changes to be contemplated, they would require the consideration of all the emergency services at a national level. For the reasons given above, this is not a matter on which LAS, or even the DHSC, could take unilateral action.

Covering the bodies of the deceased

16. LAS shares the dismay felt by the Court at the actions of those who uploaded to the internet photographs of Aysha Frade following her murder by Masood. It is difficult to comprehend why anyone would choose to take such a photograph, even allowing for an instinctive reaction, but the conscious decision then to post it online is inexcusably callous. LAS notes the stark distinction between such individuals and the many bystanders from or about whom the Inquests heard, whose first and only response to the events was to try to help others.

17. LAS has procedures in place for the management and covering of the deceased at major incidents. A factor in their development was the learning that emerged from the Inquests held by Hallett LJ into the deaths arising from the bomb attacks on 7 July 2005. The procedures strive to seek an appropriate balance between the sometimes competing factors of patient dignity, operational need and scene of crime management.

18. The relevant procedures as of 22 March 2017 are set out in the Incident Response Cards at **DC5150/41 (point 15)**. It will be seen that at the triage sieve stage of a major incident, instructions are given to cover bodies that are in a public place, with the triage tag showing.

19. However, and as is also shown by the Incident Response Cards, this is not a responsibility that is allocated to the first responder or responders on the scene. That is because those individuals must retain an overview of events. They must establish how many people have been injured and report on this, and on other pertinent details from the scene; they must initiate triage priorities; they must work out which resources are required and how they should be marshalled and allocated. As Richard Webb-Stevens said in evidence, it is not for the first responder on scene to get drawn into providing care for an individual patient in the early stages of an incident **[Day 3/55]**. The importance of the first responder maintaining an overview of the incident as a whole is emphasised repeatedly and with prominence in the Incident Response Cards: see **DC5150/2**, **DC5150/4** (point 4).

20. LAS recognises that it may be distressing for relatives of those killed and injured that initial responders must act in this way. Indeed it can be difficult for clinical staff to check their natural urge to assist the first patient that they see, hence the emphasis in their training and in the Incident Response Cards on maintaining focus on their overview role.

Such an approach is essential to ensuring that an effective response to a major incident is established at an early stage. It is for this reason that the Incident Response Cards do not refer to covering the bodies until there are sufficient resources on site to allow for the formation of triage sieve teams.

21. In the case of Aysha Frade, Mr Webb-Stevens arrived by the bus at 14:45:25. He was the first paramedic to reach that part of the bridge. He is shown on camera leaning down to look at Mrs Frade at 14:47:28. He was asked why he did not cover her. He said that under normal circumstances, if she had been the only patient, he would have done so **[Day 3/78]**. However, by that time he was already aware of one Priority 1 patient (Leslie Rhodes) and a number of other casualties on the Lambeth side of the bridge. He was also aware of further casualties around the bus and on the Westminster side of the bridge. He was dealing with what he thought were up to 16 patients **[Day 3/78]**. (In fact we know that in total there were four people who had been fatally wounded while on the bridge, 29 who had serious injuries,[1] and others who suffered more minor injuries.) Mr Webb-Stevens took the view that in those circumstances it was not appropriate for him to break away from his role as an initial responder in order to cover Mrs Frade. He felt his priority was to tend to the other patients **[Day 3/78]**.

22. It is LAS's unequivocal view that this was the correct decision. It was in line with Mr Webb-Steven's training and with the role that he was required to undertake at that time. Had he not done this, he may have put lives at risk and he could have faced criticism for departing from the established procedures. It is noted that Mr Patterson, rightly, did not put criticisms to Mr Webb-Stevens about his actions in this regard while questioning him **[Day 3/78-79]**.[2]

23. Notwithstanding this position, LAS recognise the intense distress caused to Mrs Frade's family by the pictures that were taken and shared. The episode has highlighted the omnipresence of cameras in public places, the tendency of bystanders to take photographs even of horrific scenes, and the changing social mores which lead to such photographs being uploaded to the internet. It has also shown the distress that this can cause to the family of the deceased both in the immediate aftermath of the events and potentially

[1] Day 15/89.
[2] At §70 of his submissions, Mr Patterson suggests that the "delay" in covering Mrs Frade's body showed "insufficient regard for [her] dignity". LAS note that this suggestion was not put to any LAS witness, or indeed any witness in the Inquests. Insofar as it is directed to LAS or its staff, this criticism is rejected as having no foundation in the evidence heard by the Inquests. It would be unfair and unjustified to stigmatise any of LAS's employees in this way.

thereafter given the difficulties that the family have experienced in having the photographs removed (another matter on which LAS shares the disbelief and dismay expressed by others). These are matters that LAS take extremely seriously, not least as they reflect the experience of some LAS paramedics, who have seen bystanders taking photographs when attending other incidents.

24. LAS will, therefore, discuss this matter nationally at the appropriate national ambulance forums to gain an understanding of what, if any, measures may be available for ambulance trusts to consider. LAS stress that there are no easy solutions to this issue. Protocols and training must continue to balance the differing needs of operational effectiveness, respect for the dignity of the individual, and preservation of evidence at a crime scene. LAS hope that by sharing its experiences, and discussing the matter with colleagues from across the country, fresh and innovative thinking may be brought to bear on this difficult and important matter.

25. LAS extends its sympathy to Mrs Frade's family. It will approach the discussions referred to above with a determination to minimise the prospects of any other family having to endure similar distress.

Conclusions

26. LAS hope that the matters set out in this document help to answer some of the questions that the families have posed. If there are other points that they wish to raise outside of the Inquests, LAS would be happy to make the necessary arrangements to facilitate this.

27. Finally, LAS wish to place on record their admiration for the immense dignity and stoicism that all of the families have shown throughout these Inquests.

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