

Dr Andrew Harris,
Senior Coroner, London Inner South

19 April 2021

Dear Dr Harris

Re: Joseph Agnew (Deceased)

I write on behalf of the College of Policing (the College) in relation to paragraph 7, Schedule 5 of the Coroners and Justice Act 2009, and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013, prevention of future death report to the College dated the 26th February 2021.

The report sets out concern that arose from the information received during the inquest in to the death of Mr Joseph Agnew. I was very sorry to read of the circumstances of Joseph's death. My sympathies are with his family and friends and I share your commitment to addressing the issues that contributed to his untimely loss.

The report sets out your principle concerns in respect of the training that is available for officers. Your concerns were; firstly in respect of the ability of officers to assess a person as being "drunk and incapable" and when to refer an intoxicated person for medical attention, and secondly in respect of whether officers had learnt how to effectively monitor breathing and other symptoms that might be linked to the need for medical assessment or attention. More specifically your letter provides the following information.

1. For the attention of CoLP and College of Policing:

CoLP officers were not taught how to assess people to meet the agreed criteria for finding someone "drunk and incapable". A senior officer was not content that the officers involved had given a satisfactory level of questioning nor welfare checks. The risk to life continues since there appears to be no clarity for officers from their training as to when to refer an intoxicated person for medical attention.

2. For the attention of CoLP, MPS and College of Policing:

No police officers who gave evidence understood the significance of snoring in a person with a reduced level of consciousness, nor how to monitor breathing. My independent expert in A&E gave evidence that snoring indicates partial airway obstruction. He dismissed perceptions of officers that there was such a thing as good or bad snoring. He opined that in a person with reduced consciousness officers should assume that snoring needs medical attention. The person needs assessment to exclude when it is not a concern. Whilst he acknowledged the difficulty of assessing breathing, he stressed its importance as an indication of medical emergency, gave little weight to the value of chest movements which officers used, and highlighted the danger signs of very slow or very fast breathing. He also stressed that concern for medical attention should be triggered by unrousability. The evidence suggested that officers were unaware of all these matters and had not learnt how to effectively monitor breathing.

The College is the independent professional body supporting everyone working in policing to reduce crime and keep people safe. The College has three complimentary functions

- Sharing knowledge and good practice: creating and maintaining easy access to knowledge, disseminating good practice, and facilitating the sharing of what works
- Setting standards: setting standards for key areas of policing which help forces and individuals provide consistency and better service for the public
- Supporting professional development: setting requirements, accrediting, quality assuring and delivering learning and professional development, promoting diversity and wellbeing, and helping to nurture and select leaders at all levels.

The College licences the First Aid Learning Programme (FALP) used by Home Office Forces, including the Metropolitan Police Service and the City of London Police. The programme is endorsed by the National Police Chiefs Council (NPCC) and the Health and Safety Executive (HSE). The College is responsible for ensuring appropriate quality assurance processes are in place to guide forces in the implementation of the HSE guidelines relating to the provision of first aid.

The FALP has five modules and the national recommendation is that police officers receive a minimum of Module 2 training (the equivalent to the qualification of a HSE Emergency First Aider). While Module 2 does not seek to provide detailed coverage of all specific medical conditions it does allow officers and staff to make an assessment of the casualty, including the known factors that may present a risk to their health.

Officers and staff are called on to provide first aid in a wide range of incidents during their work. The range of incidents officers attend means it is not possible or viable for all officers to be trained for all types of medical emergencies, or for the FALP to explicitly outline the appropriate medical response in every context.

It is recognised that some areas of policing, such as working in custody environments, firearms operations or public order teams, require additional skills and knowledge. The relevant staff have additional FALP training modules available to ensure they are prepared for situations they are likely to encounter in their specialist roles. Additionally, where local force risk assessments identify a critical need, Chief Officers are able to add additional medical training provisions under the advice of local clinical governance.

The FALP modules are monitored via the College's own governance and a national NPCC coordination committee. The NPCC portfolio includes the HSE representation, and is supported by a dedicated subject matter expert group of force first aid leads, and a national clinical governance structure, which includes a broad range of independent clinical expertise. The NPCC governance structure considers all relevant recommendations as a standing agenda item.

In addition, a wider review of the high level learning outcomes for the FALP has already been initiated to ensure that they remain fit for purpose. We will ensure that your causes for concern will form part of this review. It is anticipated that this work will be completed towards the end of 2021 following the publication of updates expected from the UK Resuscitation Council this year.

The College also sets the education and training requirements for all new recruits. Historically, all officers have been trained in accordance with the requirements of the Initial Policing Development Programme (IPLDP) but increasingly forces are putting their recruits through the Police Constable Degree Apprenticeship (PCDA). The IPLDP had content in respect of; the 'signs and symptoms of drunkenness', the potential for symptoms of drunkenness to be caused

by medical conditions, and where there is any doubt, that it should be assumed the person has an illness or injury and medical assistance should be requested.

The PCDA places a high level of emphasis on the potential vulnerability of a person who, because of their situation or circumstances, is unable to take care or protect them self from harm or exploitation. This includes the importance of considering the possibility of hidden medical conditions or non-visible signs that may lead to a person being vulnerable. The College has developed a vulnerability learning programme which supports the PCDA programme and can also be used for officers who have not been trained through the PCDA to ensure consistency in learning.

In summary, through initial training, the vulnerability programme and the FALP the focus is on providing officers with the skills and information to look for signs and symptoms that indicate the need for medical intervention and to request it when found. For the FALP in particular, we will use these causes for concern to inform the review of the learning outcomes that will be taking place this year.

The College is committed to continuing our work with forces, the NPCC and other agencies to raise standards of practice in the care of people who come to police attention. We would like to thank you for bringing the circumstances of Mr Agnew's death to our attention so that we can ensure that our immediate and future work is informed by the events that culminated in his death.

Yours sincerely,



Faculty Lead for Uniform Policing