

Collapsed Behind Locked Doors Response

Report to:**Date:**

Operational Delivery Board	16 December 2022
Commissioner's Board	11 January 2023
Deputy Mayor's Fire and Resilience Board.....	28 February 2023
London Fire Commissioner	

Report by:

Assistant Commissioner Operational Resilience & Control

Report classification:

For decision

For publication

I agree the recommended decision below.

**Andy Roe**

London Fire Commissioner

Date This decision was remotely signed on 07 April 2023

PART ONE

Non-confidential facts and advice to the decision-maker

Executive Summary

The Collapsed Behind Locked Door (CBLD) project is a product of the London Blue Light Collaboration group. It was created to improve the response for casualties who were reported to be collapsed behind a locked door in need of rescue, enabling access for the ambulance service to deliver medical care and transportation.

In September 2020, a performance evaluation of the nine-month pilot in the north-east area of London was undertaken. Blue Light Collaboration strategic leads agreed to extend the response pan-London until September 2021, when performance was re-assessed. A subsequent evaluation report (appendix one) agreed that the response should be incorporated into business as usual, and the three emergency services should seek agreement via respective governance arrangements. This report is seeking agreement and during this period, the response will continue.

Proposed decision – For the London Fire Commissioner

That the London Fire Commissioner considers this report and approves the contents including the recommendation for the response to Collapsed Behind Locked Doors incidents.

That the London Fire Commissioner authorises the Assistant Commissioner Operational Resilience & Control, following consultation with the General Counsel to enter into an MoU in line with the terms contained in this report and to make such necessary amendments to the draft document as required to affect any recommendations from General Counsel.

1 Introduction and background

- 1.1** The police, fire and rescue and ambulance services have a duty to collaborate as prescribed by the Policing and Crime Act 2017. Blue Light Collaboration (BLC) delivery is facilitated by a strategic and tactical group, to ensure the emergency services in London meet this requirement.
- 1.2** BLC explored the issue of when people are CBLD and whether a collaborative approach detailing the response and boarding up process could make the response more effective and efficient. This would involve an agreed process of delivery rather than an ad hoc arrangement, whereby services request assistance from each another on a case-by-case basis. This led to a response pilot and subsequent agreement underpinned by a memorandum of understanding (MoU) (appendix two).
- 1.3** The London Ambulance Service (LAS) receive a call to a casualty that is CBLD with responders unable to gain entry and commence treatment. The LAS have no means of gaining entry unless there are simple options, for example gaining entry via a ground floor window. Assistance is normally requested from the Metropolitan Police Service (MPS) or the London Fire Brigade without a consistent approach prior to the CBLD pilot.
- 1.4** Metropolitan Police Service (MPS) frontline officers have limited capability to effect entry. It is normally a forced entry that causes damage and incurs a cost in immediate repairs (boarding up) on conclusion of the incident. This process also extends the time police resources remain at incidents, impacting on their capacity to respond to other incidents.
- 1.5** MPS specialist officers are trained in a variety of methods of entry (MoE). These specialist units are a much smaller resource, deployed to specific preplanned operations and are not normally available for an immediate local response.
- 1.6** The London Fire Brigade has a range of forced entry equipment (FEE) currently at one hundred and two pump ladders across all stations but subject to report LFC 0748, that will extend this to forty pumps that can assist the response to CBLD incidents. This along with other small equipment available on all pumping appliances designed to support operations where entry is required. All frontline staff receive specific training

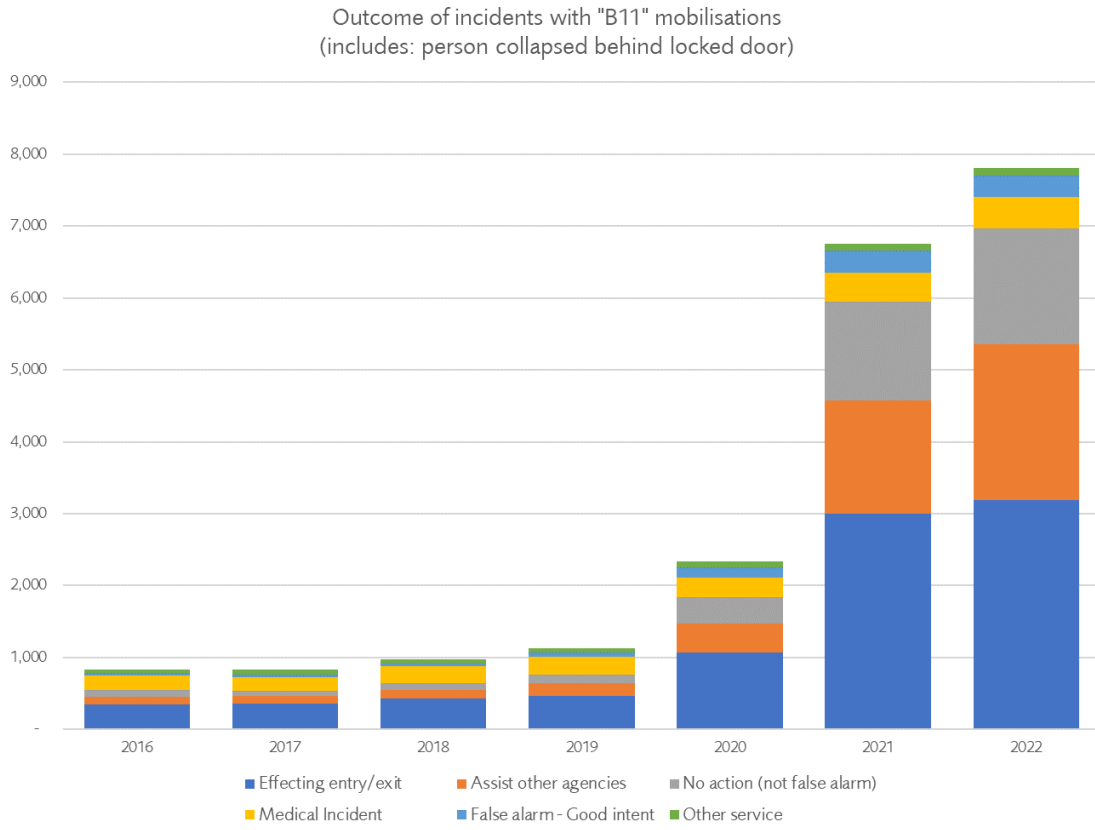
for FEE which is part of the Development and Maintenance of Operational Professionalism (DaMOP) training cycle that supports continual professional development (CPD).

- 1.7 The focus is on rapid entry with minimal damage or disruption. The Brigade is ideally placed to deliver this rescue response via this capability, and it will improve the service to those sick or injured, whilst reducing impact on the LAS and MPS.
- 1.8 To provide this response, no additional firefighter operational training is required. Delivery of this response does require a small procedural change in training for fire officers to enable the boarding up process and for Control rooms to manage the exchange of information between agencies.

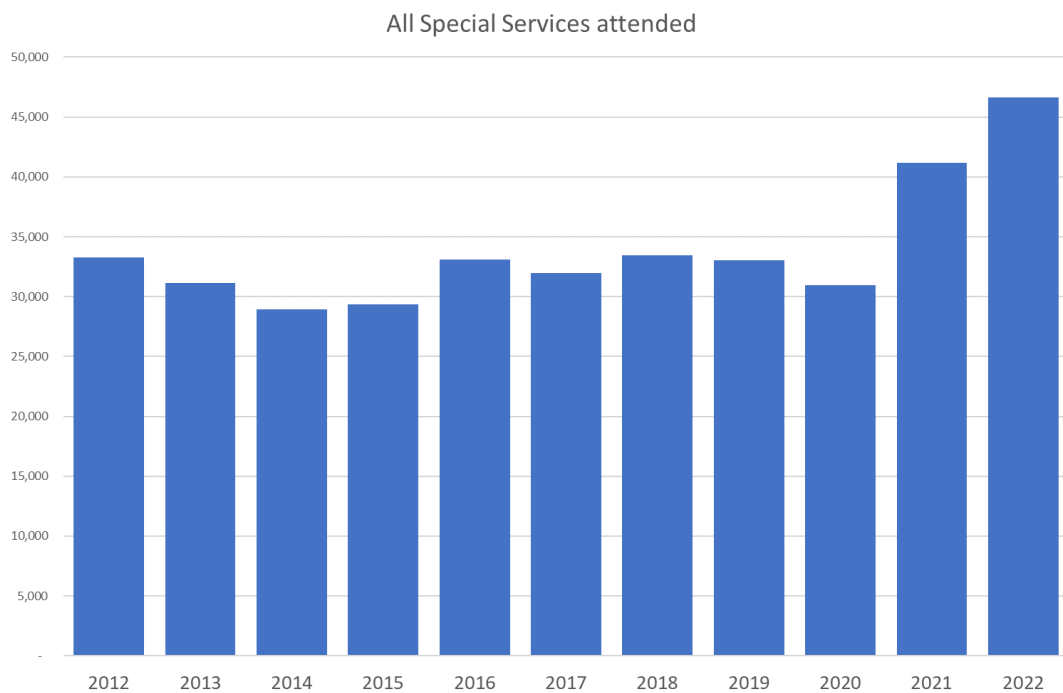
2 Objectives and expected outcomes

- 2.1 Whilst the response is aimed at improving the emergency response to those in need, it captures three broader benefits:
 - Reduced time taken to resolve the incident
 - Reduced damage to property and public expense of temporary repair
 - Increased public satisfaction and patient care
- 2.2 Following the review of the trial of CBLD project it was determined that there was no significant impact on the delivery of Brigade services, both response, training and prevention activities. This is an incident type that has always historically been attended. This is largely due to the unavailability of MPS MoE teams and therefore the Brigade were frequently requested by LAS to carry out this function. The CBLD response effectively formalises a process that was already in place.
- 2.3 The MoU ensures the Brigade reserves the right to alter its' CBLD attendance to meet its' statutory obligations under the Fire and Rescue Services Act 2004 at critical times, for example during spate conditions. A decision can be made by the duty Assistant Commissioner or Deputy as appropriate.
- 2.4 During 2021, the average MPS response time for CBLD incidents was 11:20 min compared to 05:15 min for the LFB, which is a significant improvement in response time.
- 2.5 The introduction of a direct link to the boarding company and attendance requirements has meant crews were able to leave in a shorter timeframe compared to the time it took for the MPS to attend and take over responsibility. This enabled crews to continue with other activity.
- 2.6 Responsibility for the boarding up resides with the MPS and they own the contract with boarding up specialists pan-London. The boarding up company specifies a 45:00 min callout time to provide a response to an incident. The MPS will remain responsible for providing this part of the service, taking possession of any keys provided by the boarding up company and planning for returning the keys to the resident or keeping them secure for collection.
- 2.7 The project's assumption that the Brigade would be able to gain entry without the use of specialist tools has been proven. During the review period access was gained to premises on 66% of calls without the use of any additional equipment, thereby causing less damage and reducing overall cost.
- 2.8 The financial costs of this project are met by the MPS and there will be no direct financial cost incurred by Brigade for the boarding up process. The Finance department confirmed the indicative cost of a fully crewed appliance per hour is £364 (+VAT). It must be noted however those responding resources are already available. This does not require additional appliances or capacity and is within the scope of appliance utilisation rates. The call data for 2022 shows that 7778 CBLD calls were attended. The average time the Brigade were on scene was 31:00 mins. This will include time to effect entry but also to assist the LAS if required. This equates to approximately 21 calls daily between 102 land based fire stations. It can also be seen approximately as a £1.5m response cost.
- 2.9 Indicative time spent on scene for the MPS is hard to quantify. Support from the Brigade and an improved boarding up process has resulted in MPS officers being released more quickly or not required to attend CBLD incidents unless specifically requested, enabling deployment to other calls.

2.10 CBLD incidents are classified as Special Service incident types, allocated as incident type code (ITC) B11. It must be noted that other incidents including collapsed in the street or fallen from upper floors are also classified as ITC B11, so the CBLD incidents are extrapolated from the data.



2.11 To show perspective of our special service attendances the graph below notes the increase in special service calls in 2022 against yearly totals with a slight fall in 2020 due to the COVID-19 Pandemic.



2.12 The project has now moved into an implementation phase as it transfers from a pilot to business as usual.

2.13 The project has demonstrated very clearly that the Brigades ability to respond to all incident types has not been compromised by responding to CBLD calls. Many Fire and Rescue Services across the United Kingdom

respond to these calls as the operational benefits are clear. The increase in special services has not impacted on other responsibilities, clearly meeting the objectives and improving the response to London.

3. Equality comments

- 3.1** The LFC and the Deputy Mayor for Fire and Resilience are required to have due regard to the Public Sector Equality Duty (section 149 of the Equality Act 2010) when taking decisions. This in broad terms involves understanding the potential impact of policy and decisions on different people, taking this into account and then evidencing how decisions were reached.
- 3.2** It is important to note that consideration of the Public Sector Equality Duty is not a one-off task. The duty must be fulfilled before taking a decision, at the time of taking a decision, and after the decision has been taken.
- 3.3** The protected characteristics are: age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership (but only in respect of the requirements to have due regard to the need to eliminate discrimination), race (ethnic or national origins, colour or nationality), religion or belief (including lack of belief), sex, and sexual orientation.
- 3.4** The Public Sector Equality Duty requires decision-takers in the exercise of all their functions, to have due regard to the need to:
- eliminate discrimination, harassment and victimisation and other prohibited conduct.
 - advance equality of opportunity between people who share a relevant protected characteristic and persons who do not share it.
 - foster good relations between people who share a relevant protected characteristic and persons who do not share it.
- 3.5** Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic where those disadvantages are connected to that characteristic.
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
 - encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- 3.6** The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- 3.7** Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
- tackle prejudice
 - promote understanding.
- 3.8** EIA has been submitted to the Inclusion team and is awaiting consultation with ESGs.

4 Other considerations

Workforce comments

- 4.1** The MoU has been subject to extensive consultation over fourteen months with the Fire Brigade Union (FBU) both in the Brigade Joint Council for Health and Safety at Work (BJCHSW) and the Joint Committee for Firefighters (JCF).
- 4.2** The MoU has been through the governance process and agreed for both the Metropolitan Police Service (MPS) and London Ambulance Service (LAS). The Brigade is the last service to agree the governance process.

Sustainability comments

4.3 The sustainable development team have to carry out a sustainable development impact assessment where new policies and/or corporate projects arise, as they are subject to the Brigade's sustainable development impact assessment process.

Procurement comments

4.4 The proposals in this report will not require any additional procurement activity and so procurement comments have not been incorporated into this report.

Communications comments

4.5 The project requires a communications plan to set out how the aims and objectives can be achieved by publicity internally and potentially externally. Consideration needs to be given as to which communications channels would best suit the target audiences. As the project impacts blue light partners, collaboration work between various communications teams will be needed.

5. Financial comments

5.1 This report provides an update on the Collapsed Behind Locked Door (CBLD) project and Finance recommends the approval of this project.

5.2 As stated in paragraph 2.8, there is no direct financial costs to the LFC for the boarding up process.

5.3 The Board is also asked to note that there are financial implications outside of existing resources which are driven in part by the approach to CBLD and the procurement of equipment totalling £190,000. The decision to procure that equipment is separate to the decision being sought in this report.

6. Legal comments

6.1 Under section 9 of the Policing and Crime Act 2017, the London Fire Commissioner (the "Commissioner") is established as a corporation sole with the Mayor appointing the occupant of that office. Under section 327D of the GLA Act 1999, as amended by the Policing and Crime Act 2017, the Mayor may issue to the Commissioner specific or general directions as to the manner in which the holder of that office is to exercise his or her functions.

Powers of the London Fire Commissioner

6.2 Section 1 of the Fire and Rescue Services Act 2004 (FRSA 2004) states that the Commissioner is the fire and rescue authority for Greater London.

6.3 Section 44 of the FRSA provides authorised employees of the Commissioner (operational Firefighters) with the power to "do anything he reasonably believes to be necessary... if he reasonably believes an emergency of another kind to have occurred, for the purpose of discharging any function conferred on the fire and rescue authority in relation to the emergency."

6.4 In addition to the Commissioner's core functions in relation firefighting and road traffic accidents etc., section 11 of the FRSA empowers the Commissioner with the additional function to, "take any action it considers appropriate... in response to an event or situation ... that causes or is likely to cause... one or more individuals to die, be injured or become ill." The action that the Commissioner may take under this section is to be "for the purpose of enabling action to be taken in response to such an event or situation".

6.5 Furthermore, section 5A of the FRSA states that the Commissioner "may do ... anything it considers appropriate for purposes of the carrying-out of any of its functions ... incidental to their functional purposes... for purposes indirectly incidental to its functional purposes through any number of removes".

6.6 Section 44 further states that such an employee's powers extend to the ability to, "enter premises or a place, by force if necessary, without the consent of the owner or occupier of the premises or place and

move or break into a vehicle without the consent of its owner." An emergency, for the purposes of section 44 is defined as, amongst other things, "an event or situation that causes or is likely to cause ... one or more individuals to die, be seriously injured or become seriously ill...".

- 6.7** The action to be taken is the utilisation of the Commissioner's FEE by operational firefighters. The event or situation is that of a member of the public collapsed behind a locked door and another emergency service being unable or less able to effect entry in as efficient or timely manner as the Commissioner's staff. It is a reasonable assumption that in such circumstances an individual may die, be injured or become ill. By effecting entry, the Commissioner will permit further action, by either the LAS, MPS or LFB in response to the event or situation.
- 6.8** It should be noted that in effecting entry in reliance of section 44 the officer in charge should form their own view on whether the event or situation is one in which 'one or more individuals to die, be seriously injured or become seriously ill' but it would be reasonable to take advice on this point from other attending emergency services in coming to such a view.
- 6.9** The proposals in this report therefore align with the Commissioner's statutory powers under the FRSA.

Collaboration

- 6.10** Under section 2(1) of the Policing and Crime Act 2017, the Commissioner has a duty to keep under consideration whether entering into a collaboration agreement with one or more other relevant emergency services in England could be in the interests of the efficiency or effectiveness of that service and those other services.
- 6.11** This report proposes entering into a collaboration agreement, in the form of the attached memorandum of understanding, in relation to regulating the activities of the MPS, LAS and LFB in relation to Collapsed Behind Locked Doors responses.

Mayor and Deputy Mayor

- 6.12** By direction dated 1 April 2018, the Mayor set out those matters, for which the Commissioner would require the prior approval of either the Mayor or the Deputy Mayor for Fire and Resilience (the "Deputy Mayor").
- 6.13** Paragraph 3.1 of Part 3 of the said direction requires the Commissioner to consult with the Deputy Mayor as far as practicable in the circumstances before a decision is taken on (amongst other things), "[b] Anything that requires the consent of the Mayor under any enactment; or [c] decision that can be reasonably considered to be novel, contentious or repercussive in nature, irrespective of the monetary value of the decision involved (which may be nil)".
- 6.14** As the subject of this report could reasonably be considered to be novel, contentious or repercussive in nature, the Deputy Mayor will be consulted prior to the Commissioner's decision.
- 6.15** Additionally, the Policing and Crime Act 2017 section 3(6) states that, "The London Fire Commissioner must consult the Mayor of London before entering into a collaboration agreement...". Subject to any additional guidance from the GLA this report is provided to the Deputy Mayor for the purposes of receiving the required approval.

List of appendices

Appendix	Title	Open or confidential*
1	BLC Evaluation Report	Open
2	CBLD MoU	Open
3	CBLD EIA	Open

Part two confidentiality

Only the facts or advice considered to be exempt from disclosure under the FOI Act should be in the separate Part Two form, together with the legal rationale for non-publication.

Is there a Part Two form: No



Appendix One – Blue Light Collaboration Strategic Board Evaluation Report

Evaluation Report

Blue Light Collaboration Strategic Board [September 2021]

1 Freedom of Information Act Publication Scheme

Protective Marking	2	Official Sensitive
Publication Scheme Y/N	3	N
Title	4	Collapse Behind Locked Doors – Evaluation Report
Version	5	1.3
Summary	6	Summary
Organisation / Strand	7	MPS – Response Strand
Report	8	Project Evaluation
Author	9	Superintendent Andy Brittain
Date Issued	10	17 th August 2021

Document edit history

Version	Date	Additions/Modifications	Prepared/Revised by
Version 1.1	17/08/2021	First Draft	Supt Andy Brittain
Version 1.2	01/09/2021	Second Draft	Supt Andy Brittain
Version 1.3	03/09/2021	Final Version	Supt Andy Brittain

1. Project Management

1.1 Challenges

The project team were faced with two key challenges that have made impact analysis and assessment difficult and whilst the benefits are clear at a macro level the finer micro level detail is difficult to interpret.

COVID Pandemic – throughout the CBLD trial period the impact of the COVID pandemic has been significant on all three emergency services. The pandemic has produced demand spikes for medical emergencies and placed the first responders under significant resourcing challenges.

Data – all three emergency services use differing IT systems to capture demand data, the LFB were the only service able to create a dedicated CAD code for CBLD and as such it is their data that has the most accuracy and significance for this review. The MPS CAD system does not allow for identification of CBLD calls as they are captured under one CAD code for "Welfare" related incidents.

1.2 Milestones

	<i>Date</i>	<i>Comments</i>
<i>Strategic Group sign off</i>	<i>05/05/2020</i>	
<i>Proof of Concept (POC) start</i>	<i>05/05/2020</i>	
<i>Proof of Concept (POC) end</i>	<i>06/08/2021</i>	

1.3 Change

The project tested the change in deployment protocols between the MPS/LFB and LAS in relation to calls for service categorised as "Collapse Behind Locked Doors". Prior to the trial the responsibility for supporting LAS with these calls rested with the MPS.

To be in scope for this project calls for service needed to be classified as medical emergencies where LAS needed assistance to gain access to a patient inside of locked premises. Calls meeting this criteria would be passed direct from the LAS control room to the LFB for deployment and assistance. Police assistance would only be sort in limited circumstances, these included delays in obtaining boarding up services or if evidence of criminal activity was discovered by either the LAS or LFB.

1.4 Budget/Resource's

Did the project stay with the set financial budget (if applicable) or within the correct resource requirement, if not why? And if so, how did you manage to be successful.

N/A



2. Benefits

2.1 Outcome

Based on the target to which you set out to achieved, did you reach the anticipated benefit? Refer to your benefit profile.

1. Reduced time dealing with contact

Average time from TOA until leaving scene for LAS CBLD calls (LFB)

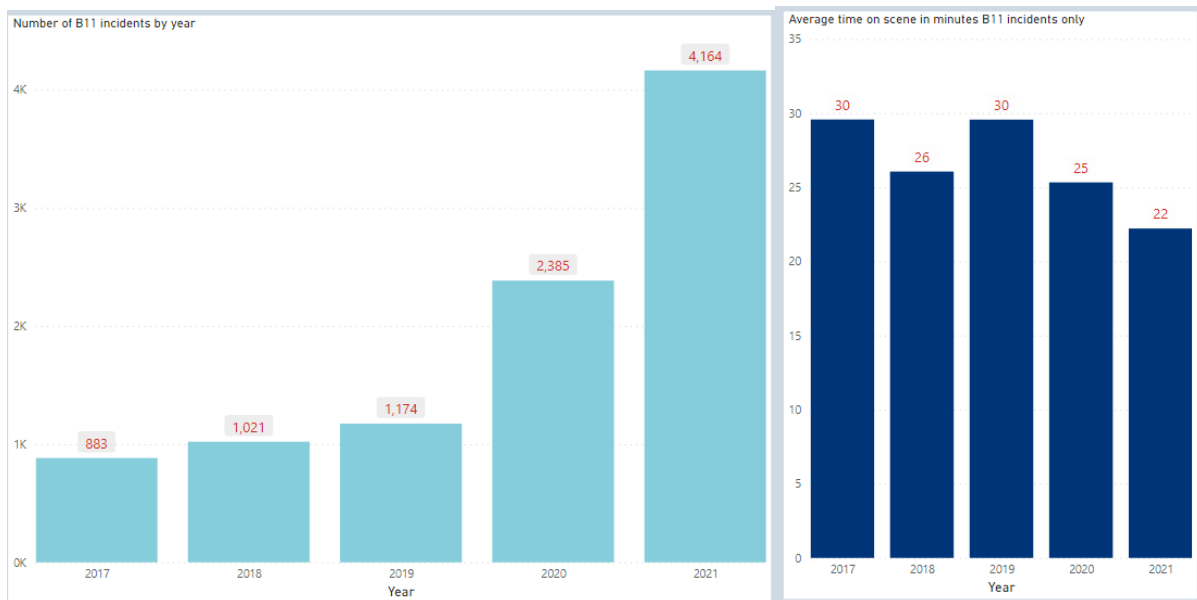
Baseline Average: 00:28:00

Achieved (2021): 00:22:00

During the review period the LFB spent 6 minutes less time on scene at all incidents when compared to the baseline (time LFB spent on scene before CBLD project). This indicates that the additional call demand generated by CBLD is not having a negative impact on LFB appliance recycle times. Across all call types LFB are achieving a reduction in recycle times, since the peak in 2019 of 30 mins through to 2021 with an average of 22 mins (See graph below).

Due to data limitations, we are unable to articulate how long the MPS remained on scene prior to the trial to compare with the LFB.

Graph 1.1 – Volume of CBLD calls transferred to LFB and Average time on scene for B11 Calls (LFB appliances)

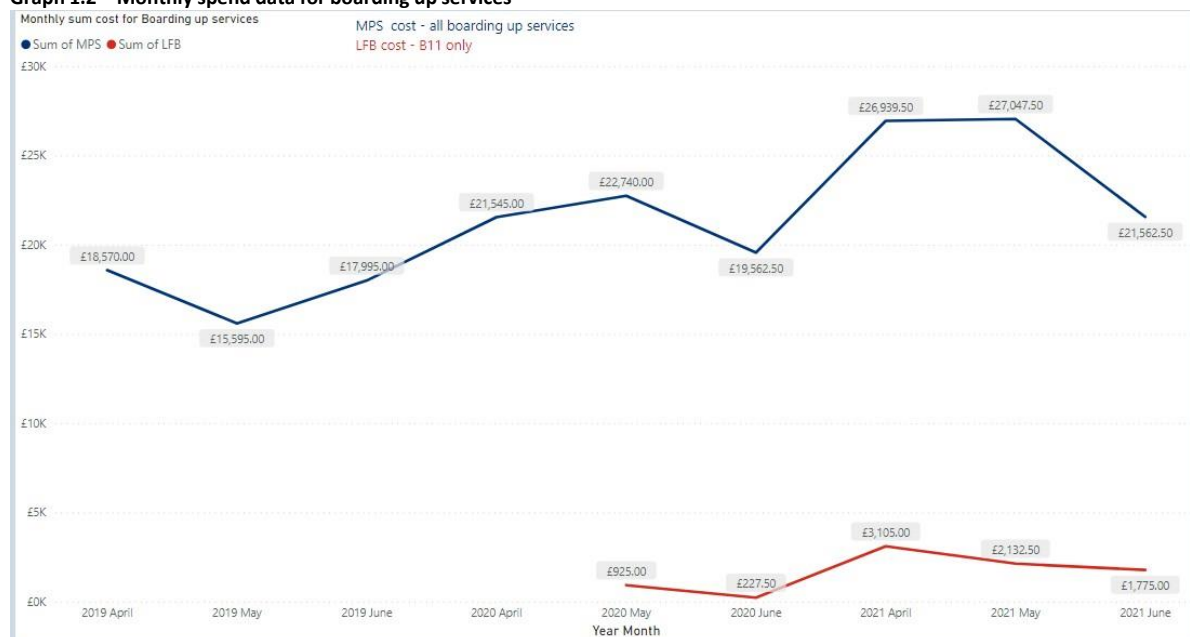


- Less damage and reduced spend of boarding up

Due to issues with MPS Data (DLS) and the CAD system it has been challenging to produce detailed financial analysis. The use of LFB to gain entry during this review period has not resulted in significant increases in spends against the contract held by MPS (DLS). The MPS officers attending the higher volume of welfare calls still account for the main spends on this

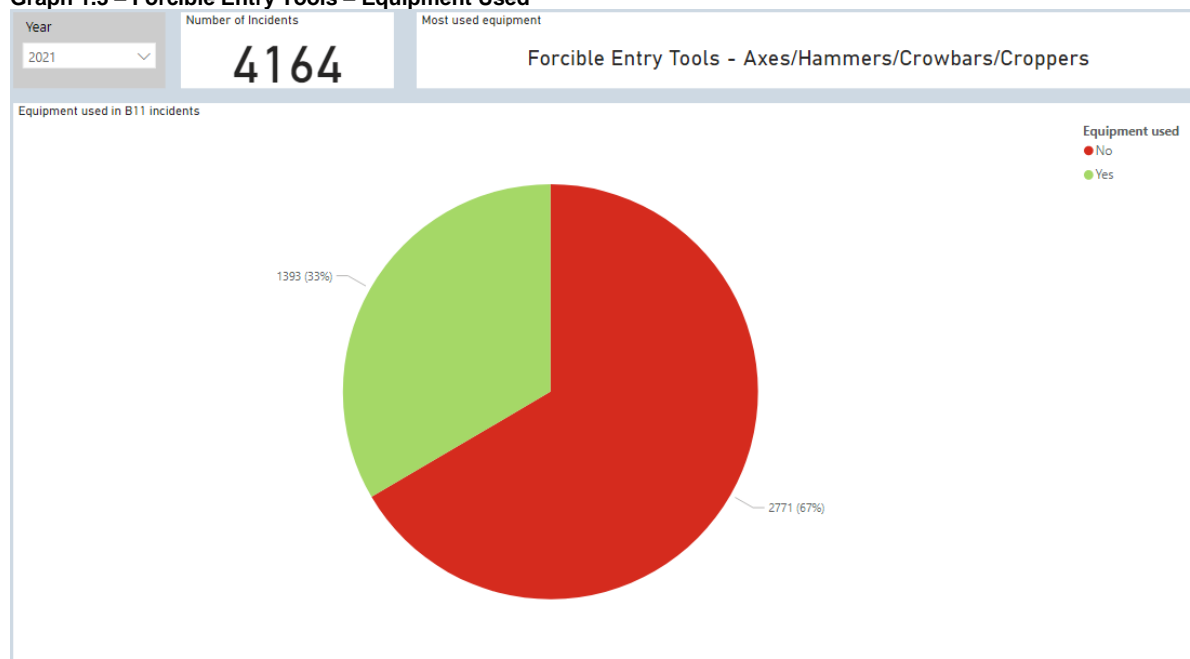
budget line.

Graph 1.2 – Monthly spend data for boarding up services



The project assumption that LFB would be able to gain entry without the use of specialist tools has been proven in Graph 1.3 which shows that during the review period they have gained access to premises on 66% of calls without the use of the additional equipment, the assumption is that the entry is therefore gained with less damage being caused.

Graph 1.3 – Forcible Entry Tools – Equipment Used



- Increased public satisfaction and patient care

The graph below demonstrates the significant improvement in arrival times following the transfer of CBLD call demand to LFB. Whilst it is difficult to quantify the improvements in patient care there is an accepted argument that the sooner the patient receives medical

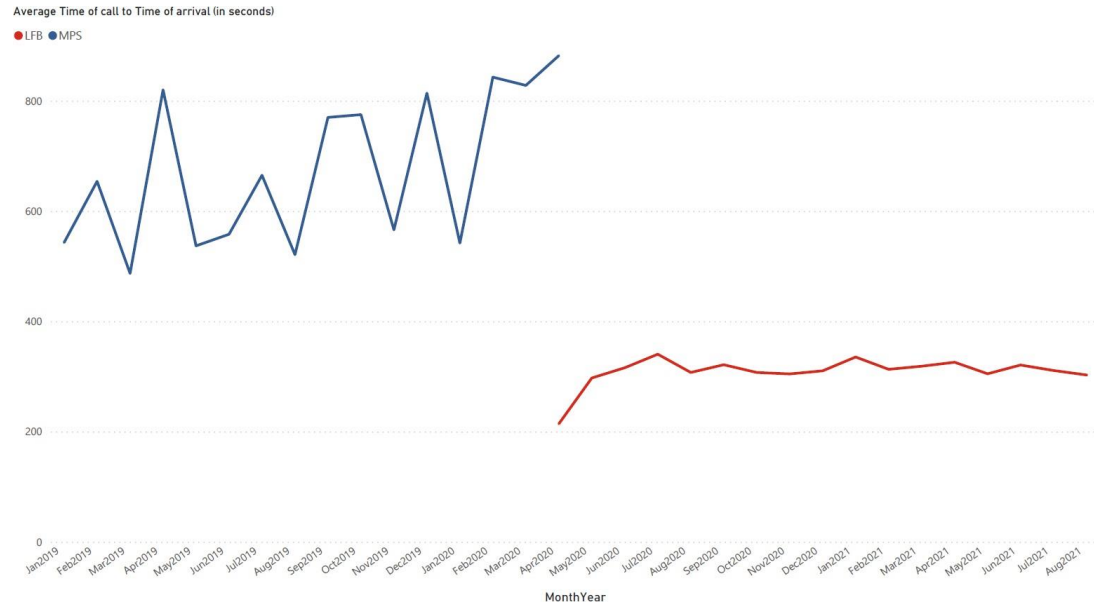


attention improves the likelihood of recover. The attendance of the LFB has significantly improved the response times to these patients.

MPS Average TOA – 11.2 minutes

LFB Average TOA – 5.15 minutes

Graph 1.4 – Time of Arrival (MPS vs LFB)



2.2 Improvement

Could you make any changes to achieve more benefit?

Anecdotal evidence suggests that the LAS control room may still on occasion pass CBLD calls for service to the MPS who then deploy units in contravention of the protocol. If this project receives final strategic support for transfer to BAU, further benefits could be achieved by refreshing the communications strategy with Control Staff within the MPS and LAS centres.

2.3 Dis-benefit

Articulate any disbenefits that occurred between organisations or business areas, including the impact.

MPS – None Identified

LAS – Unable to electronically transfer CAD to LFB, requiring a phone call to transfer the call details. The introduction of MAIT system will resolve this issue.

2.4 Overall Impact

Comparing benefit delivery, disbenefit and risk, what was the overall project impact? Detail the different areas of challenge and success.

The transfer between the MPS and LFB in responsibility for CBLD has been successfully delivered and has demonstrated the benefits originally anticipated.

2.5 Qualitative Benefit

Did you achieve the anticipated Qualitative benefits? How did you measure success and what was the key feedback?

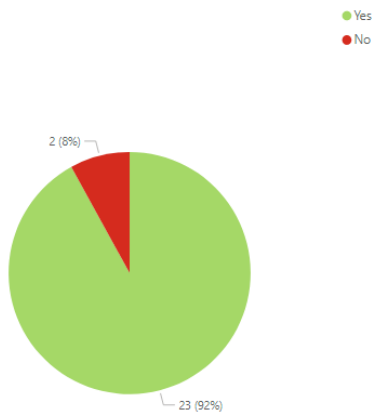
A qualitative review was undertaken using an on-line survey tool that was shared with all 3 services. Key abstracts from the survey are listed below.

Graph 1.5 identifies a communication gap within the MPS, further targeted communications will be developed once the pilot has received strategic sign off.

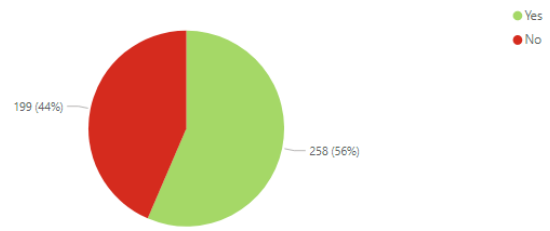
Graph 1.5 – Agency awareness of the CBLD Trial



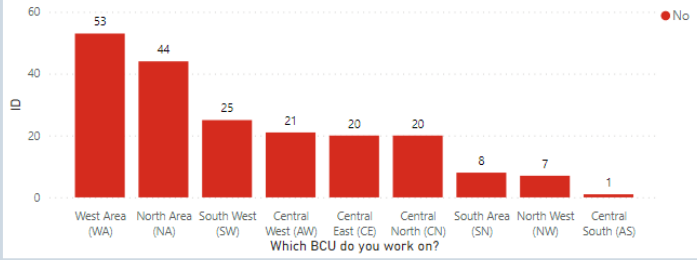
B11 Feedback - Are you aware of the CBLD trial (LFB and LAS)?



B11 Feedback - Are you aware of the CBLD trial (MPS)?



B11 Feedback - Are you aware of the CBLD trial (MPS)?



2 negative responses for this questions are both from LFB

Table 1.6 reflects the feedback into perceived public satisfaction by LFB crews attending CBLD calls. It has not been possible to provide a wider analysis of this data.

Table 1.6 Perceived Public Satisfaction

Increase in public satisfaction	Have you noticed any increase in public satisfaction? Why?
Yes	all incidents that I have attended, there has always been a certain element of public satisfaction.
Yes	Highlights multi-agency work; assists LAS more than public.
Yes	I feel the trial is very beneficial for the public as we have a better response time and have the correct equipment to gain access meaning the public are getting treatment quicker.
Yes	Its clear that when we attend make quick access then we are given praise. but it often leads to low level abusive comments about response times etc due to them being long standing attendance times from the LAS initially then requesting LFB.
Yes	LFB crews are very good at looking after and treating a casualty prior to LAS arrival.
Yes	THE PUBLIC ARE OFTEN HAPPY TO SEE OUR ATTENDANCE HOWEVER THEY ARE SOMETIMES WARY OF HOW LONG A FIRE APPLIANCE HAS TO WAIT AROUND FOR AFTER THE INCIDENT.
Yes	Yes probably due to the presence of Emergency services.
Yes	yes, as we are able to use more tools to enter a building.
Yes	yes, because we are seen more

Increase in public satisfaction	Have you noticed any increase in public satisfaction? Why?
Other	No difference noted.
Other	No real change, but partner agencies attend quicker.
Other	None that we can say, its built better relationships with LAS.
Other	not particularly either way.
Other	Same as before trial

Increase in public satisfaction	Have you noticed any increase in public satisfaction? Why?
No	N/A
No	no
No	No really at when entry is gained the property is either empty of the casualty unconscious/deceased.
No	no, don't think any difference noted
No	NO.
No	None
No	Not really, the public expect an emergency service to attend they are not fussed who helps them



Table 1.7 – Feedback from LFB crews / Key Comments

feedback data highlights the following key themes

- Recognition that LFB better equipped and trained to attend incidents.
- Concerns that LFB arrive before LAS, leading to delays in recycle times.
- Concerns that on occasion occupant has opened door upon arrival of LFB questioning the need for deployment.
- Concerns regarding delays in attendance of MPS units.
- Concerns regarding the types of equipment carried in LFB Appliances.

In your opinion, how could the current protocols be improved?
More information on the tip sheet.
ALL WHAT HAS BEEN MENTIONED ABOVE.
The trial seems to have worked fine; we have not had too many shouts to this type of incident, and are better equipped than others to make entry into properties. Would be quite happy if this protocol were to continue.
As mentioned before, the protocols seem to work for us in Shoreditch. We haven't seen any extended wait times. Perhaps consideration could be given to the assignment of PCSOs to these calls when the MPS is stretched or unit is unavailable. It seems a better use of resources.
Should be questioned if the door has been knocked on properly
Personally no (but some STN O's may suggest FEE is taken from PL's and put on pumps)!
On some occasions we have arrived at incidents and LAS/MET were not aware we had been mobilised so therefore it would be good if both controls could let both agencies know we are either on the way or have been mobilised.
see above
can't see how they could be improved.
LFB should be accompanied by MPS from the onset of the incident.
They couldn't. I believe we are better placed than the Police to carry this out therefore it should remain permanent.
Improvement not really necessary.
We are bound by the attendance of LAS, therefore a pump could be tied up for hours on a bad day waiting for LAS or MET police.
Personally, I think that both pumps and pump ladders should be responding to these shouts how they used to do. However, it would also be hugely beneficial if pumps carried a full complement of breaking in gear.
All appliances should carry breaking in gear at multiple appliance stations to avoid PL's getting these calls.
we have on a number of occasions been first in attendance and just had to knock on the door for the occupant to answer. or we attended and we have not been required as LAS have already gained entry. we were informed by LAS that if a person calls 111 and then doesn't answer the follow up call by the clinician that a CBLD is started by their control. which could be a reason for us just knocking on the door and getting an answer. a reason for the call could be put on call slip to give us better situational awareness as to the urgency and reason for the call.
N/A
More information from LAS relating to the type of incident and the associated hazards (Covid etc.)
LAS need to be more proactive at gaining entry, they should be capable of calling neighbours to gain entry through flat front doors, or even carrying drop keys for entrance. On numerous occasions we have been called to gain access and on arrival found LAS crews sitting in an ambulance, LFB bussed a neighbour's flat or used a drop key to gain entrance. LAS stated they do not feel comfortable waking a

neighbour! This is either a blue light emergency or it is not, if you drive to the incident on blue lights then you should be justified in waking a neighbour to gain entrance.

Have better contact with EDs when checking patients not in hospital before smashing in doors

The trial and latterly the Pan London roll out wasn't publicised well enough.

Question 3 needs an N/A option or a comments box. I have no idea about boarding up response times for example as I've left scene with a patient or not stayed to see when it turns up

I feel both the Pump and the Pump ladder should carry breaking in gear.

relief in station duties and or reduction of targets due to being busier

Making sure that there is someone on scene such as the LAS. Otherwise, crews are being made to wait a considerable amount of time for their arrival if the casualty's condition is not immediately life threatening. More collaboration between all emergency services so we all understand what each service has to offer and how we can all help each other.

reduce the wait times for boarding up. especially when you can have 3 shouts a day to assist LAS it can be frustrating waiting for Boarding up. requesting Met Police is pointless as they rarely attend following the 1hr wait period for LFB



We are attending more incidents. More impact on working with partner agencies.

ITS ALL WELL AND GOOD ASSISTING WITH PERSONS TRAPPED BEHIND CLOSED DOORS AND I AM TOTALLY FOR IT, HOWEVER, THE AMOUNT OF TIME IT TAKES THE MPS TO TURN UP IS OFTEN UNSATISFACTORY AND OFTEN THERE IS NO UNIT TO ASSIGN LEAVING A FIRE TRUCK UNABLE TO LEAVE THE SCENE BECAUSE OF DUTY OF SECURITY TO A RESIDENT'S PROPERTY ONCE THE BREAK IN HAS BEEN ACHIEVED AND THE PATIENT PUT INTO THE CARE OF THE LAS. THIS IS A MAJOR PROBLEM ACROSS THE BOARD.

We have attended far more incidents of this type. In general, the MPS and boarding companies have been very punctual, however I think this is in part due to the fact that we are centrally located and MPS units are far more abundant. I'm aware that in more suburban locations, waiting times can be much longer.

There have also been a number of occasions when our service wasn't required - we have found doors open on arrival or have just knocked and the resident has answered. I can't see that much could be done about this however as we are mobilised on the belief that there is a medical emergency.

more shouts to things sometimes not necessary, on occasion resident has answered the door when knocked.

More incidents being attended to assist the LAS gain entry. This in turn has resulted in the PL (with Stn O) being used as it has the FEE on a 2/multi appliance station.

The breaking in gear should be on the Pump - as a station officer I am continually going on shouts that I don't need to!

Waiting around for hours for MPS and boarding company. MPS reluctant to attend. A lot of wasted time. Malicious calls have held the appliance up for these incidents with nobody inside. Resources could be better used elsewhere.

Interruption to training and other station-based activities

we are getting called out to a considerable amount more of these incidents.

more calls to incident type.

As a StnO riding a PL and the fact the only PL's can be mobilised due to lack of forced entry on pumps this has made my day busier and taken me away from office-based duties.

LFB arrived swiftly and gained access with ease

it's made us busier, so that we cannot do as many duties at station.

Table 1.8 – LAS Feedback Bow Ambulance Station

Feedback received (LAS – 09/07/2020 BOW Ambulance Station)	
Positives:	
•	LFB respond quicker than MPS
•	Length of time crews are awaiting Police for entry has significantly decreased
Negatives:	
•	Police will investigate nature of call, history, and background of patient before forcing entry, whereas LFB will simply attend and force entry with no enquiries made.

<ul style="list-style-type: none"> • Lengthier process passing/cancelling call over the phone to LFB, compared to police direct request via CADLINK. Less of an issue now demand is low but may become difficult when demand increases.
<ul style="list-style-type: none"> • Multiple emergency service attendance required if LFB forced entry and MPS required due to MH or violence being present at the address.
<ul style="list-style-type: none"> • If it is known before dispatch that safety issues are present as well as access issues - difficulties getting the police to attend as they state it is an LFB call, however police are required to safety of crew also. This causes some conflict/disagreement over CADLINK at times.
<ul style="list-style-type: none"> • Some isolated instances where LFB have not boarded up location and Police are reluctant to attend to assist with this.
<ul style="list-style-type: none"> • The only issue I have had this who has to arrange making the property secure and if the LFB can't do it who needs to tell the police as we had an issue that a crew where on scene for over an hour waiting for this to be arranged, as the LFB had not told the police that they could not arrange boarding up within an hour.
<ul style="list-style-type: none"> • From a dispatch point of view feedback is quite limited, the trial has been positively received by most, especially when dealing with routine CBLD calls. The issues arise when safety issues/flagged address is present. Crews may have more detailed feedback about their encounters with the LFB also.

2.6 Benefit Realisation

Did you fully achieve your benefit targets? If not, when do you expect to achieve them and is there a positive indication that this will occur?

Anticipated benefits have been achieved, as this protocol becomes more embedded in Control Rooms we would expect to see a further shift in calls from the MPS to LFB.

3. Communication

3.1 Tri service

How was communication between the three services and did you come across any challenges?

There were significant challenges early in the project design and delivery due to COVID resource issues and through partner organisations undertaking significant change programmes. These pressures have now reduced and communication has been greatly improved.

3.2 Operational Communications

How did you communicate with operational units and how successful were these efforts? Did you come across any challenges?



MPS – Through the use of the MPS Media and Coms Team all operational units were briefed prior to go live. There were challenges in the initial training of staff in MetCC which was in part due to the large scale required but also due to the number and complexity of policies and SOP's that they are held to account for.

4. Risk

4.1 Risk

What were the main risks associated with this project, include measures that you used to manage these and why? Detail any mitigations and preventions.

Three main risks were identified prior to the trial commencement.

- LFB – increased demand may impact on their wider service delivery and may result in appliances being unavailable for protracted periods.
- MPS – increased liability for MPS in relation to costs incurred in gaining entry to premises.
- LAS – slower response times resulting in delays in gaining entry to premises.

4.2 Did It Happen

Did the risk occur, and what was the impact? If it did not occur, why did it not?

These risks did not occur, the LFB have been able to meet the increased calls for service whilst still maintaining response times across the entire service area. The MPS have not seen increased costs for boarding up due the LFB being able to gain entry without causing damage on a far greater basis than the MPS. The LAS have seen greatly improved response times resulting improved patient care.

4.3 Unforeseen Risks

Were there any unforeseen risks that you did not plan for, what was the impact?

N/A

4.4 Business Continuity

Did your project change (in any way) the ability for the three services to maintain business as usual (BAU) activity during unexpected or sudden pressures? If so what mitigations did you put in place to manage this?

N/A

5. Lessons Learnt

5.1 Change of Design

Detail any change of design that occurred to your project and the cause?

N/A

5.2 Positive/Negative

Were there any positive or negative lesson learned during the whole process?

Early project design should have considered the need for benefits tracking. The key data sets required to track benefits accurately should have been identified and solutions put in place to ensure their accuracy and ease of accessibility.



Early engagement required with the LFB Union to ensure that key staff associations are aware of the project proposals and sighted on all risks would have prevented some delays in implementation.

Call Centres – the LFB, LAS and MPS call centres requiring significant time for change processes to be understood and protocols adopted by staff. The support of these key staff groups remains vital to project success.

6. Next Steps

6.1 Recommendations

What are the next steps and what you recommend?

The project has delivered the anticipated benefits and has become accepted as business as usual across the three services.

6.2 BAU Handover

What business area will manage the business as usual process? What are the key aspects that you are handing over?

The ownership of the CBLD delivery and performance management should now sit with the LFB.

7. Strand Lead

7.1 Review

Strand leads independently summarises and reviews how the project progressed including review of the outcome, including recommendations.

MPS

Supt Andy Brittain

LAS

Natasha Wills

LFB

Group Commander Matt Herrington

8. Tactical Group

8.1 Tactical Group Review

Tactical group independently summarises and reviews how the project progressed including review of the outcome, including recommendations.



Collapsed Behind Locked Doors Memorandum of understanding

This memorandum of understanding is an agreement between the **London Fire Brigade, Metropolitan Police Service and London Ambulance Service.**

Signed on behalf of London Ambulance Service:

Name Natasha Wills
Rank / role Head of Resilience and Specialist Assets
Signature

Signed on behalf of London Fire Brigade:

Name Patrick Goulbourne
Rank / role Assistant Commissioner
Signature

Signed on behalf of Metropolitan Police Service:

Name Stuart Cundy
Rank / role Deputy Assistant Commissioner
Signature

Introduction

The police, fire and rescue and emergency ambulance services now have a duty to keep under consideration collaboration, as prescribed by the Policing and Crime Act 2017:

- (1) A relevant emergency service in England ("the relevant service") must keep under consideration whether entering into a collaboration agreement with one or more other relevant emergency services in England could be in the interests of the efficiency or effectiveness of that service and those other services.
- (2) If the relevant service considers that entering into a collaboration agreement with one or more other relevant emergency services in England could be in the interests of the efficiency or effectiveness of that service and those other services ("the proposed collaboration"), the relevant service must notify those other services of the proposed collaboration.

(Policing and Crime Act 2017)

The Collapsed Behind Locked Door (CBLD) project was a product of the London Blue Light Collaboration working group and was created to deliver three benefits:

- 1. Reduced time taken to resolve the incident.
- 2. Reduce damage to property and public expense of temporary repair.
- 3. Increase public satisfaction and improve the emergency response.

Purpose

This memorandum of understanding sets out the parameters for each service in order to deliver the Joint Emergency Services Interoperability Principles (JESIP) when persons need rescue when collapsed behind a locked door. This is intended to provide a more cohesive emergency response to this incident type and deliver operational efficiencies.

This memorandum of understanding is not legally binding, and no legal obligations or legal rights shall arise between the parties from this memorandum of understanding.

The parties enter into the memorandum of understanding intending to honour all their obligations.

Working practice

When a call is received by London Ambulance Service (LAS) Control operators they will triage and categorise the call as normal. Where information from on scene LAS crews indicate a casualty is inaccessible and requires intervention via an emergency response, a rescue call will be passed to London Fire Brigade (LFB) describing that a person has collapsed behind a locked door.

LFB Control will then mobilise a response to assist in gaining access to the property.

In both scenarios the request will support an effective rescue by providing timely access for LAS crews and egress for the Casualty once treated.

To minimise time on scene, the MPS will provide a boarding up company who will use combination padlocks to secure premises when necessary. If the resident is coherent and able, they can leave a specific code for the combination lock with the LFB's Incident Commander (IC) that will be passed onto the boarding company. If the resident is unable to provide a code, the LFB IC will take the default code from the boarding company operative and give this code to LFB Control via the appliance mobile phone. This code will then be forwarded to Metropolitan Police Service Control (MetCC) and added to the CAD. The resident can go to their local police station with their identification documents and request the code once they have been discharged from hospital.

Training

The operating procedures must be embedded in control rooms, including underpinning training.

Managing external arrangements:

Responsibility for the boarding company resides with MPS:

- The MPS have the contract with boarding up specialists pan-London and are responsible for the boarding up company meeting a forty-five-minute callout time providing a response to scene once a request for boarding services is made.
- A MPS response unit will be requested if the boarding up company quote more than forty-five minutes or do not quote an attendance time. A MPS response unit will be always requested when the boarding up company do not arrive within forty-five minutes. The MPS response time is within one hour.
- The MPS are responsible for managing the contract with the boarding up company and holding them to account for service level agreement (SLA) failures. Any CAD from the LFB requesting police to wait for boarding up signals an SLA failure hence will be tagged. Similarly, any other separate CADs involving boarding up failures will be tagged. The tag enables MetCC to search



LONDON FIRE BRIGADE

for CADs where there has been a failure in the SLA. This data will form the basis of regular meetings with MPS Legal and Commercial Services who manage the contract and they in turn will hold the contractors to account.

Communications

The LFB, LAS and MPS will provide internal communications to their staff. This will include both Operational and Control staff.

No additional training is required for operational responders from the LFB or MPS as this is covered within individual agency continuous professional development (CPD) LAS staff will need to be notified that all requests for access are now made to LFB.

Review of the arrangements:

The LFB, LAS and MPS will each use an existing system for recording organisational observations. These observations will be used to identify trends and improve performance. The analysis of these trends and any agreed solutions that have been reviewed at Strategic group level, may trigger a review of this MOU collectively or individually by any party. Any changes will be agreed with the representative bodies.

The arrangements set out within this MOU will be reviewed twelve months after coming into effect, or sooner if required by new legislation. This MoU will be subject to an annual performance review by the Blue Light Collaboration Tactical group. This MOU may be varied at any time by mutual agreement between the parties in negotiation with the representative bodies. Any variation will be recorded by written memorandum, signed, and dated by all three parties and attached to this MOU.

Appendix Three – Collapsed Behind Locked Doors EIA.

Equality Impact Assessment (EIA) Form

The **purpose** of an EIA is to give **as much information as possible** about potential equality impacts, to demonstrate we meet our **legal duties** under the Equality Act 2010.

Please read the EIA Guidance [on Hotwire](#) before completing this form.

Once you open the template please save it on your OneDrive or SharePoint site. Do not open the template, fill it in and then click Save as this will override the template on Hotwire.

NOTE – All boxes MUST be completed before the document will be reviewed.

1. What is the name of the policy, project, decision or activity?
Collapsed Behind Locked Doors (CBLD)

Overall Equality Impact of this policy, project, decision or activity (*see instructions at end of EIA to complete*):

High		Medium		Low	X
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2. Administration			
Name of EIA author	Station Officer Melchizedek Anderson on behalf of Assistant Commissioner Patrick Goulbourne		
Have you attended an EIA Workshop	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Department and Team	Operational Resilience and Control Operational Planning and Collaboration		
Date EIA created by author	07 December 2022		
Date EIA signed off by Inclusion Team	19 December 2022 Tiffany Oarton		
Date Actions completed			
External publication	Are you happy for this EIA to be published externally?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> If No state why: Incomplete data in some areas.

3. Aim and Purpose	
What is the aim and purpose of the policy, project, decision or activity?	<p>The London Fire Brigade recognises that to deliver a flexible, adaptable and relevant service to the people of London, we need to work alongside our blue light partners to collectively improve the way we deploy our resources. We also have a requirement and statutory duty to collaborate under the Policing and Crime Act 2017.</p> <p>A "Collapsed Behind Locked Door" incident is a classification of call attended by the London Ambulance Service (LAS) as a Red2 call, whereby a person is believed to have collapsed or in need of medical assistance and the caller is not able to gain access to the premises to assist.</p> <p>Traditionally the LAS would call for assistance from the Metropolitan Police Service (MPS) who would in turn mobilise the Territorial Support Group (TSG) as they carry breaking in gear, which usually results in significant damage to the premises.</p> <p>It was identified that LFB crews carry a range of equipment and can often employ techniques that may result in less damage being caused. In addition, LFB attendance times were significantly better compared to the MPS.</p> <p>There have been 13,000 CBLD calls since 2017.</p>
Who is affected by this work (all staff, specific department, wider communities?)	<ul style="list-style-type: none"> -Operational front-line staff -Control staff -Operational Support Group (OSG) and Protective Equipment Group (PEG) - This service is available to all communities in London
What other policies/documents are relevant to this EIA?	<ul style="list-style-type: none"> -Collapsed behind Locked Doors Memorandum of understanding (MoU). -PN 856 Immediate Emergency Care Policy - PN 412 Mobilising Policy - PN 555a Maternity, maternity support and adoption provisions including additional maternity and adoption support leave –FRS and Control staff -PN 220 Effecting entry for persons locked out -PN 546 Forced entry equipment -PN 973 Togetherness policy -PN 987 Incident Command -PN 553 Learning support - The development and maintenance of operational professionalism (DaMOP)

4. Equality considerations: the EIA must be based on evidence and information.	
What consultation and engagement has taken place to support you to predict the equality impacts of this work?	<p><i>Please attach evidence of consultation and challenge/advice given</i></p> <p>Consultation has taken place with the Fire Brigades Union (FBU), as evidenced by the CBLD MoU.</p>

Consultation must take place with ESGs (including RB ESGs), Learning Support and affected groups.

Further consultation has not taken place yet as CBLD uses established working practices, policies, procedures and training (such as those mentioned above). However, as there are no supporting EIAs in existence, this will support a programme of departmental review of supporting EIAs (to be advised by the Inclusion Team).

Operation Resilience makes the commitment to consult all our Equality Support Groups to understand if there is any impact on the workforce. We will also work with our Blue Light partners (through Blue Light Collaboration), to pool data and understand the impact on those members of the public that have used the service. A presentation will be given at the first meeting of ESG Chairs in 2023. Consultation will open thereafter.

Operational Resilience also commits to sharing this Equality Impact Assessment with the owners of the policies mentioned above. This will encourage awareness of how this work impacts staff/public (whether that be positively or negatively) and may prompt a review of each policy's EIA.

5. Assessing Equality Impacts

Use this section to record the impact this policy, project, decision or activity might have on people who have characteristics which are protected by the Equality Act.

Protected Characteristic	Impact: positive, neutral or adverse	Reason for the impact	What information have you used to come to this conclusion?
<i>Example: Age</i>	<i>Adverse</i>	<i>Moving this service online will adversely affect older people, who are least likely to have access to a computer or smart phone and may not be able to use the new service.</i>	<i>GLA Datastore: X% of the London community are aged 70 or over. GLA data shows that only 10% of those over the age of 70 have regular access to a computer or smart phone.</i>
Age (younger, older or particular age group)	Neutral Staff Positive Public	<p>Operational staff have seen an increase in the amount of calls they receive to B11 (CBLD) incidents, which is based on call need.</p> <p>Data from BOSS shows that where an age has been given, the number of CBLD calls involving people over the age of 70 is 704 calls. Calls from those aged 50-70 numbered 391, while those from people aged 30-50 numbered 216. Calls from the age group 0-30 numbered 167 for comparison. This service benefits these individuals by delivering faster medical intervention and better care, as evidenced by the Blue Light Collaboration (BLC) evaluation report for CBLD</p> <p><i>Policy 973- Togetherness Policy underpins the Equality, Diversity and Inclusion approach here.</i></p>	<p>Crew feedback did not suggest any negative equality impact in this area (as evidenced in the BLC evaluation report).</p> <p>It stated that LFB crews are better equipped than our blue light colleagues to gain access to casualties faster and with less damage caused.</p> <p>The busiest borough for CBLD calls is Croydon (591) according to data from BOSS.</p> <p>Between 2011-2021, data from the Office for National Statistics (ONS) shows an increase of 19.7% in people aged 65 and over, an increase of 7.0% in people aged 15 to 64 years, and an increase of 1.9% in children aged under 15 years.</p>
Disability	Neutral	There are no changes to operational practices or mobilising policy for staff. All practices are covered within	Insufficient data available for public users of this service.

(physical, sensory, mental health, learning disability, long term illness, hidden)		<p>existing policies. Policy 553 applies here and is an existing policy.</p> <p>There is no change in the process for members of the public that require assistance from the emergency services.</p> <p>Consideration to members of the public that are hearing or speech impaired is given in Policy 539- Emergency call management (4.9-4.11)</p> <p><i>Policy 973- Togetherness Policy underpins the Equality, Diversity and Inclusion approach here.</i></p>	10.34% of Control staff, 12.93% of FRS staff and 7.06% of Operational staff have identified as disabled.
Gender reassignment (someone proposing to/undergoing/ undergone a transition from one gender to another)	Neutral	<p>Collapsed Behind locked doors makes use of existing practices for effecting entry such as those already prescribed in policy 220, and existing training for 'forced entry equipment' as currently used in the DaMOP schedule.</p> <p><i>Policy 973- Togetherness Policy underpins the Equality, Diversity and Inclusion approach here.</i></p>	Public: Insufficient data available to provide statistics.
Marriage / Civil Partnership (married as well as same-sex couples)	Neutral	<p>CBLD does not require information about staff members marriage or civil partnership status.</p> <p>CBLD only impacts i) the reason for mobilisation (policy 412) ii) the deployment of skills/resources at a call (policy 987), both of which have existing policies.</p> <p>Marriage or Civil Partnership status does not affect access to this service or policy for staff or members of the public.</p> <p><i>Policy 973- Togetherness Policy underpins the Equality, Diversity and Inclusion approach here.</i></p>	Public: ONS data suggests that 50.6% of people over the age of 16 in England and Wales are in a marriage or civil partnership with 60.1% of people living as a couple in 2020.

Pregnancy and Maternity	Neutral	<p>CBLD does not affect those staff that are on operational duty and pregnant. Policy 673 applies.</p> <p>CBLD seeks to deploy crews to gain entry to a property where someone is unable to leave because of illness or entry. Those staff on duty are available for deployment to fulfil the Incident Commanders plan (Policy 987).</p> <p>Staff that are on maternity leave are unaffected.</p> <p><i>Policy 973- Togetherness Policy underpins the Equality, Diversity and Inclusion approach here.</i></p>	Insufficient data available to provide statistics
Race (including nationality, colour, national and/or ethnic origins)	Neutral	<p>CBLD uses existing methods for mobilising crews (PN412) to an emergency. Race is not a factor in this case as it does not affect mobilisation. Crews will deploy and seek to resolve the incident using existing policies, procedures, training and equipment. Race does not factor in the decision to attend or resolve an incident.</p> <p><i>Policy 973- Togetherness Policy underpins the Equality, Diversity and Inclusion approach here.</i></p>	<p>66.56% of FRS, 81.03 of Control and 81.84% of operational staff have identified as White.</p> <p>29.17% of FRS, 16.38% of Control and 15.21% of operational staff have identified as BAME.</p> <p>Community/Public: ONS data provided via trustedforlondon.org.uk suggests that in 2020 London had a population of approximately 9 million people with 40% being identified as BAME with 37% of people not born in the UK. Data from Boss via Power BI suggests that Croydon is the busiest borough for CBLD calls, while North Kensington Fire station has taken the most CBLD calls. Census data from 2011 indicated that Croydon was 55.1% White 20.2% Black, 16.4% Asian, 6.6% Mixed and 1.8% Other.</p>
Religion or Belief (people of any religion, or no religion, or people who follow a particular belief (not political))	Neutral	CBLD is not affected by religion or belief. Existing policies, procedures and training are used by staff to resolve incidents.	The borough identified as having the most CBLD calls (Croydon) is 56% Christian according to data sourced from the ONS.

		<i>Policy 973- Togetherness Policy underpins the Equality, Diversity and Inclusion approach here.</i>	
Sex (men and women)	Neutral	<p>CBLD deploys crews to incidents using existing and agreed mobilising policy (PN412). The sex of crew members is not a factor within and does not play a role.</p> <p>Data from BOSS since 2017 shows that where the sex of the casualty has been given for B11 incidents, those involving Men numbered 1147 and those involving Women numbered 1008.</p> <p><i>Policy 973- Togetherness Policy underpins the Equality, Diversity and Inclusion approach here.</i></p>	<p>Staff: 90.03% of operational staff are identified as Male and 9.97% as Female. 74.14 % of control staff are identified as Female and 25.86% as Male.</p> <p>Community/Public: Insufficient data to provide full statistics.</p>
Sexual Orientation (straight, bi, gay and lesbian people)	Neutral	<p>CBLD deploys crews to incidents using existing and agreed mobilising policy (PN412). The sexual orientation of staff is not a factor within and does not play a role.</p> <p><i>Policy 973- Togetherness Policy underpins the Equality, Diversity and Inclusion approach here.</i></p>	<p>Staff: 5.88% of FRS, 7.76% of Control staff have and 5.95% of Operational staff have identified as LGBTQ+.</p> <p>According to the ONS an estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019, an increase from 2.2% in 2018</p>

6. Impacts outside the Equality Act 2010
What other groups might be affected by this policy, project, decision or activity?
Consider the impact on: carers, parents, non-binary people, people with learning difficulties, neurodiverse people, people with dyslexia, autism, care leavers, ex-offenders, people living in areas of disadvantage, homeless people, people on low income / in poverty.
For LFB staff this policy sits within the regular DaMOP schedule. Any learning needs or neurodiversity should be identified by Watch Officers or Line managers as part of their role-map and duty of care (supported by learning support, equality support groups and documentation on Hotwire).

Members of the public will access this service in the same way they have always accessed 999 emergency services.
 (There is insufficient data to suggest which groups require/ do not require an emergency response under CBLD).

7. Legal duties under the Public Sector Equality Duty (s149 Equality Act 2010)

How does this work help LFB to:

Eliminate discrimination?	CBLD utilises existing operational procedures and mobilising policy which reflect the LFB's commitment to equality, diversity and inclusion in delivering a service to London. Moreover, CBLD will increase collaboration between emergency services (Control rooms, Operational staff, tactical level managers and strategic level managers).
Advance equality of opportunity between different groups?	By increasing the collaboration between emergency services, together we will try to understand if CBLD is having an impact on staff, what that impact is and how to mitigate or remove it. This may produce informed improvements to this document. Operational Resilience commits to continuously review this EIA when new impacts and/or information becomes available.
Foster good relations between different groups?	<ul style="list-style-type: none"> -CBLD will maintain excellence in the response to emergency calls from members of the public. -Increased collaboration between Blue Light responders (through the Blue Light Collaboration tactical and strategic groups). This will be achieved through the sharing of relevant information regarding equalities impact and the commitment to finding solutions to negative impacts, while promoting and celebrating positive impacts.

8. Mitigating and justifying impacts		
Where an adverse impact has been identified, what steps are being taken to mitigate it? If you're unable to mitigate it, is it justified ?		
Characteristic with potential adverse impact (e.g. age, disability)	Action being taken to mitigate or justify	Lead person responsible for action

9. Follow up, actions and evaluation		
Where the Inclusion Team or other stakeholders have recommended actions in order to demonstrate due regard, these must be recorded here and delivered in accordance with time scales. Additionally, what is the organisational learning in relation to this piece of work in regards to the Equality Act 2010.		
Action recommended and person responsible for delivery	Target date Action to be completed by	Date action completed
For policies relevant to CBLD that do not have an EIA. Operational Resilience will contact the policy owner and prompt them to complete or make an already completed EIA available to the Inclusion team.	End of Q1 2023.	
Collate and analyse data to understand which groups are using the service most often. To be actioned by Operational Resilience.	End of Q2 2023. This will give 6 months data and an adequate sample size from all Blue light responders involved (LFB, MPS and LAS).	
Lessons learnt and evaluation		
Free text		


Now complete the RAG rating at the top of page 1:

High: as a result of this EIA there is evidence of significant adverse impact. This activity should be stopped until further work is done to mitigate the impact.

Medium: as a result of this EIA there is potential adverse impact against one or more groups. The risk of impact may be removed or reduced by implementing the actions identified in box 8 above.

Low: as a result of this EIA there are no adverse impacts predicted. No further actions are recommended at this stage.

Document Control

Signed (lead for EIA / action plan)		Date	21.12.22
Sign off by Inclusion Team	Tiffany Oarton	Date	19.12.22
Stored by			
Links			
External publication	Are you happy for this EIA to be published externally?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If No state why: