

LONDON RESILIENCE

MASS FATALITIES COORDINATION GROUP Minutes
Wednesday 14th June at 17:30
Teleconference

ORGANISATION	Name
Her Majesty's Senior Coroner for London (Inner West)	Dr Fiona Wilcox (Chair)
UK DVI	Howard Way
Pathologist	Dr Ashley Fegan-Earl
DCLG	Faye Taggart-White
Kensington and Chelsea	No representation
Westminster City Council (Mortuary)	Sue Jones Robert Hood
Coroner's Office	Kim Bedwell
Coroner's Officers' Manager	Eric Sword
Westminster City Council	No representation
Senior Identification Manager	Andy Chalmers
MPS – Senior Investigating Officer	Matt Bonner
MPS	Philip Stone Martin Tucker Duncan McMillan Chris Jones (Casualty Bureau)
London Ambulance Service	Natasha Wills
London Fire Brigade	Vince Bell
NHS England (London)	Peter Boormen Jo Olsen
London Resilience	John Hetherington Stuart Tuner Chervana Hobbs (Minutes)

Actions

No	Action	Action by
1	A direct connection between NHS England (London) and the Coroner's office to be established. Carried over from 12:00 meeting.	NHS England

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2	There is a need to confirm who is responsible for screening the CT scanning area. Kensington & Chelsea had offered but were not present in call.	The Chair/Kensington & Chelsea
3	Dr Ashley Fegan-Earl is to document the pathology procedures/strategy and circulate this.	Ashley Fegan-Earl

1. Introductions

1.1. **The Chair** opened the teleconference and introductions were made.

2. Incident Overview

2.1. **Vince Bell** provided an update on the incident. Floors 0 – 24 had been searched. An emergency check was conducted on the top two floors. Confirmation was given that there were no savable lives. A tactical withdrawal up to 30 metres was undertaken by London Fire Brigade due to concerns about instability of the building. The 30 metres hazard zone will be in place for a short period while the building cools down. Vince gave an update on the number of deceased: 17 in the building (excluding the 6 previously announced) bringing the overall figure to 23 currently, although this number will rise and this will be confirmed with further searches and receipt of feedback from crews. A change of Watch is taking place at 20:00.

2.2. **Natasha Wills** confirmed that LAS had downgraded the incident to significant incident. LAS continues to support LFB and plans are in place to retrieve the deceased from the building.

2.3. **Peter Boormen** relayed that the trusts that had previously stood up had now stood down. Peter provided the numbers of patients in critical care: 24 adults (9 of which are in critical care) and 10 children (9 of which are also in critical care).

2.4. **The Chair** stated that she had attended the scene and had been made aware that a brother and sister (of five and eight years old) were in hospital and asked whether they were deceased. **Peter Boormen** clarified that they were not deceased as clarified in a call at 15:00. **Chris Jones** added that the father of the children is a prisoner at Wandsworth. The father is currently being transferred by officers to St Mary's Hospital where the children are located, before being transferred to Royal Free where his wife is located.

2.5. There were concerns raised about the Casualty Bureau advising people to attend trusts directly to check for relatives. **Chris Jones** confirmed that this was raised with the Casualty Bureau this morning and this message was no longer being delivered.

2.6. **The Chair** requested an update on casualty tracking and reminded the group of an earlier action around establishing a direct link between the Coroner's Office and NHS England. The Chair emphasised the importance of this, as the

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deceased are outside the jurisdiction and need to be transferred. **Natasha Wills** agreed to follow up this action. **The Chair** clarified that this should be done with Kim Bedwell.

Action: Natasha Wills to follow up making a direct connection between NHS England and the Coroner's Office.

2.7. Met Police investigations stated that there are two priorities: 1) attaining an indication of the cause - whether it is due to criminal activity, or health & safety; and 2) whether there are any quick lessons on the materials involved.

2.8. Chris Jones stated the number of calls it had received: 3500. It is working through 336 grade 1 and 302 grade 2 calls. 7 FLOs had been deployed across the FFRCs.

2.9. Howard Way told the group that a CT scanner had been sourced and crew arranged. These will be in position at 08:30 in the morning. Howard will be attending. Screening of the yard is required. Kensington and Chelsea had offered to do this but were not present in the call to confirm. Howard will also be checking for other equipment needed, but told the group that the CT scanner would not be available after tomorrow. Howard advised that the scans take approximately 30 minutes per body to complete.

Action: There is a need to confirm who is responsible for screening the CT scanning area. Kensington & Chelsea had offered but were not present in call.

3. Investigation and Forensic Strategies

3.1. The Chair explained that the deceased had to be removed from the stairwells and that it was unsafe for LAS to approach. The Chair highlighted the importance of recording a time of death and the location of the deceased with as much detail as possible.

3.2. The Chair expressed that safety must come first as the scene is extremely dangerous.

3.3. The Chair asked whether cheek swabs could be taken from hospital patients by FLOs to aid the identification process. This was discussed by the group and it was expressed that hospitals need to provide consent for this due to legal implications. The Chair reaffirmed that the purpose of this would be applicable in some cases. **Andy Chalmers** confirmed that he would take this up and document a procedure and that any swabs conducted would be advantage.

4. Mortuary Options

4.1. The Chair told the group that bodies would be moved from Westminster to Greenwich and that the mortuary would effectively become a DDM. The Chair clarified that this worked well in Tunisia. It was expressed that the situation was still manageable in terms of the numbers of deceased.

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- 4.2. **The Chair** explained that mortuary shifts would start tomorrow.
- 4.3. **Dr Ashley Fegan-Earl** noted a conversation he had with Guy Rutley, who had offered to conduct some remote reporting. Cost would be free. Ashley expressed his welcome of this offer. The work would involve overview scans, assistance with the identification process, basic pathology and approval by a radiologist. Ashley clarified that primacy is to identify and establish the cause of death.
- 4.4. **Martin Tucker** highlighted the need for a photographic record and that the examination should be conducted by Home Office pathologists, with an evidential cause of death recorded.
- 4.5. **Dr Ashley Fegan-Earl** explained that bodies needed to be tested for toxicology and reasons which would have made people vulnerable and unable to escape. This is of particular importance due to possible prosecutions arising.
- 4.6. **The Chair** asked **Ashley** if he could put in writing the pathology procedures to be conducted. Ashley agreed to do this and also oversee the process.
- 4.7. **The Chair** explained that scans and post mortems could be done tomorrow, so that Matt Bonner can begin on Friday. Matt agreed.
- 4.8. **Andy Chalmers** told the group that 3 teams would be deployed and that a contactor would be taking over on Saturday.
- 4.9. Matt Bonner asked **Dr Ashley Fegan-Earl** to copy him in when circulating the written pathology procedure document. The Chair clarified that Ashley would put together the pathology strategy.
- 4.10. **Ashley Fegan-Earl** confirmed that on Friday morning, the bodies would be brought in and CT scanning and finger printing could be conducted. Ashley confirmed that photography is available and that toxicology, swabs and disease checks would be done. Ashley highlighted that there is no merit in the retention of organs or tissue and that procedures needed to be consistent.
- 4.11. **The Chair** put forward a query about a disrupted body at scene. **Ashley Fegan-Earl** confirmed that this would be recorded as multiple/head injury and agreed to oversee the process to ensure consistency in recording - and across pathologists on the cause of death.
- 4.12. **Ashely Fegan-Earl** told the group that he would write the protocol tonight and would review it for consistency to avoid retention of organs/tissue beyond histology. **Andy Chalmers** asked Ashley to circulate this to him and Ashley agreed to copy in the relevant parties.

Action: Dr Ashley Fegan-Earl is to document the pathology procedures/strategy and circulate this.

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4.13. **The Chair** asked the group about the security of the site. **Howard Way** explained that the mortuary is not open 24 hours and that assets in the yard, plus reputation, need to be considered.

4.14. **Andy Chalmers** clarified that security issues need to go through Silver and would follow this up.

5. Provision of Viewing Facilities

5.1. The Chair expressed that the facilities were adequate.

6. Staff Welfare

6.1. **The Chair** asked the group about staff welfare and the group agreed that there would be a multi-agency debrief at the end.

7. Release of Bodies

7.1. **The Chair** emphasised that the release of bodies needed to be done as soon as possible and discussed not requiring second post mortems.

7.2. **Ashley Fegan-Earl** mentioned the need to test bodies for natural diseases which may have made the deceased more vulnerable.

7.3. **The Chair** agreed that second post mortems were not to be conducted unless there is an exceptional reason.

8. Financial Considerations

8.1. The group discussed the process for costings and agreed to confirm this next week.

9. Communications Strategy

9.1. **The Chair** asked the group if anyone wanted to raise anything new. The Chair reaffirmed the importance of communicating the truth and as much information as possible.

10. Welfare and Humanitarian Assistance

10.1. The Chair confirmed that no foreign nationals were known to be involved.

11. Summary of actions

11.1. The Chair provided a summary of actions.

12. AOB

12.1. There was a query about when names should be released of those identified. **The Chair** clarified that any such announcements would be considered, once

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primary identification is undertaken and if the deceased was known to be in the building at the **time**. **The Chair stated** that expectations needed to be managed in terms of the time-scales for identifying the deceased.

13. Date and time of next meeting

- 13.1. The next meeting would take place by teleconference on Thursday 15th June at 13:00. This would be arranged by London Resilience Group.

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