### INQUESTS ARISING FROM

# THE DEATHS IN THE LONDON BRIDGE TERROR ATTACK

ON 3rd JUNE 2017

# CITY OF LONDON POLICE

### **RESPONSE TO PFD REPORT**

### **INTRODUCTION**

- 1 This is the response of City of London Police (CoLP) to the matters of concern (MCs) addressed to CoLP in the Coroner's Prevention of Future Deaths report dated 1<sup>st</sup> November 2019. In this response CoLP only addresses those MCs directed at CoLP.
- <u>MC13</u> Addressed to the LAS, MPS and CoLP: The evidence in these Inquests gave rise to concerns that procedures for emergency response to marauding terrorist attacks were inflexible. In particular, the evidence suggested that large areas could be designated hot and warm zones for long periods and formally placed out of bounds to most ambulance and paramedic staff. This feature of the procedures gave rise to a risk of delay in getting medical help to casualties. While this lack of flexibility has apparently been addressed in the revised Joint Operating Principles, I suggest that procedures generally be reviewed to ensure that they accord with the requirements of speed and flexibility of response which appear to be recognised in that

document. I also suggest that training exercises be devised which address demanding situations with features such as (a) hot and warm zones of uncertain extent; (b) a need for re-assessment of hot and warm zones; and (c) a need to locate and assist casualties in dangerous areas.

# **Response to MC13**

- 2.1 Joint Operating Principles (JOPs) are regularly reviewed and updated. Following the attacks in 2017 and before the hearings commenced in 2019 significant amendments were made to the MTA JOPs to reflect the changing nature in the threats presented. As the Coroner records, the current MTA JOPs recognises the requirements of speed and flexibility of response. The Operation Plato guidance has also been amended to reflect the change in approach. CoLP can confirm that the new JOPs and guidance are adopted and embedded in the CoLP force area.
- 2.2 The issue is how the JOPs and Plato guidance translate into action on the part of responders. CoLP regards the key to this as being familiarisation with the new principles through comprehensive training and exercising in the form of both table top and live exercises.
- 2.3 The City of London police participate in a number of test exercises that assess the operational and strategic command and response, including Marauding Terrorist Attack (MTA) specific exercises which include Hot/Warm/Cold zone working. In 2019, CoLP participated in 3 such MTA exercises. In 2020, CoLP officers are currently scheduled to attend 4 such MTA exercises, three of which are live play exercises and one which is a table top exercise, with further exercises likely to be added to the Training and Exercise calendar.
- 2.4 CoLP can confirm these exercises will include the issues identified by the Coroner at MC13 (a)-(c)

# 2.5 Authorised Firearms Officer training

In addition to the above MTA exercises there is specific MTA training and exercising for Authorised Firearms Officers. All CoLP AFO's have received the latest JOPs updates. JOP updates were refreshed on a recent phase of British Transport Police Command refresher training during September and October 2019. Many of CoLP's Tactical Firearm Commanders (TFC's) participated in this Command refresher training which included specific actions in relation to the new zonal guidance. For example, TFCs were encouraged to utilise London Ambulance Service (LAS) responders directly behind the lead firearms teams attempting to confront the subjects in order to safely assess, triage and evacuate victims. This was performed with armed protection and jointly involved LAS teams working in warms & hot zones. The emphasis here was on not designating vast areas as hot zones if precise information on the whereabouts of the subjects are known, for instance, subjects are located on a specific level of a building.

Additionally, in November and December 2019 CoLP ARV teams participated in the joint MTA phase training run by the MPS.

3. MC15 – Addressed to the MPS and CoLP: I suggest that the emergency services give serious consideration to enhancing first aid capabilities and equipment of either police officers generally or groups of officers (e.g. firearms officers or officers designated for advanced medical aid training). This should include consideration of training some officers in advanced life-saving procedures analogous to battlefield medicine. It should also include considering (a) wider provision of equipment such as tourniquets and "stop the bleed" kits and (b) the inclusion of more spare equipment in officers' vehicles.

### **Response to MC15**

- 3.1 The size and agility of CoLP, as a relatively small force, and its relationship with the local community in the square mile means that it has already taken significant steps to enhance the first aid capability of its officers well beyond the national standards, details of that enhanced training programme are set out below. However, it should be recognised that the ambulance service is the lead agency in casualty management and the overarching aim is to secure their attendance upon casualties as soon as practicable. The first aid capabilities of police officers are intended to be only a temporary measure, although, as stated, First Aid capabilities have been enhanced.
- 3.2 **First Aid Training**: All CoLP Officers and front-line Police Staff (PCSO's, Detention Officers) are first aid trained. CoLP Officers up to the rank of Chief Inspector are trained to the College of Policing standard 'Emergency First Aider at Work' (EFAW) module 2 (there are 5 in total Module 1 Basic Life Support, Module 3 Custody, Module 4 Initial and Requalification, Module 5 enhanced skills). The Emergency First Aider at Work is defined by the Health and Safety Executive. EFAW module 2 covers the following:
  - 1. Manage a first aid scene
  - 2. Assess a casualty
  - 3. Perform basic life support (including adult, child and infant)
  - 4. Demonstrate safe use of an Automated External Defibrillation (AED)
  - 5. Manage a choking casualty (including child or infant)
  - 6. Place a casualty in the recovery position
  - 7. Report casualty information

- 8. Manage a casualty with shock
- 9. Manage a casualty with chest pain
- 10. Manage a casualty who has fainted
- 11. Manage a casualty who is bleeding
- 12. Manage a casualty with spinal injury
- 13. Manage a casualty who is convulsing
- 14. Manage the control of infection

With effect from 3<sup>rd</sup> June 2019 CoLP has changed its First Aid training provider to a company called Lazarus, whose trainers are ex-Military or ex-Emergency Services in order to reflect the most realistic injury scenarios. All officers complete an initial 2 day course, called Initial Operational First Aid and thereafter attend an annual refresher course. All officers with an AFO role in CoLP receive enhanced First Aid training, with emphasis on treatment of ballistic injuries. Following the London Bridge incident, further response officers received the same enhanced First Aid Training, the same as CoLP AFOs. CoLP now plans to train all frontline officers to an enhanced level. This training commenced in Q3 2019 and will continue into 2020. As part of this training, officers receive further training in the use of tourniquets which will be issued to each officer upon completion of training. It is anticipated that the training programme will be complete by Q2 2020. In addition, CoLP is rolling out a four day Pre-Hospital Trauma Care (PHTC) training course to a further 36 front line officers drawn from Uniform Response, Project Servator Teams, Support Group and Roads Policing. Once trained, these officers will be issued an enhanced medical kit that includes tough cut scissors, a tourniquet, compression dressing, chest seals and Celox, a blood clotting agent for all types of bleeding including moderate and severe bleeding.

3.3 First aid kits: All CoLP response vehicles, including ARVs, contain an emergency first aid kit, along with a defibrillator. (CoLP first aid kits and a defibrillator were used by officers responding to casualties at London Bridge in June 2017). Following the London bombings on 7<sup>th</sup> July 2005, a number of Emergency Dressing Packs were supplied by the NHS to mainline railway stations for responders to use following a Major Incident. There are 17 Emergency Dressing Packs at 10 stations across the City of London force area. CoLP has initiated the Emergency Trauma Pack (ETP) scheme. ETPs have been reviewed by the London Ambulance Service and contain specialist medical equipment. ETPs are not conventional first aid kits. The aim of this scheme is to work alongside businesses to enhance the accessibility and availability of industry leading lifesaving medical equipment. ETPs are embedded into businesses that sign up to the scheme and their details are centrally stored by CoLP control room staff who would coordinate the response to a mass casualty incident. The location of the nearest specialist first aid kits can be ascertained from the CoLP control room.

# 3.4 Bleed Control Kits

Recognising the increasing prevalence of serious injuries caused by firearms and bladed weapons, in November 2019 CoLP provided life-saving 'Bleed Control Kits' to late-night venues in the City of London. A total of 300 Bleed Control Kits are being distributed across the City in partnership with <u>The Daniel Baird Foundation</u>. The Bleed Control Kits may help to save precious time until paramedics arrive at the scene and help prevent catastrophic bleeding. Staff at venues who receive these kits will be given training to ensure they feel confident in using the equipment. There are also plans to increase the distribution of kits in 2020 and beyond with the ultimate aim of providing all licensed premises in the City of London with such a 'Bleed Control Kit'.



# 3.5 **The future**

Notwithstanding the significant strides already made to improve its First Aid response, training and equipment, CoLP is always looking to improve first aid capability and is currently considering the viability of still further enhanced first aid training similar to that of battlefield medicine. The need for this level of first aid training, the identification of the officers to be trained to this level and the consequential funding, equipment and human resources issues are all being considered. However, whilst Police have core operational duties which include protecting life, and acknowledging that it is a primary responsibility under Article 2 ECHR, it should be noted that the first aid offered by police officers is only an interim measure and it is not the primary role of the police service. The LAS are necessarily trained and equipped to a higher level than the police, the provision of medical treatment being their primary function and would retain primacy in responding to casualties requiring medical assistance and treatment.

In addition to its first aid provision outlined above, CoLP will be enhancing its front line officers through the recruitment of 61 additional police officers, funded through the City of London (Corporation).

4 **MC16** – Addressed to the MPS and CoLP: The evidence in the Inquests raised a concern that there will often be communications difficulties in the early stages of a major incident, including

difficulties resulting from multiple officers attempting to make urgent radio transmissions at the same time. In the ongoing work of reviewing and improving communications technology to address these difficulties, consideration should be given to whether it may be possible for control room staff to isolate and record messages so that they can be listened to separately.

# **Response to MC16**

- 4.1 This is a national issue which will require consideration at a national not local level. Delivery of a solution does not sit solely with CoLP.
- 4.2 Notwithstanding the above, the following observations may be relevant. The technology currently allows only one officer/user to broadcast on an Airwave channel or talkgroup at any given moment in time. As only one message at a time on any given channel or talkgroup can be transmitted over the radio network, it follows that only the message currently "live" and audible to the control room and other officers on that channel or talkgroup can be recorded. The ability to record and playback that message already exists. The practical issue in the early stages of a fast moving incident is firstly the fact that technology limits the ability of more than one officer to transmit on one channel and the fact that there is rarely likely to be time for the control room to replay messages when it is still receiving multiple messages in very quick succession in live time.

Currently CoLP and the MPS are undertaking a joint piece of work to establish a formal collaboration agreement, whereby the command of all initial firearms incidents occurring in the geographical area of the City of London would fall under the command of the MO19 Tactical Firearms Command, MPS based at Lambeth SOR. Additionally COLP will seek to second a qualified Tactical Firearms Commander of the rank of Inspector to be part of the Pan-London joint command response.

**MC17** – Addressed to the LAS, MPS and CoLP: I suggest that consideration be given to introducing / improving technical measures to assist in identifying the exact locations of emergency services personnel so that they can be communicated reliably to other first responders.

## **Response to MC17**

A CoLP Airwave Refresh Project was initiated in summer 2019 to refresh all the Airwave 5.1 devices within CoLP, including radio handsets, desktops and in-vehicle devices. GPS location of officers through the Airwave network was explored within the scope of this project. The new radios that are available have GPS capability. In order to enable this functionality within CoLP, a further uplift in the control room IT is required to introduce an interface that will extract the location data from the Officers radio onto a map within in the control room. This is a capital project which has been approved and the award of contract has now been made by the Metropolitan Police Service, with a very tight delivery timescale of 8 months. CoLP have allocated a control room manager (Police Staff) full time to the MPS project team to ensure the interests of CoLP are maintained along with the joint working capability. This will include the connectivity between the CAD2 system and the CoLP Record Management System (RMS) Niche which holds Intelligence, Crime, Case and Custody data. CoLP has a seat at the executive Board. Through the allocated full time member of staff the interests of Business As Usual (BAU) and Secure City Programme (future operating of the City of London) are addressed and maintained. This will provide an interim solution until the ICCS and CAD upgrades referred to below are completed and prior to the ESN launch.

Completion of the ESN project, which is owned by the Home Office, is not expected until 2023. As part of the process of development CoLP and other forces have requested that geolocation be included. It is currently anticipated that ESN will use data rather than voice

information. It is therefore considered likely to provide quicker and more reliable information as to the location of the assets of the emergency services. The National programme is still ongoing with no firm dates set for data or voice. CoLP is part of the Pan London group working collectively with monthly Pan London ESMCP Group (PLEG) meetings attended by a CoLP representative. This group consists of Met and British Transport Police as well as London Ambulance and Fire Service representatives. ESMCP remains a project with resources allocated to it by CoLP.

5.2 The CoLP Control room uses the MPS Integrated Command and Control System (ICCS) and Computer Aided Dispatch Systems (CAD). CoLP is aware that the MPS, as owner of these systems, is carrying out system upgrades and CoLP is engaging with the MPS in the ICCS and CAD upgrade projects in relation to CoLP requirements. The interim solution in CoLP, pending completion of the upgrade, is set out at 5.1 above.