



**METROPOLITAN  
POLICE**

**TOTAL POLICING**

**DIRECTORATE OF PROFESSIONALISM**

Coroner ME Hassell,  
St Pancras Coroner's Court,  
Camley Street  
London  
N1C 4PP  
Tel: 0208 387 4882

[REDACTED]  
Deputy Assistant Commissioner

Room 918  
New Scotland Yard  
Broadway  
London  
SW1H 0BG

By Email to:  
Legal Clerk to HM Coroner [REDACTED]  
[REDACTED]

Email: [REDACTED]@met.police.uk  
Tel: [REDACTED]

Our ref: [REDACTED]

Date: 17th March 2016

Dear Ms. Hassell,

I write on behalf of the Metropolitan Police Service in response to your Regulation 28 Report to prevent future deaths dated 20th January 2016. This was prepared following the inquest into the death on the 7th November 2014 of Ms Faiza Hassan Ahmed, which was opened on 11th November 2014 and concluded before you and a jury on 20th January 2016, at St Pancras Coroner's Court.

**Background**

You will recall that the proximate cause of death was injuries sustained by Faiza Ahmed stepping in front of a train, following contact in the two days prior to her death with the Metropolitan Police Service (MPS), the London Ambulance Service (LAS) and the Poplar Job Centre. You concluded that she killed herself.

**Matter of Concern**

You stated that:

*"...The matters of concern are encompassed within the jury's determination..."*

We note that the jury gave a narrative verdict, commenting on a number of aspects of the case pertinent to parties in contact with Ms Ahmed prior to her death. I will confine myself to consideration of those points directly or indirectly concerning the Metropolitan Police. If I may excerpt these from the narrative:

1. *"On the morning of 6 November 2014, Faiza reported that a man had attempted to rape her in her home. The historical and continuing lack of rapport between Faiza and the police contributed to her not receiving the support she needed following this incident."*

2. *"The period of time elapsing between the sexual offences investigative techniques (SOIT) officer's first and second attempt to make contact with Faiza meant that she never received specialist support from the Sapphire Unit."*
3. *[on 7th November 2014 Faiza made two declarations of suicidal intent, to a Job Centre, and to the London Ambulance Service via a 999 call. Police were informed of only of the second of these, and attended.] "...lack of rapport between Faiza and the police officers and LAS crew on the scene hampered the provision of support to her. Two SOIT officers arrived shortly after the police and LAS, but did not see Faiza."*
4. *"The information they had about the previous day's report of attempted rape was not adequately conveyed to the police response team and was not conveyed at all to the LAS crew. This left both insufficiently informed to fit their response to Faiza's needs."*
5. *"Throughout the two days, information held on police databases about Faiza's history of vulnerability was not relayed to any of the police and LAS personnel who dealt with her, again leaving them insufficiently informed to fit their response to Faiza's needs."*

#### **MPS Response - Preface**

In drafting a response to these points the relevant subject area experts have been consulted. These include: Detective Superintendent [REDACTED] - Sexual Offences Exploitation & Child Abuse Command; with Chief Inspector [REDACTED] Professional Standards Champion for [REDACTED] Met CC (Central Communications Command, responsible for call handling); with Chief Inspector [REDACTED] of the Territorial Policing Mental Health Team; and Detective Inspector [REDACTED] responsible for the MPS National Mental Health Policing Portfolio.

I have also drawn on the findings of 'Operation Indigo', the internal Metropolitan Police Specialist Investigations review into the events; and the findings of three further documents, all of which we believe you have had prior sight of.

The first of these, the *'Independent Review into The Investigation and Prosecution of Rape in London'*<sup>1</sup>, was commissioned by Sir Bernard Hogan-Howe, the MPS Commissioner, in May 2014 and undertaken by Dame Elish Angiolini DBE QC. The report of the review was published in April 2015, and made 46 specific recommendations, both for the MPS, and for the Crown Prosecution Service, designed to improve the service provided, from initial investigation through to offender prosecution, to victims in all cases of sexual offences.

As I believe you are aware, at the time of Ms Ahmed's death in November 2014 the structural concerns identified in the Angiolini Review had all been accepted and were already being addressed in some depth through the ongoing work outlined in the second document of relevance here, the *Joint Crown Prosecution Service/MPS Response to Dame Angiolini's Review*<sup>2</sup>.

<sup>1</sup> [https://www.cps.gov.uk/Publications/equality/vaw/dame\\_elish\\_angiolini\\_rape\\_review\\_2015.pdf](https://www.cps.gov.uk/Publications/equality/vaw/dame_elish_angiolini_rape_review_2015.pdf)

<sup>2</sup> [https://www.cps.gov.uk/london/assets/uploads/files/dame\\_elish\\_joint\\_response.pdf](https://www.cps.gov.uk/london/assets/uploads/files/dame_elish_joint_response.pdf)

These recommendations have in turn fed into the ongoing work of the third document referred to here, the *Joint National Rape Action Plan*, initiated on 6<sup>th</sup> June 2014, and likewise, published in April 2015.<sup>3</sup>

The following is based on a review of these documents, and other relevant sources, by Detective Sergeant [REDACTED] Directorate of Professional Standards Organisational Learning [REDACTED]. The above subject area experts have, in turn, reviewed this response. Neither I nor those consulted have had sight of transcripts of any oral evidence from the inquest itself, so in the event of any variance between reported facts and evidence you know to have been presented during the inquest itself, I defer to your knowledge.

Dates, relevant parties and communications have, where possible, been confirmed by reference to emails, minutes of meetings, published policies, intranet communications or other documents.

The details of the poor rapport reported between Faiza Ahmed and the police, and issues of information sharing between the police and the other agencies concerned were explored during the inquest itself. Many of these issues were particular to the facts in this case, rather than offering general insight pertinent to systemic practices of the wider organisation, and I do not therefore propose to revisit them in great detail here.

It is significant to note that the broad thrust of the jury's criticisms might be summarised as two complementary issues; communication between relevant parties of prior knowledge regarding Ms Ahmed's situation; and the difficulties attending officers had in achieving useful rapport with Ms Ahmed.

### **Concern Response: Points 1 & 3 above, rapport; point 2, SOIT engagement**

To deal with the issue of rapport first: it is important to acknowledge that factors other than the abilities of the particular officers in attendance to Ms Ahmed in her final days may have had a role in this. For example, her previous troubled personal history of contact with police has been widely reported in the press<sup>4</sup>. This history may have influenced her willingness to engage on these final occasions. The findings of the internal police investigation, *Operation Indigo*, bear out some of the difficulties encountered, whilst at the same time making it clear that attending officers in the final encounters indeed *attempted* on each occasion to achieve meaningful contact, albeit with a person who undoubtedly presented a challenge to rapport-building.

For example, the *Operation Indigo* author describes police response to the initial allegation of sexual assault made by Ms Ahmed, on Thursday 6<sup>th</sup> November 2014, the day before her death. (para 4.2.21-23) PC [REDACTED] one of the first-responding officers, on encountering Ms Ahmed outside her address, noticed blood on her clothing, and, quite properly, attempted to persuade her to allow police to seize the clothing for forensic examination, and to dissuade her from immediately returning to her home, the apparent crime scene. Both of

---

<sup>3</sup> [http://www.cps.gov.uk/publications/equality/vaw/rape\\_action\\_plan\\_april\\_2015.pdf](http://www.cps.gov.uk/publications/equality/vaw/rape_action_plan_april_2015.pdf)

<sup>4</sup> e.g. [http://www.theguardian.com/uk-news/2016/feb/06/faiza-ahmed-cries-for-help-missed-every-authority-simon-hattenstone?CMP=Share\\_IOSApp\\_Other](http://www.theguardian.com/uk-news/2016/feb/06/faiza-ahmed-cries-for-help-missed-every-authority-simon-hattenstone?CMP=Share_IOSApp_Other)

these measures were best-practice steps designed to advance effective investigation. It is acknowledged however that a third party witness<sup>5</sup>, commenting on the exchanges in which the officer attempted to obtain a clearer picture of what had actually occurred, nevertheless expressed 'surprise' at the intrusiveness of the questioning, conducted by a male officer with Ms Ahmed in a public area; a less than ideal situation. The guidance document '*Rape and serious sexual assault - First Responder – checklist*', available for reference for our officers 24/7 via the MPS intranet, advises instead:

*"... [taking a victim] to a comfortable and private waiting area ."*

The witness added that, although the officers' questions were not in any way inappropriate, and the officers had explained to Ms Ahmed why they needed to ask them, she would herself have felt 'uncomfortable' answering such questions, in such a way. (para 4.1.12). The initial questioning itself however was in line with best practice. Sufficient details *must* be obtained to understand what is being alleged, where and when it has occurred, and who the principal parties are.

Meanwhile the second initial attending officer, PC [REDACTED], sought advice, via local line management, from the on-call specialist 'Sapphire' Central Sexual Offences Investigation Team Detective Sergeant, DS [REDACTED] regarding how best to proceed with the agitated Ms Ahmed, who informed the officers that she had been drinking throughout the preceding night. In line with current best practice, PC [REDACTED] a (female) Sexual Offences Investigation Trained ('SOIT') officer, was tasked by DS [REDACTED] with attending Ms Ahmed.

It was clear that there was some tension between the desire on the part of the initial attending response officers to achieve best evidence, and the manner and location of the communication between Ms Ahmed and those officers, necessitated by the character of the contact between the parties. Despite these difficulties, however, it is worth noting that a degree of initial rapport was nevertheless established, to the extent that the attending officers obtained sufficient detail of the alleged offence and offender to circulate a description of the suspect, who was then promptly arrested by colleagues nearby.

In light of the evident difficulties at the scene it was initially proposed by DS [REDACTED] that the meeting with the specialist SOIT officer would be at Limehouse Police Station, which was equipped with a 'Comfort Suite'. Comfort suites are dedicated rooms within police stations where victims of rape and sexual assault can talk to police in privacy and comfort. It is accepted that some areas within police stations may appear uninviting or intimidating for victims, so these comfort suites have been designed as comfortable and private places to help put victims at ease when reporting these offences.

As the venue for the sexual offences specialist to obtain a more detailed account was to be a police station, it was also initially felt that a single officer could safely deal. PC [REDACTED] prepared to make her way, without her personal protective equipment ('PPE' - stab proof vest, baton, handcuffs, CS spray).

As the *Indigo* report goes on, however:

*[REDACTED] stated [Ms Ahmed] walked off towards her flat and he followed trying to prevent her from entering. Once outside the address he and PC [REDACTED] tried to*

---

<sup>5</sup> a neighbour, enlisted by the officers in an attempt to overcome Ms Ahmed's verbal hostility toward them

*explain to her why the scene needed to be preserved but she continued to be obstructive.*

*He stated Faiza continued to demand that she be allowed to enter her flat and threatened to kick her own door down. Eventually she used her keys to enter the address and closed the door on the officers. PC ██████ stated that he left the scene after she had entered her address.” [ibid., para 4.2.22]*

DS ██████ received the information that Ms Ahmed was no longer cooperating with officers at the scene. Research had also indicated Ms Ahmed was capable of being volatile and violent when intoxicated. Reports for example indicated she had assaulted police in her home five months earlier when they had attended there to check on her welfare.

Based on the information he had available, therefore, DS ██████ made a dynamic risk assessment that a meeting with Ms Ahmed in her present state of mind was no longer suitable for an immediate single SOIT deployment, and instead arranged for PC ██████ to re-attend Ms Ahmed’s address with a colleague the following day, Friday 7<sup>th</sup> November. This decision was thus directly responsible for the initial delay in the assigned specialist, female SOIT officer making contact with Ms Ahmed, which was commented on adversely by the jury at point (2) above.

Was this a reasonable decision, in the light of all the circumstances? The so-called ‘Golden Hour’ principal of investigation rightly emphasises the importance of prompt evidence preservation, ‘fast time’ enquiries etcetera, undertaken in the immediate aftermath of a reported incident. However, we also train all our officers in the National Decision Model<sup>6</sup>, a cognitive tool designed to offer a coherent structure for explaining what was done during any incident and why, for use both at the time by practitioners, and subsequently, as an evaluation tool for examiners of the decisions made. One arm of this model is explicitly dedicated to risk:

*‘Assess threat and risk and develop a working strategy’.*

Applying this model to the decision made by DS ██████ as the responsible supervisor, then: It is apparent he had to consider, not only physical risk to his officers, but also practical threats to the developing investigation. Thus elements to be considered would include the fact that PC ██████ did not have her Personal Protective Equipment with her, (an admitted oversight which the officer has since been spoken to about); but also that she would in any case at that time have been a solo officer attempting to deal with a demonstrably recalcitrant victim who had, by her own account, been steadily drinking for some considerable time prior to police arrival; one moreover with a documented history of aggressive behaviour toward police. These factors would have to be weighed alongside the fact that Ms Ahmed, in returning to her flat and excluding police from it against advice had already potentially compromised scene preservation; whilst other officers responding to the call, acting on the basis of the minimal information then available, had taken positive steps to arrest the suspect for the offence. So, some aspects of the investigation as a whole were moving forward; an immediate threat to the victim had been addressed; whilst other elements were already potentially compromised; and the difficulties encountered in achieving immediate rapport with the victim were now known.

---

<sup>6</sup> <https://www.app.college.police.uk/app-content/national-decision-model/the-national-decision-model/>

Guidance on judging the rapid decision making often required of police officers in difficult circumstances such as these notes that attention should be paid to the quality of the decision making, (which is within the control of the police), not the outcome, (which is not). In this case, the chief element of risk, the suspect, was for the moment eliminated. Other matters to some extent had been taken out of police hands through Ms Ahmed's own refusal to engage, possibly exacerbated by alcohol, which might also impact on her ability to provide a detailed statement immediately. In this context, the decision to delay the SOIT contact until she might prove more tractable to a recovery of rapport, to have recovered from her night's drinking, and the officer safety aspect covered by sufficient control measures (the deployment of second officer, availability of correct PPE) to mitigate physical risks can therefore be seen to be a rational one.

Unfortunately, as other uniformed officers responding the following day to Ms Ahmed's separate call to London Ambulance Service threatening self harm found, the passage of time had not wrought the hoped-for change in Ms Ahmed's demeanour. [ibid. paras 4.13.4-9]:

*"On arrival the front door to number 22 was closed so [PC ██████████] knocked several times before a female voice from within said "Who is it?" He replied "It's the police. Can you open the door please?" The female replied "Everything is fine. There is no crime here". He said "Can you open the door as I don't want to force it open. We just need to speak with you that's all."*

*The door was opened by a female later identified as Faiza Ahmed. She said "I don't need you lot. You can fuck off."*

*PC ██████████ stated that he explained they were asked to attend on behalf of the London Ambulance Service as they had been contacted by someone threatening to harm themselves with a piece of broken glass.*

*Faiza Ahmed replied "Well it's not me. I don't need you lot here. I never asked you to come so can you please fuck off." He replied "Have you hurt yourself with some glass?" She replied "No". He said "What's your name?" and she replied "You don't need to know my name it's all on your systems."*

*PC ██████████ stated that he saw a letter and a bank card on the sofa which confirmed her name as Faiza Ahmed.*

*He stated he said "Have you called for an ambulance?" and she replied "No. I don't need an ambulance and I don't know why you are here". He said "Could anybody else have called an ambulance for you? Have you phoned a friend or anybody to say you were going to hurt yourself with some glass?" She replied "No. Look I never called you lot please fuck off."*

The *Indigo* report recounts how PC ██████████ continued to attempt to persuade Ms Ahmed to allow the officers into the premises, to engage with her regarding her mental state and medical treatment, and to conduct what risk assessment he could of her mental capacity, physical health, and levels of risk presented by her state of mind, evidence of alcohol drinking and her immediate environment. [paras 4.13.10-15] He then continued to remain on scene whilst the ambulance crew arrived, and took over the lead in the continuing attempts to rapport-build, only for the LAS personnel to experience similar difficulties. [para 4.13.16]

It was during this period also that the Sexual Offences Investigation Trained officer PC [REDACTED] and a colleague attended, having postponed their initial planned visit from the previous day, after Ms Ahmed's initial refusal to engage, and the resultant dynamic risk assessment conducted by DS [REDACTED]. On this second occasion too, having been briefed by PC [REDACTED] regarding Ms Ahmed's state of mind and volatility, and by the LAS regarding her nevertheless evident mental 'capacity' and lack of immediate welfare concerns, all parties once again decided to leave. [para 4.13.20]

It is acknowledged that no officer present claims to have briefed the LAS crew regarding the details of the alleged sexual assault call from the previous day [para 4.13.21]. In fact, the only officers capable of doing this would have been PC [REDACTED] and her colleague, as at this point the uniformed response officers were themselves unaware of the earlier call. This was arguably regrettable, as knowledge of the circumstances *may* have gone some way to explaining Ms Ahmed's earlier call and attitude toward the proffered assistance on this second occasion. It is by no means clear however what difference, if any, this knowledge would have made to the *practical* options open on this second visit to either police or ambulance personnel. PC [REDACTED] and her colleague for example *did* have this background information; but it did not alter their operational decision to withdraw without speaking to Ms Ahmed.

Of perhaps more consequence, was the decision these professionals collectively agreed upon regarding Ms Ahmed's mental 'capacity', since this sets definite limits on the ability of state agents such as the police and medical staff to intervene in a person's private life against their will.

The concept is defined at Section 2(1) of the Mental Health Act 2005:

*"...a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in, the functioning of the mind or brain."*

Section 3 of the same Act elaborates upon the nature of the relevant test:

*"3(1) For the purposes of section 2, a person is unable to make a decision for himself if he is unable –*

- (a) to understand the information relevant to the decision,*
- (b) to retain that information,*
- (c) to use or weigh that information as part of the process of making the decision, or*
- (d) to communicate his decision (whether by talking, using sign language or any other means)."*

Responding to concerns regarding the limits of police action in an earlier case involving a vulnerable adult<sup>7</sup>, Chief Inspector [REDACTED] Territorial Policing Mental Health Team gave consideration to the limits of police action when dealing with persons who *may* be suffering from mental illness or some other temporary or permanent reduction in their 'mental capacity', but who have otherwise committed no offences. Police powers in these situations

---

<sup>7</sup> Inquest of Finnulla Catherine Martin, 19/11/14

are governed chiefly by elements of two Acts; Section 136 of the Mental Health Act 1983, and the Mental Capacity Act 2005. Regarding Section 136, CI [REDACTED] notes:

*"[This] only gives officers powers to detain persons in public, [my emphasis] and in 'immediate need of care and control', a high threshold; whilst powers to detain persons in private places, deemed by on-scene qualified mental health professionals to be 'in need of immediate care and control', can only be engaged via a warrant obtained under Section 136 of the same act."*

More recently the Mental Capacity Act 2005 gives officers some limited *protections* from liability should an individual officer, at the time of an incident, feel that 'restraint' (which encompasses both physical restraint and, for example, preventing a person leaving a particular place) is the only option to prevent a person from committing an immediate civil wrong or criminal act; but otherwise expressly confers no powers on police to deprive a person of their liberty, as the decision in *Sessay v South London and Maudsley NHS Trust and Commissioner of Police for the Metropolis* ([2011] EWHC 2617 QB) made clear.

The relevant thresholds were in any case not engaged on either of the occasions Ms Ahmed encountered police in her final days. She was presenting as a victim of crime, albeit a vulnerable one, *not* as a person suffering such derangement of mind that she required 'immediate care and control' which would engage police powers. She therefore was entitled to refuse to engage with police, and the officers had no power to force themselves upon her.

Similarly, whilst the case of *Osman v UK*<sup>8</sup> imposes positive obligations on police to take action in certain circumstances where they have knowledge of a risk of harm existing, recent case law has likewise reaffirmed that police owe no general duty of care to members of the public<sup>9</sup>, nor to victims of crime<sup>10</sup>. There appeared on the face of it at the time of the second visit nothing in Ms Ahmed's attitude toward police, nor the circumstances in which she was found, to engage an immediate duty of care. She had apparently made threats to self harm earlier, and there was evidence she had been drinking, which may have led to some temporary *diminishment* of her capacity, but it is clear from the reports of her words and actions on both occasions that she still retained sufficient 'capacity' to pass the test set by the legislation, that is, to understand her situation, and to make decisions about it which she did indeed communicate – forcefully – to the officers present. Nor was there anything in her immediate behaviour or surroundings to suggest that she was at imminent risk. The option for her to self-refer via the LAS and A&E to mental health support was available, but not exercised.

Thus, despite the call which had prompted their attendance, at the time of the second police interaction with Ms Ahmed, her clearly stated and unequivocal rejection of the aid offered, together with an absence of any observable, *immediate* intention to harm herself which might otherwise have mitigated against her apparent capacity, makes it difficult to see what more officers could or should have done within the law, *even if* they had possessed perfect knowledge of her previous history and recent allegation. She was under no obligation to engage with the officers if she did not wish to. It follows from this that the question of rapport becomes somewhat moot at the point Ms Ahmed clearly stated her wish to see the police depart.

---

<sup>8</sup> (1998) 29 EHRR 245

<sup>9</sup> e.g. *Michael v The Chief Constable of South Wales Police* [2015] UKSC 2

<sup>10</sup> *Brooks v Commissioner of Police for the Metropolis and others* 2005, [2005] UKHL 24



Chief Inspector ██████ again:

*"Police powers of any sort to deal with a Mental Health incident within a private address are limited. The recent Dept of Health/Home Office review of Sections 135 & 136 of the Mental Health Act has resulted in Parliament choosing not to provide police officers with any specific power by which they could support people suffering from Mental Health illness within a private dwelling... This makes voluntary attendance to an A&E a reasonable and viable alternative for persons in distress. We must remember that people frequently do self admit to A&E when struggling with Mental Health, as Mental Health Services are often difficult to access, especially out of hours. We must also remember that the London Ambulance Service's own pathway into mental health services is via an A&E. LAS do not have any direct pathways into a Mental Health Place of Safety."*

### **Concerns re points 4 & 5 above: Information available and shared**

This brings us to the second strand of the Jury's criticism, the lack of information sharing regarding Ms Ahmed's history between police colleagues, and between police and LAS at the scene.

Firstly, it is important to recognise that the totality of information available to police in dealing with vulnerable persons is greater now than it was in 2014. A key part of this is the Vulnerability Assessment Framework (VAF), introduced to the MPS in January 2014, and rolled out across the following year to the whole frontline officer workforce through regular training days.

This is a cognitive tool designed to support our frontline first-responding staff, deliberately designed to extend officer awareness of potential 'vulnerability' in a subject group, from those narrowly captured within, for example, the terms of the Mental Health Act, to *all* persons coming into contact with police.

The intention is to assist MPS police and staff in recognising any such vulnerability, temporary or permanent, occasioned by any source at the earliest stage of any contact; then to maximise opportunities for referral to other agencies for early intervention, to prevent a vulnerable person becoming a victim or suspect at a later stage. 'Vulnerability' is understood therefore to be potentially present in the moment of *any* initial contact, and may arise from permanent mental or physical impairments; temporary adverse reactions to prescribed medications; substance abuse; mental health issues; or transitory emotional distress. The officer may or may not know what the *cause* is, and such knowledge may or may not assist in the present situation. Regardless of cause, the emphasis is on recognising *effects*, and then dealing appropriately with those. The VAF outlines five key factors - the 'ABCDE' - that must be considered when assessing individuals that police have contact with. These are:-

- Appearance
- Behaviour
- Communication/capacity

- **Danger (caused or exposed to)**
- **Environment/circumstances.**

If three or more of these factors give cause for concern, consideration using professional judgment should then be given to whether an appropriate protective safeguarding pathway is required. Where three out of the five VAF areas are identified, then a 'Merlin' database entry for a 'Vulnerable Adult' must also be created as a minimum, and a safeguarding response documented. These details must also be captured on the crime recording system 'CRIS', if a crime is alleged.

The officer will also be encouraged to adopt a 'CARES'<sup>11</sup> approach at the scene:

***C** ontain the situation - rather than restrain.*

***A** pproach within view of person. Avoid approaching from behind.*

***R** educe distractions - helmet off, turn radio down, one officer talking.*

***E** xplain what you are doing (simple language) and listen to the person.*

***S** low down your actions and give the person more space. Seek the help of a relative or Carer."*

It is also necessary to recognise however, that adults with evident capacity are entitled to make 'lifestyle choices' without state interference, even if these are, objectively considered, bad ones. Considered in isolation, individual instances of such behaviour may or may not warrant the creation of a 'Vulnerable Adult' entry on the [REDACTED] database (officers always have discretion to record an entry, even if less than three of the 'ABCDE' factors are present at a single encounter, if in their professional opinion, an entry is warranted.) The intention is that over time, police will, through this mechanism, naturally build a searchable 'corporate memory' of contacts with vulnerable persons, or persons whose vulnerable behaviours have brought them into contact with the police. This history also then provides the basis for tracking the diversion of such people to organisations better equipped to meet their needs than the police. These options, however are for the most part 'slow time' actions, that is, for after-the-event consideration, within the secondary stages of investigation.

However, at the time of an encounter, this type of in-depth intelligence, whilst accessible directly to any officer making their own *enquiry* (in preparation for a pre-planned visit, for example, or, as DS [REDACTED] demonstrated, in undertaking his risk assessment) would not have been *automatically* provided to first responders. These officers are tasked in 'fast time' in response to calls received by the MPS Command and Control Center, MetCC. In both of the two final encounters with Ms Ahmed, it was uniformed patrol officer first responders who were initially seeking to build rapport with her, reliant in the first instance on the necessarily more limited 'deployment intelligence' provided for officers in their role. As Chief Inspector [REDACTED] Professional Standards Champion at Met CC explains:

*"The provision of intelligence and the Service Level Agreement that had been agreed with [Met Police] business groups at that time was that [MetCC] would provide 'deployment intelligence only' that is, primarily officer safety information, unless the*

<sup>11</sup> Source: Phase 1 Officer Safety Training Lesson Plan, 'Safety In Mind' Mental Health DVD input, created 10.02.15

call concerned 'absent' children or a limited number of other pre-identified 'high risk' categories of calls, for example, firearms or extended response domestic abuse calls, which attract an enhanced level of background intelligence enquiries.

In 2015 this process was reviewed as part of the 'New Way of Working' and was cemented within that document. Between August and October 2015 1300 Met CC staff were briefed on the provision of 'deployment intelligence', and as a result, in excess of 40,000 more deployments have since been made where officers have received actionable intelligence before Time Of Arrival on scene. This is an improvement in the timeliness of our provision of deployment intelligence, but it is important to understand the constraints under which this 'fast time' intelligence research must take place.

For the information to be most useful, it must be obtained and made available to the responding officers between the time of the receipt of the call, and the arrival of officers on scene at it. We aim to arrive on scene at an 'Immediate' (I- grade) call within 15 minutes 90% of the time. We aim for an S ('Soon') grade response time of within 60 minutes 90% of the time.

To cope with the volume of emergency calls received within the limits of staff available to field those calls, our call handlers therefore must deal with each call within an average of 371 seconds. In November 2014 Intelligence for all Computer Aided Despatch reports (CADs, the typed location and incident-type records used to document assigned units and capture outcomes) was provided by a centralised intelligence function split between Lambeth and Bow MetCC centres. This is now based entirely at MetCC Lambeth.

Intelligence checks are conducted on all I and S grade calls and added to the working CADs. If relevant the despatcher will then alert officers at the scene. MetCC operators are trained to provide deployment intelligence for Officer Safety issues only. At the time of this incident, the information that Ms Ahmed had called the previous day would have been available to the despatcher because the caller's number and other details would have been highlighted on the CAD screen. If the despatcher had clicked on one of the highlighted headings, the previous days' deployment would have been visible to them. It would be best practice for this to be done, but it is not mandatory, nor always practicable. As Ms Ahmed did not show any known officer safety concerns from the previous day's call, despite this information being available on other MPS intelligence systems relating to visits on other earlier occasions, no additional intelligence would have been provided via this route.

Fast-time Intelligence checks however are now conducted using the [REDACTED] through which a single query will search the separate [REDACTED] databases. The search is conducted using data input by the operator, a drop down menu for officer safety risk and a key words search relating to officer safety. Officers use the mnemonic [REDACTED] to structure the searches: [REDACTED] [REDACTED] [REDACTED] index and T-Telephone numbers. PNC checks are also done separately, if names and dates of birth are known.

Despite the 'quick overview' this search provides, limitations within our current search functionality means that the only way to be sure of gathering all relevant data on a

*venue, victims, suspects etcetera is to read each of potentially very many information reports, Police National Computer records, Merlin entries, Crime reports, custody records and so on in detail. Since each one of these record types could run to many pages, this task is clearly not capable of being undertaken within the minutes or seconds available to assist our first responders.*

*Given these time strictures it remains beyond the current capability and capacity of MetCC SCO37 to provide a failsafe, all encompassing intelligence function for first responding officers. The expectation therefore must be that the focus of 'deployment intelligence' remains high risk officer safety intelligence.*

*Officers at the scene of an incident must continue to conduct their own dynamic risk assessments, investigate the incident and apply professional judgement to their decision making process This may then include them seeking 'further and better particulars' through local colleagues conducting more detailed research on our systems, either via radio from the scene to their local 'Grip & Pace' borough intelligence support if available (though not all 'Grip & Pace' intelligence functions are staffed 24/7); or later, in person, when time and circumstances permit."*

In short, to answer the concern regarding information sharing; at the time of the first incident, the initial responding officers had no *automatic* method of accessing the historical information available to an in-depth manual interrogation of our systems; and officers at the second call would likewise not have been *automatically* alerted to the existence of the call the day before. In both cases the attending officers would have had to initiate their own requests, if they felt they needed further background information. It was not practicable then, nor is it now, to provide full disclosure to initial attending officers of all possible intelligence relevant to the venues and parties they deal with, which may be held within the greater police intelligence structure, within the time frame of an emergency response.

Moreover, the question must again be considered: even if this information had been available, what *practical* difference could it have made to the officer's handling of the incident, given Ms Ahmed's clearly stated rejection on both occasions of police involvement? Steps were still being taken to progress the enquiry from the suspect side; had Ms Ahmed lived, further low-key overtures by a SOIT officer would have doubtless been made to engage with her, outside of the inherent drama and potential conflict of an emergency uniformed response. Unfortunately, this was not to be.

### **In conclusion**

Faced with the (all too common) dilemmas raised by 'crisis' interactions with variously vulnerable people, the lesson the MPS has taken from such cases in our training and support of front line officers is to foreground a victim-centered approach, as discussed above. In sum, this means:

- Ensuring that our officers and staff receive appropriate training and support in engaging with vulnerable persons (e.g. VAF, CARES)
- Ensuring our frontline officers and staff receive appropriate advice on initial reporting of sexual offences - via 24/7 intranet access to best practice guides & expert on-call specialists

- Reviewing our protocols for the deployment of Sexual Offence trained specialists
- Reviewing the management and sharing of information from our call handlers to our response officers; as in the 'New Way of Working' discussed above; and between the MPS and our partner agencies, via such initiatives as the MPS/LAS Memorandum of Understanding, and other multi-agency fora.

The concerns raised here regarding police interaction with Ms Ahmed are also closely echoed in the thematic groupings of the MPS response to the Angiolini Review, already under way at the time of this incident, which similarly addresses:

- The service provided to victims
- Supporting our practitioners
- Accountability and continuous improvement
- Legislative change

Common to Dame Angiolini's critique, our response to it, and the Joint National Rape Action Plan is the recognition that the past several years has seen some success by the Police and the Crown Prosecution Service nationally in encouraging the reporting of sexual assault. In the same period London has also seen increasing diversity in and growth of its' population. The consequence of these elements combined is a concomitant increase in the workload of the specialist 'Sapphire' units tasked with investigating sexual offences, which are amongst the most technically demanding officers deal with, as the Angiolini review notes:

*"With a population in excess of 8 million, London's size and geography make unique demands on policing. It is also by far the most ethnically and culturally diverse city in the United Kingdom, a diversity that is reflected in the profile of complainants and suspects who the police encounter when investigating cases of rape. The rise in the number of reports of rape year on year present the police with an enormous challenge in London, especially given the complexities of investigating rape, a challenge which is not made any easier by overstretched resources."*

[Review., para 5, p. 10]

Commissioner Sir Bernard Hogan-Howe acknowledges that these pressures have required a reconsideration of the police response, including within the 'Sapphire' units, and he has committed to providing the resources to make this possible:

*"I accept that there is an acute need for increased capacity and capability on the Sapphire teams and I will ensure that the future structure and resourcing model is designed to meet the demands of increased reporting levels and promotes a working environment that is caring and supportive of its officers. Linked in to this is my commitment to invest in training to ensure that first responders and investigators are equipped with the tools they need to perform their roles to the highest standard."*

[Response, p.10]

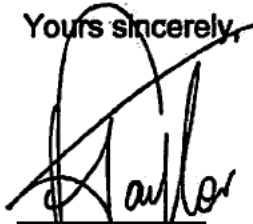
There is also acceptance that the police cannot undertake this work alone; a large number of the recommendations in the Angiolini and National Plan recommendations address improved criminal justice practices, to be led by the Crown Prosecution Service. There is also a

recognition at initial investigation level of the value of the 'Haven' Sexual Assault Referral Centres run jointly by the MPS with the NHS. The aspiration here is to expand and enhance the role of Havens in their key tasks of capturing best early evidence, and in supporting victims.

It sadly must remain unknown what level of rapport our specialist sexual offence investigators might have been able to achieve with Ms Ahmed, had she lived to engage with them.

We must acknowledge however that even with an enhanced fast time intelligence capability, and our improved training of frontline officers in dealing with vulnerable persons, we are still bound by law to respect the autonomy of any innocent member of the public demonstrating sufficient capacity to decide *not* to engage with us, even if they have previously sought our aid. Through training and technology we can maximise the likelihood that rapport will be established and a working alliance established, and even, where other sources of evidence exist, and it is in the public interest to do so, pursue 'victimless' prosecutions. But we can never guarantee that rapport will be established with all victims in all circumstances.

Yours sincerely,



Deputy Assistant Commissioner