

Miss Emma Brown
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29th March 2022

Dear Miss Brown,

Re: Regulation 28 Report to Prevent Future Deaths – Adam Marshall Elliot Stone who died on 12 September 2019.

Thank you for your Report to Prevent Future Deaths (hereafter “Report”) dated 27 January 2022 concerning the death of Adam Stone on 12 September 2019. I would like to express my deep condolences to Adam’s family.

I note the inquest concluded Adam Stone’s death was a result of consequences of Cocaine Toxicity and Coronary Artery Atheroma with Acute Behavioural Disturbance.

Following the inquest, you raised matters of concern as follows:

1. Acute Behavioural Disturbance (ABD) is an umbrella term to describe a presentation which usually includes abnormal physiology and/or behaviour. ABD is not a diagnosis or a recognised syndrome, but rather a term used to describe a combination of signs and symptoms of aggression and agitation with physiological abnormalities, often associated with a cause (drugs, mental health disturbance or medical condition). The presenting behaviour can range from mildly erratic, to a state of extreme agitation, and physical exertion. Patients have signs of sympathetic autonomic dysfunction, such as significant tachycardia, marked metabolic acidosis and hyperthermia. These are associated with multi organ failure and death. Police Forces and Emergency Departments regard ABD as a medical emergency because of the risk of sudden death.
2. ABD has no specific antidote or treatment as it is the underlying cause that needs to be identified and treated. The main principles of treatment are to calm the patient, cool them down and provide supportive treatment as much as possible. Sometimes de-escalation cannot be achieved, and restraint is required in the interests of the patient, members of the public and carers.

Physical restraint should always be kept to a minimum because resistance to it increases the physiological burden to the patient and therefore the risk of death. Sedation is rarely available outside hospital and therefore the key is getting the patient to hospital as soon as possible to avoid or minimise restraint.

3. Currently the triaging tools used by ambulance services, namely NHS Pathways and Advanced Medical Priority Dispatch (AMPDS), categorises ABD as requiring a category 2 response. A category 2 response has a mean average response time of 18 minutes from categorisation of the call, up to a maximum of 4 minutes from the start of the call.
4. The inquest heard evidence from 2 expert witnesses, who gave evidence that, in their opinion, severe ABD should be given the highest priority by Ambulance Services. However, one witness did feel that there should be some assessment of severity as mild cases of ABD do not create the risk of death that warrants the category 1 response. A suggestion was that restraint could be used as the trigger for a designation of category 1 for ABD given that the need for restraint both indicates that the case is severe and is actually increasing the risk of death.
5. The continuance of a system which does not allow a category 1 response in severe case of ABD where restraint is taking place is putting lives at risk.

NHS Ambulance Services are required to process 999 calls through a triage system approved by the Department of Health and Social Care. There are currently two systems approved in England for primary 999 assessments: NHS Pathways and Advanced Medical Priority Dispatch System (AMPDS). The outcome (disposition) reached at the conclusion of the initial assessment must be mapped to approved, contracted standards. There is a requirement to map these outcomes to the various categories set out within the NHS Constitution and Ambulance Service 999 contracts. The production, maintenance, review and revision of this dataset is the responsibility of NHS England and NHS Improvement as the owner of the dataset. The ambulance sector within England has a vital role in providing information, evidence and expert advice to NHS England and NHS Improvement regarding the dataset and the prioritisation of emergency calls. Both triage systems assign a Category 2 (emergency) response to suspected cases of ABD.

ABD is not common and it is very difficult to identify the difference between agitation, antisocial behaviour, deliberate violent behaviour and ABD, which is not a specific condition with a set of defined symptoms. There is no reliable way to determine mild or severe ABD in the pre-hospital setting and certainly not on the phone during a triage process.

Category 1 responses are reserved for immediate threat to life illnesses or injuries and ambulances are diverted when en-route to other emergencies in order to respond to Category 1 patients. Cases of suspected ABD should be assigned a Category 2 response which is the immediate dispatch of an emergency ambulance, however, ambulance services are advised that a senior clinician within the control room should be made aware of the potential ABD incident to assist with decision-

making and if necessary, this would in certain situations include upgrading the incident to a Category 1 if the patient's condition indicated that it was appropriate. The Association of Ambulance Chief Executives and the Joint Royal Colleges Ambulance Liaison Committee (JRALC) issued an update on ABD in January 2021, which included additional wording to emphasise the need for close monitoring of a patient when restraint is used and that the clinician is clinically responsible for the patient. A copy of the JRALC updated guidance is being shared with this PFD response. Please note that the guidance has been approved to share with yourself and not for circulation or redistribution.

NHS England and NHS Improvement are in the process of writing to ambulance services regarding clinical oversight and will include a reminder that ABD calls should have oversight of a senior clinician in the control room and calls should be upgraded to a Category 1 if the patient's condition deteriorates or if the patient is being restrained.

Thank you for bringing this important patient safety issue to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,



National Medical Director