



Fwd: Ref: T36a (20) Coppermill Region No:2

T

----- Forwarded message -----

From: [REDACTED] >
Date: Wed, Feb 17, 2021 at 8:45 PM
Subject: Ref: T36a (20) Coppermill Region No:2
To: eniov@walthamforest.gov.uk <eniov@walthamforest.gov.uk>
Cc: [REDACTED]

17/02/2021

Dear Sir/Madam,

RE Objection to Experimental Traffic Order T36a (20) Coppermill Region No:2

I am writing to object to the road closures erected under this Traffic Order.

Over the last couple of weeks, I have witnessed numerous incidents on Markhouse Avenue due to the road closures. I have seen ambulances and bin lorries in the middle of the road with cars been stuck in on either side of them. As Station road was closed, the only one way out onto Markhouse Road was blocked leading to huge tailbacks. The road itself is narrow with parked cars on the road so reversing or making U-turns is near impossible. I fail to see how closing Station Road has any advantages because I have seen the adjoining roads been more congested and polluted. I hope you understand my frustrations and why I object to the current road closures.

Please acknowledge receipt of this objection.

Yours faithfully,

[REDACTED]

--

Forwarded message
From: [REDACTED]
Date: Wed, Feb 17, 2021 at 4:11 PM
Subject: Objection to Experimental Traffic Order T36a (20) Coppermill Region No:2
To: [REDACTED] <[REDACTED]@gov.uk>
C: [REDACTED]

From: [REDACTED]
[REDACTED] Plymouth Road, London E17 [REDACTED]
[REDACTED]@[REDACTED].com

17-2-2021

To: Traffic Orders
LBWF Highways Department
Low Hall
Argall Avenue
London E10 7AS

RE Objection to Experimental Traffic Order T36a (20) Coppermill Region No:2

Dear Sir / Madam,

Objection to closure of Station Road at the junction with St James Street erected under this Traffic Order.

Longer Journey and increased residential road congestion:

If the intention of the Station Road closure is to reduce traffic flow on residential streets, I fail to see the point. I live on Lynmouth Road, so to reach my house driving down Blackhorse Road to St James Street, I must now follow the road to the roundabout at St James Street / South Grove / Markhouse Road, proceed down Markhouse Road and cross the traffic stream (crossing a bus route) to turn right into Markhouse Avenue, only to turn back into Station road to access the turning into Lynmouth Road. Markhouse Avenue is essentially a single lane road with the W7 bus route as well, and can be difficult to navigate due to the congestion caused by rerouted traffic.

The detour described above applies to all residents seeking to access Lynmouth, Clacton and Hartington Roads. These roads are essentially cul-de-sacs, closed to through traffic by St James Park on Essex Road, and now Markhouse Avenue provides the only point of access. There has never been a through traffic problem in these streets because basically they don't go anywhere else and do not provide any useful shortcut to anywhere. Now residents have to choke Markhouse Avenue to gain access to their properties.

Please acknowledge receipt of this objection.

Yours Faithfully
[REDACTED]

We prefer to avoid hard closures of roads (with planters or lockable bollards); the boroughs and TfL have changed LTNs to remove hard closures and make greater use of camera enforcement. It is difficult to determine definitively the impact of LTNs on our response times. LAS is required to meet nationally-set response times for each category of call and is currently achieving those targets for each category across London, including Waltham Forest. However, the massive surge in demand due to the second wave of the pandemic during December and early January did make meeting these targets more challenging; LAS expanded its capacity accordingly. Further, other factors like road works, weather conditions and overall traffic levels can and do affect our response times.

LAS's operating model and despatch methodology means that the vast majority of our vehicles respond to calls coming-on from a hospital or a previous incident, rather than from an ambulance station. We also monitor response times, and re-position vehicles to ensure that our response times can be met across the capital.

Our crews have the ability to report all delays on a reporting system (Datix), and we encourage our crews to report any issues that have had an impact on their ability to respond. We can confirm that the Trust has logged 159 Datix incident reports relating to LTNs and pop up cycle lanes across London. Each report is reviewed, and if it relates to road conditions, we raise the issues with TfL or the relevant borough(s) and work closely with them to adapt the schemes.

We meet regularly with council highways officers to discuss traffic issues and to ensure traffic schemes better reflect our operational needs. Through this ongoing engagement and collaborative working with TfL and local authorities changes to a number of LTN schemes have occurred to increase the permeability and ensure better access and egress for emergency vehicles, and we continue to work with council officers to ensure additional concerns are addressed, and schemes reviewed and adapted where it has the ability to impede our response.

If you are dissatisfied with our response you may request an internal review by writing to:

Corporate Affairs
London Ambulance Service NHS Trust
220 Waterloo Road
London
SE1 8SD

Or alternatively, you can email: [1][\[email address\]](#)



London Ambulance Service NHS Trust

London Ambulance Service NHS Trust

220 Waterloo Road
London
SE1 8SD

Tel: 020 7783 2000

www.londonambulance.nhs.uk

Mr Martin Esom CEO
Town Hall
Forest Road
London
E17 4JF

5th July 2020

OFFICIAL

Dear Mr Martin Esom

Traffic Management Act 2004: network management in response to COVID-19 statutory guidance

On 23 May the Government updated the guidance for network management in response to COVID-19, with the Secretary of State for Transport setting out the expectation for 'local authorities to make significant changes to their road layouts to give more space to cyclists and pedestrians'.¹

The London Ambulance Service (LAS) generally supports these proposals in order to assist the recovering from COVID-19 and to promote active travel, while helping to achieve the aim of providing a lasting legacy of greener, safer transport. **However there is a level of concern around the types of proposed changes, speed of implementation and limited consultation with emergency services around these schemes.**

The LAS is keen to work with Transport for London (TfL) and local authorities to support any proposed changes as required by the statutory guidance. **The guidance specifies that TfL and local authorities should 'consult with the local chiefs of police and emergency services to ensure access is maintained where needed'.** The LAS therefore kindly requests that TfL and local authorities seek input from stakeholders during the design phase and allow time for consideration of the impact of any changes to road systems and provide a response.

Our attendance targets are set nationally by the Department of Health and are based on the clinical need of the patient; with immediately life threatening calls requiring an ambulance response within 7 minutes of the 999 call. The LAS are concerned that some changes to road layouts, design features suggested and traffic management schemes proposed may impede our response to time critical patients and ability to convey patients to definitive hospital care without delay or hindrance.

¹ [Department for Transport Statutory guidance :Traffic Management Act 2004: network management in response to COVID-19 Updated 23 May 2020](#)



The LAS therefore, kindly requests that you consult the LAS and work with our area management teams locally to ensure that proposals, or any temporary measures while works are ongoing, do not affect our ability to attend incidents and convey patients to hospital.

We would be grateful if notifications of any proposals to introduce new measures could be sent to EPU@lond-amb.nhs.uk and through your current ambulance service links from the list provided overleaf.

To discuss these issues further, please contact Emergency Planning and Resilience Officer Darren O'Rourke from our Emergency Preparedness Resilience and Response Team. I have also attached a Preventing Future Deaths Notice (redacted) from HM Coroner around temporary traffic schemes and need to consult with emergency services and a list of key considerations for local authority highways departments to consider when designing schemes from an ambulance service perspective.

With best wishes,



Khadir Meer
Chief Operating Officer



Key Considerations – Ambulance Service Perspective

Things that need to be considered when planning projects;

- It is not acceptable to delay the ambulances reaching address or 999 calls within a restricted traffic area, as any delay could result in death or permanent injury to a patient. HM Coroner has issued prevent future death notices regarding these issues previously, so any scheme must easily allow emergency vehicle access at all times during operation. I have attached the PFD notice from the Leeds Head Coroner.
- An obstruction of emergency services could also be considered as obstruction under the Emergency Workers (Obstruction) Act 2006. So measures must be put in place to ensure equal access to all services.

<http://www.legislation.gov.uk/ukpga/2006/39/section/1>

Main issues considered in plans;


- Closure of roads without consultation – any closures must, at all times, have emergency vehicle access of 3.5 metres to allow ambulance easy unimpeded access.
- ANPR enforcement cameras are ideal ways of enforcing restrictions without physically closing or blocking roads.
- If a diversion is put in place these must be very small and careful consideration to other delays like width restrictions, parking bays, speed bumps, barriers and one way streets need to be taken into account to minimise further delays.
- Barriers requiring GERDA or FB keys. London Ambulance Services vehicles do not carry GERDA or FB keys so any bollards/gates would need to be able lowered/opened remotely by a control centre to allow ambulance access, this must be a 24/7 operation and a quick response from any control centre or traffic marshal.
- Immovable concrete or similar barriers/planters must allow emergency access gaps of 3.5 metres to allow access at all times.
- Clear signage must be visible to make it evident that emergency vehicle are allowed access. (Access permitted for emergency vehicles for example) both on street signage and road paintings.
- Where lanes are closed on roads – safe parking areas are needed for crews to park in if dealing with an incident on these roads for safety reasons, otherwise we will routinely have to block routes to attend incidents as we cannot delay reaching patients, this will than increase congestion further.
- LAS does not have emergency routes due to the fleet utilisation and nearest ambulance dispatched model, as we don't normally respond from stations.
- Local authority highways teams and TFL must contact local management teams to discuss any changes to roads or traffic order either temporary or experimental and allow sufficient consultation periods to address concerns and potential impacts.
- Local authorities need to speak to each other around schemes as some boroughs to avoid closures to create a coordinated approach to schemes.
- The considerations are also applicable to wider health and social care services including patient transport services and community based health and social care services, as patients will need to be picked up for appointments like dialysis, cancer care and also discharged home from hospital.



REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (2)

*NOTE: This form is to be used **after** an inquest.*

	<p>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</p> <p>THIS REPORT IS BEING SENT TO:</p> <p>1. [REDACTED] Head of Highways Infrastructure, Leeds City Council, Middleton Complex, Middleton Ring Road, Leeds, LS10 4AX</p>
1	<p>CORONER</p> <p>I am Kevin McLoughlin, Senior Coroner, for the Coroner area of West Yorkshire (East)</p>
2	<p>CORONER'S LEGAL POWERS</p> <p>I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.</p>
3	<p>INVESTIGATION and INQUEST</p> <p>On 18 May 2017 an Investigation was commenced into the death of Joshua Lee Edwards, aged 19. The Investigation concluded at the end of the Inquest on 1st October 2018. The conclusion of the Inquest was a drug-related death in which the cause of death was 1(a) Hyperthermia, Metabolic Acidosis, Disseminated Intravascular Coagulation and Cardiac Dysfunction 1(b) Methylenedioxy-Methamphetamine and Cocaine Use.</p>
4	<p>CIRCUMSTANCES OF THE DEATH</p> <p>Joshua Lee Edwards aged 19 was observed to be acting in a bizarre fashion around midday on Sunday 14th May 2017 in Leeds. The Police were called and found him on the ground under a parked car thrashing his limbs. An ambulance was called at 1219 hours but did not arrive until 1244 hours. He was taken to Hospital but despite maximal treatment deteriorated and died on 15th May 2017 at 0905 hours at St James's University Hospital, Leeds. Toxicology analysis revealed he had taken ecstasy and cocaine.</p>
5	<p><u>CORONER'S CONCERNS</u></p> <p>During the course of the investigation my inquiries revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.</p> <p>The MATTERS OF CONCERN are as follows. –</p> <p>(1) The ambulance despatched to the scene encountered roads closed for the Leeds 10K run that day. It then navigated a route around the course, thus encountering a delay in reaching the casualty. The Police Officers at the scene telephoned three times to ask where the ambulance was but this did not result in the situation being escalated in the control room at Yorkshire Ambulance Service.</p>

	<p>(2) Evidence taken at the Inquest indicated that ambulance crews were unclear as to whether they were entitled to cross 'road closure' signs in an emergency. Clarification of the Ambulance Service authority to do so in an emergency has been given, but has not yet been circulated to all ambulance crews. This needs to be done on the morning of such events. Ambulance crews should be reminded of this power by way of a refresher briefing. Similar considerations arise in relation to the Fire and Rescue Service.</p> <p>(3) In the preparation for such public events, the organisers should be required to brief their Marshalls that at specified crossing points, the event may require to be halted momentarily to allow emergency response vehicles to cross. In short, that an emergency may take precedence. Participants in the event should also be forewarned of the possibility of this occurring.</p> <p>(4) Road closure signs at such designated crossing points should be replaced by signs indicating 'Access to emergency vehicles only' or equivalent wording.</p>
6	<p>ACTION SHOULD BE TAKEN</p> <p>In my opinion urgent action should be taken to prevent future deaths and I believe you [AND/OR your organisation] have the power to take such action.</p>
7	<p>YOUR RESPONSE</p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by 5th December 2018. I, the Coroner, may extend the period.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.</p>
8	<p>COPIES and PUBLICATION</p> <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons. I have also sent it to [REDACTED] (parents of the deceased), Mr Tom Riordan (Chief Executive, Leeds City Council), [REDACTED] (Head of Highways Department, Leeds City Council), [REDACTED] (West Yorkshire Police), [REDACTED] (West Yorkshire Fire and Rescue Service), Ms Rachel Reeves MP, [REDACTED] (The Yorkshire Post) and [REDACTED] (Yorkshire Evening Post) who may find it useful or of interest.</p> <p>I am also under a duty to send the Chief Coroner a copy of your response.</p> <p>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the Coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.</p>
9	<p>2nd October 2018</p> <p style="text-align: right;">  KEVIN McLOUGHLIN Senior Coroner </p>