



PRIVATE AND CONFIDENTIAL

Mrs Heidi Connor
HM Senior Coroner for Berkshire

9th February 2023

Dear Mrs Connor

We are writing to you in response to the concerns that you highlighted following the inquest hearing into the sad death of Neal Saunders that concluded on 2nd December 2022. Thank you for allowing us the time to review and respond to your concerns.

To confirm, your Regulation 28 report was predominantly aimed at the national bodies responsible for providing training and guidance to police and ambulance service emergency personnel. Within that report, you asked the South Central Ambulance Service to consider working jointly with Thames Valley Police (TVP) to review our policies and training as suggested by our Medical Director during the evidence he provided to you.

I am pleased to inform you that in addition to meeting with representatives from TVP, we have also participated in discussions with representatives from the College of Policing and the Association of Ambulance Chief Executives in relation to the written Joint Royal Colleges Ambulance Liaison Committee (JRCALC) UK ambulance service clinical practice guidelines provided to ambulance staff and the training slides delivered to police officers.

Accessing JRCALC guidelines.

As you will be aware from previous correspondence and engagement with the Trust, we provide our staff access to the JRCALC guidelines via the mobile APP. This ensures that they are able to access the most up to date version of the guidance for any condition or set of circumstances they may be presented with when they are with the patient they are treating. Whilst it was apparent during the evidence that you heard that the paramedic involved in this specific case, who worked for a private provider rather than the Trust, was not aware of some of the specific wording of the guidelines, he was aware that placing someone in a prone position should be avoided generally. From our review, there is no evidence that staff employed by the Trust have experienced any difficulties in accessing the guidance whether due to them being unaware of how to or because of technical difficulties in doing so. We are therefore confident that staff will always be able to review the guidelines when necessary.

Guidance regarding restraint.

We are aware that nationally, there is not a definition of what would constitute prolonged restraint. Evidence was provided to you regarding this during the inquest hearing. The guidance currently provided to ambulance staff confirms that any form of patient restraint should be kept to a minimum and the form of restraint must be justifiable based on the circumstances. Currently ambulance personnel do not receive any specific training regarding physical restraint. We are aware that The Association of Ambulance Chief



Executives (AACE) has recently appointed a national lead in relation to this with the intention that a national training standard specific to ambulance personnel will be produced. We have liaised with them regarding this as well as exploring the options that could be available for the design of a training package for our staff. This project of work is ongoing and we will of course ensure that any training that is delivered in the future is compliant with any national standard that is set by AACE.

In the interim, it is our intention to strengthen the direction we provide to our staff to ensure there is a clear understanding of the role they must play when attending to a patient who is subject to restraint by police officers or has been restrained prior to our attendance. The guidance will confirm that once in attendance ambulance personnel are clinically responsible for the wellbeing of the patient and they must work with police officers to ensure that any restraint is subject to continuous review and adjusted where appropriate to ensure the wellbeing of the patient whilst they are conveyed to a definitive point of care. This will include making enquiries regarding the length of time the patient has been subject to restraint prior to the arrival of the ambulance crew. The guidance will also reiterate the risks of placing the patient in a prone position whether during conveyance or whilst being treated on scene to ensure as far as possible there is a clear understanding of these risks and how to avoid them.

If required, we would be happy to share these guidance documents with you once they have been finalised and signed off by our relevant internal review groups.

Joint working with TVP

In relation to the steps that we are taking to enhance our joint working with TVP, the following steps have been taken:

1. Call centre management
 - a. Our Head of Education and Quality Assurance (Clinical Co-ordination Centres) has met with their equivalent at TVP and shared NHS Digital's guidance document called 'Spotlight On: Acute Behavioural Disturbance (ABD)'. We understand that TVP intend to use this to update the training and guidance they deliver to their staff.
 - b. In addition we have drafted a directive regarding using the phonetic alphabet to pass over and receive information from other emergency services. As you know, in this specific case, the incorrect information was provided to the Trust by TVP which affected the category of ambulance response initially reached. Going forward, whilst the full name of the medical condition will always be confirmed, any acronyms will be handed over phonetically as well to minimise the risk of information being lost in translation.
 - c. We are also working with TVP to ensure that their officers are aware that our call takers will attempt to contact them at the scene so that a more accurate triage can be undertaken. Whilst it is recognised it may not always be possible for a police officers to answer their telephone, it is important that police officers understand the process that will be followed so that the appropriate category of ambulance response can be arranged for the patient.
2. Operational staff
 - a. It has been agreed and accepted by both TVP and SCAS that regrettably due to operational demands, joint face to face training is not currently feasible. This will however be kept under review.
 - b. The intention moving forward is for each organisation to regularly share guidance and policy documents to promote joint understanding and cohesive working.

I hope that this letter has adequately addressed the concerns that you have raised. Should you wish to discuss these matters further, please contact [REDACTED], Head of Legal Services at SCAS who will be able to facilitate this.



Yours sincerely,




Chief Executive