METROPOLITAN POLICE

PROFESSIONALISM HQ

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Date: 15 April 2021

Dear Mr Harris

I am the Deputy Assistant Commissioner for Professionalism in the Metropolitan Police Service (MPS) and I am responding on behalf of the Commissioner of Police of the Metropolis to your Regulation 28 Report to Prevent Future Deaths, dated 18th February 2021. Your report was sent following the conclusion of the inquest into the death of Mr Kevin Clarke who died on 9th March 2018.

The MPS has acknowledged and reviewed the four matters of concern raised by the Coroner and our response to the matters of concern are as follows:

Evidence was adduced that the police officer training programmes are run by a specialist in officer safety, the core being Officer Safety Training, and another module being Emergency Life Support (ELS) and a bolt on of ABD Training. The focus of ELS is upon action in the event of a cardiac arrest, so that there is little attention given to health and safety of the detainee in non-emergency situations and an inadequate input by health professionals. It is illustrated by the officer who said that he had not been taught how to measure vital signs as part of monitoring a detainee. The expert consultant physician who viewed the video of restraint observed a highly abnormal fast breathing rate, but none of the officers had noticed this at the time.

Since the inquest into the death of Mr Clarke, the MPS has made a number of changes to the delivery of first aid training. Although the training has always consisted of monitoring the casualty, including the pulse and breathing rate, the practice of this in the classroom was limited and mainly carried out during the unresponsive breathing casualty scenarios. This training is now included in all scenarios and especially when monitoring responsive casualties in relation to signs of deterioration. The training now includes the 'goalposts of life' which state that the breathing rate should be between 10 and 30 breaths per minute and anything outside of this is a medical emergency. During classroom training the monitoring of the casualty is now fully practised and assessed as a learning outcome.

We are currently in the process of producing an aide memoir which provides the relevant vital information. It is anticipated that this will be published in May 2021 and will be available to anyone who undertakes emergency life support training. I have attached a copy of the draft (Appendix A).

Officers and staff are instructed that once a healthcare professional is at the scene of the incident, the healthcare professional takes primary care of the casualty. The officer or member of staff should provide a handover to the healthcare professional using the pneumonic ATMIST (Age, Sex, Name, Time, Mechanism of injury, Injuries or Illness identified, Signs and Symptoms and Treatment given) which provides a framework for the information required by the healthcare professional. Officers and staff are instructed to call an ambulance because the casualty requires medical assistance beyond the first aid the officer or member of staff can provide. They are instructed that the paramedic may ask them to assist them when they arrive, and that they should follow their instructions. This is made clear in officer and staff training that they will be following the direction of the healthcare professional. If specific instructions are not provided, there will be the assumption that they are taking the correct action for the casualty.

It should be noted that in this specific case, the paramedics made no comment nor challenged any of the officer safety tactics used and therefore the officers acted in accordance with their training.

Despite organisation protocols and the MoU there was a conspicuous lack of leadership, risk assessment or challenge on health and safety of the detainee by the paramedic, who appeared to have insufficient seniority or experience to know what to do in a detention situation. Equally there was a lack or expectation or request by police for her input and advice. My expert physician opined that if the detainee was to be moved, he wouldn't recommend standing him and walking him, which would make things worse. Yet the paramedic recalls no professional dialogue between police and paramedics about the critical conveyance decision, says she left it to them to decide, although preferring a safer method and then later changes her evidence.

As previously stated, officers and staff are instructed that once a healthcare professional is at the scene of the incident, the healthcare professional takes primary care of the casualty and that they should therefore take instruction from them.

The MPS is conducting a review of both policy on restraint removal (or otherwise) during a medical emergency as well as carriage methods of individuals. Work has already begun in terms of identification and initial testing of carriage equipment, namely the Megamover ® (a compact, portable unit used to transport or transfer patients from areas inaccessible to stretchers). Following a recent event this year in the Thames Valley Police area, as part of their investigation the IOPC are looking into the use of FLACS (Flexible Life and Carry System) used by officers to assist with carrying the detainee. This is under scrutiny with direction being given from the National Police Chiefs Council (NPCC) that its use is suspended pending further investigation. The MPS is assisting with this investigation and will be in an informed position to provide an appropriate evidence base to support any future trial or implementation of carriage mechanisms along with fully considered medical implications assisted by the Independent Medical Advisory panel (IMSAP).

The protocols of the MPS require a Safety Officer to monitor the detainee's health and safety in restraint situations. Evidence heard suggested that this was either not carried out or was ineffective. No officer challenged the decision to cuff the detainee when he started to get up and the Safety officer at the time agrees he did not consider whether his illness made the decision unreasonable, as laid out in ACPO guidance. An officer agreed that the risks of restraint to the detainee were not balanced against the risks to everyone from not restraining. The Safety Officer at the head changed several times, making any monitoring of trend difficult and for critical period the most inexperienced officer was the Safety Officer, who was unaware of the benefits of looking at gums or nails. At the time he was escorted, the Safety Officer agreed that the face could not be

observed as it was hidden by a hood. The risks are further augmented by the MPS submission that it is not always possible to identify a safety officer in all incidents.

MPS officer safety training now contains a reminder to all officers and staff, through classroom training delivery and practical sessions, that all use of force needs to be justified and needs to take into account all factors including the balance of risk of restraint to the subject, officers and the wider public. This training includes an additional requirement for the Safety Officer at the scene to identify themselves using terminology equal to:

"I am the Safety Officer. Everyone listen to me. If you have any concerns, speak up and speak out".

The role of the Safety Officer is self-appointed with the default position being that the person at the head of the subject will be responsible for monitoring the health, welfare and safety of the subject.

The training schedule for April to September 2021 includes a specific lesson on Acute Behavioural Disorder (ABD) as well as a mandate for all officers to complete the National ABD 2021 package created by the MPS, endorsed by IMSAP and published by the College of Policing. The College of Paramedics and Association of Ambulance Chief Executives have been consulted during the creation of this package.

Of further note, the MPS is committed to increasing the contact time denoted to officer safety training and indeed how this is delivered. The proposal is that from October 2021, officers will receive two days' officer safety training and a separate emergency life support day, which is an increase of one day per year from the current position. This proposal is in line with the national work being led by Deputy Assistant Commissioner Matt Twist as NPCC Lead for Self Defence, Arrest and Restraint which will try to achieve consistency across police forces in terms of time dedicated to training as well as content delivery. Moving to a scenario based framework will allow for a greater transition of tactics from the training setting to the operational environment. Furthermore, the concepts 'quality of encounters' (providing an explanation of what is happening, obtaining an agreement or understanding and thus co-operation, providing an acknowledgement of the encounter and a positive departure) and 'trauma informed policing' (recognising that the subject's perceived disproportionate response to police requests may be predicated on a previous negative experience), are also introduced to officer safety refresher training as well as the increase in the number of days afforded to foundation training.

In January 2021, initial recruit officer safety training increased from five days to eight days which is a significant increase in contact time and material delivered. This increase includes the addition of concepts such as performance under pressure through scenario assessment, the effects of stress and de-escalation and safety in mind.

In autumn 2021, the MPS Police Power and Encounters Unit (PPEU) will be formed and will see Subject Matter Experts (SMEs) from across business groups come together to holistically deal with issues such as those identified in your report. This new unit will consist of SMEs from the Officer Safety Unit, Specialist Firearms Command, Continuous Policing Improvement Command for Stop and Search and the Directorate of Professional Standards. This team will have the capacity to reactively and proactively engage with supervisors and support them in scrutinising their officers' use of force.

The unit will work symbiotically to support each other and lead on; officer safety policy, curriculum design, use of force reviews, Taser Policy, Stop and Search Policy/review and represent the MPS at national level to identify and address use of force and officer safety concerns. It will translate its work into organisational learning, which will be embedded in training and policy and work reciprocally with the MPS Learning and Development Officer Safety Training Delivery Unit and the MPS Learning and Development Quality Assurance Team to add value to officer safety training provision and ensure training is evidence-based.

The unit will act as an initial point of contact for all MPS units that want to develop learning around individual incidents or wider trends. It will also be responsible for identifying potential risks and emerging opportunities and issues regarding officer safety; Taser and stop and search across the MPS, nationally and internationally, and proactively and pre-emptively addressing these in the MPS.
Scenario based training is being introduced into officer safety training from April to September 2021 with the intention of incorporating a largely scenario based, uplifted package from October 2021. The training will also include supplementary material to solidify key learning outcomes, including:

- Recording encounters accurately
- When to use force
- When to use restraint
- De-escalation before, during and after an encounter
- Situational awareness
- Tactical communication
- Procedural justice
- Recognising the impact of stress on behaviour
- Reflecting on your actions

There was serious inadequacy of supervision. The initial scene was managed by "collective leadership", where decision making seemed to emerge without discussion. An experienced sergeant who arrived after the initial restraint, alleged she had conducted a risk assessment, without getting an adequate briefing on the circumstances of his restraint. She was unable in questioning to identify any situation in which restraints should be released due to the length of restraint, unless directed by a paramedic or emerged from mania. She asserted that she knew that whatever her officers had done prior to her arrival, she could trust that they made the right decision.

It is the responsibility of the Safety Officer to look after the health, welfare and safety of the subject prior to the arrival of the supervisor. In the delivery of officer safety training from April to September 2021, supervisors will be informed of the requirement that upon arrival at the scene of an incident, they need to clearly identify themselves, their role and to liaise with the Safety Officer to be briefed on the circumstances of the incident including the welfare of the subject.

The requirement will include the need for the Supervisor to verbalise the following:

"I am the Supervisor at scene. I am reviewing the incident. Who is the Safety officer? Can I have a briefing?"

The use of body worn video will also allow for these instructions to be recorded.

I wish to express my sincere condolences to the family of Mr Clarke. I trust this provides the reassurance that the MPS has considered the matters of concern you have raised and are addressing these in officer safety and emergency life support training for all police officers and staff who attend these courses.

Please do not hesitate in contacting me should you have any queries.

Yours sincerely

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Deputy Assistant Commissioner

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