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Thames Valley Police
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Date : 09/02/2023

Mrs Heidi J. Connor,
Senior Coroner
Berkshire

Re: Inquest into the Death of Mr Neil Saunders
Response to Regulation 28 Report/Prevention of Future Deaths

Dear Mrs Connor,

Thank you for your report sent by letter dated 15th December 2022 under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013 in respect of circumstances surrounding the untimely death of Mr Neil Saunders.

Your report contains the following matters of concern:

The key concerns around training can be summarised as follows:-

1. How long is “prolonged” restraint?
2. One of the witnesses questioned whether the guidelines applied at all if somebody is under arrest, particularly regarding “contain rather than restrain”. Given that these are police guidelines, it seems to me likely that they would apply, whether a person is arrested for public order offences or other matters (but that should be clarified).
3. The College of Policing slides regarding ABD state that a “Cat 1 call” should be made to the ambulance service. The slides go on to say that the ambulance service should respond to ABD as a “category 1” [response]. It is clear that categorisation would be a matter for the ambulance service rather than the police, and this training may result in inappropriate expectations on behalf of officers at scene, who are expecting an ambulance to arrive more quickly than it in fact does. This in turn could affect their decision-making.
4. The guidelines also refer to providing “chemical sedation”. This appears to me to indicate an incorrect understanding of what is likely to be done medically by a first responding paramedic or emergency care assistant.

5. It was interesting to note that the parts of the training the officers did seem to remember were around when the training was provided in a very physical way (around positions for restraint etc.) and the final slide “ABD = A&E”. It appears that the more “classroom based” training is less well received. I understand that the College of Policing is changing its methods, and it may be that an educational consultant with policing background could assist with this in trying to achieve training that will stick with those being trained more effectively.

6. Is there a better way for the College of Policing to ensure that the training has worked and is embedded?

Training generally

I raise 2 points here:

1. Checking of guidance which is infrequently used
2. Joint training with ambulance services

Response to the Regulation 28 concerns

On receipt of your letter, Thames Valley Police (“TVP”) convened a group, chaired by Chief Superintendent [REDACTED], to address your concerns. This group comprised of senior representatives from the College of Policing (CoP); South Central Ambulance Service NHS Foundation Trust (SCAS); Association of Ambulance Chief Executives (AACE)/ National Ambulance Services Medical Directors (NASMeD)/JRCALC); and TVP’s Medical Director [REDACTED], Consultant in Emergency Medicine and Pre-Hospital Care.

Our response to the specific matters of concern set out in your notice are detailed below.

1. How long is “prolonged” restraint?

- The College of Policing have advised that there is no set definition for ‘prolonged restraint’. As a result, and on the advice of [REDACTED], the teaching outlined below will be based on the assumption that within individuals, the physiological changes that can take place during restraint are dynamic, in that they are different for each person and in each situation. The teaching will reinforce Officer’s staying alert to the needs of the subject at all times.

2. Clarification of ‘contain rather than restrain’

- At any incident, Officers will have a range of tactical options available to them in terms of the subject management. Using the National Decision Model (NDM), Officers will decide on what tactic(s) may be necessary, justified, proportionate and legitimate. The decision to contain rather than restrain is for the Officer to consider, and applies whether the subject is under arrest or not. The Training

material on this issue has been updated to ensure that Officers understand this point.

3. Police expectation of a 'Category 1' response by Ambulance Service

- Guidance received from SCAS and the AACE has clarified the nationally mandated list of Category 1 call 'types' and the descriptions. The AACE have confirmed that ABD would be classified as a Category 2 incident. This will only be upgraded to a Category 1 if the clinical picture dictates it. As a result, TVP's teaching materials have been changed to place greater emphasis on the signs and symptoms of ABD and the physical effects of restraint.
- On contacting Ambulance Services, Police Officers, Special Constables, Police Community Support Officers, and Detention Officers will be taught to be as accurate as possible in describing a subject's history (appropriate for the level of an Emergency First Aider), signs and symptoms, and the importance of providing updates to any changes in condition.
- The original references to ABD being classified as a 'Cat 1' Ambulance Response and the use of 'chemical sedation' which was included in the CoP's ABD E-Learning package, have been removed by TVP and training materials updated in accordance with the guidance from SCAS and the AACE. As such, it will still be taught that ABD is considered a medical emergency.

4. Guidance referring to 'chemical sedation'

- *Please see response above.*

5. Classroom based verses physical training scenarios

- TVP's response includes new learning materials and programmes for all frontline Officers and Staff who have direct contact with the public. This learning will be blended learning which will include classroom-based inputs, supported by written material and subject to practical assessments, which will include a physical scenario to consolidate learning as set out below.
- Police Officers, PCSOs, Special Constables and Detention Officers (as defined above), are required to achieve re-accreditation in Public and Personal Safety Training (PPST) and First Aid Training annually, as mandated by the College of Policing.

Public and Personal Safety Training:

- In April 2023, the College of Policing are introducing a new PPST 2-day training and assessment re-accreditation programme for all Forces nationally. The new programme will be based around six scenarios to aid officer's learning and the retention of knowledge and skills. Forces have until the end of March 2024 to introduce the new programme, which is due to go live in TVP on 14th November 2023.

- Before the introduction of the new CoP PPST programme, TVP will be re-accrediting Officers and Staff who require re-accreditation prior to November with an updated training package. Delivery of the new 1-day package (called PST Mod 1) will start on 2nd March 2023 through to November 2023.
- PST Mod 1 training will start with an operational update presentation, designed to cover the organisation learning from the Neal Saunder's Inquest, ABD and issues related to Prone Restraint. Officer's will receive refresher training on what ABD is; it's physical signs and physiological symptoms; how it should be treated as a medical emergency; and how Officer's should call for an Ambulance and update the Police Control Room. Officer's will also be refreshed in the application of Prone Restraint and the safety considerations around signs and symptoms of positional asphyxiation, and the use of the National Decision Model (NDM) and the principles behind the use of a Safety Officer to act as an advocate for the subject.
- Learning related to the Operational Update Presentation will then be reinforced and assessed within the practical elements of the training day, this includes a 4-stage layered scenario. The scenario is designed to escalate through from a compliant subject (at Stage 1), to a non-compliant subject who becomes unresponsive during control, requiring the officers to recognise this and take the appropriate action (at Stage 4). Training will include an assessment of Officer's understanding of the impact of physical restraint; medical implications; consideration of 'contain rather than restrain (if safe to do so)'; communication processes, de-escalation, and the escalation of the medical emergency.
- Following the scenario, each Officer will complete the Mod 1 2023 written test which consists of 10 questions covering the knowledge areas of ABD and Prone Restraint. Those officers that do not achieve 100% will be notified, along with their Supervisor and the appropriate development learning will be sent in an e-mail with the appropriate presentation for the Officer to review.
- The Training Resources relating to the training described above can be provided at your request, should you wish to view them. These include:-
 - ✚ **PST Mod 1 Lesson Plan 2023** – This document summarises the content that sets out the aims, objectives and timetable for the training
 - ✚ **PST Mod 1 Op Update Presentation 2023** – PowerPoint presentation that addresses Service Improvement Requirement (Reg. 28), What is ABD, How it presents, What do we do, Prone restraint, National Decision making Model (NDM) and NDM Subject perspective.
 - ✚ **PST Mod 1 Operational Update Trainer Notes 2023** – Trainer notes are documents that trainers use as reference and provide the detail of the content to be delivered by the training team to ensure consistency.
 - ✚ **PST Mod 1 Layered Scenario 2023 – Trainer Notes**
 - ✚ **PST Mod 1 Positional asphyxia Drill 2023 – Trainer Notes**
 - ✚ **PST Mod 1 2 Officer Control**
 - ✚ **PST Mod 1 Written Test**
- The relevant sections of TVP's PST MOD 1 training material have been reviewed by the CoP and feedback incorporated.

First Aid Training:

- To reinforce the organisational learning further, TVP will also ensure that additional training material is included within all First Aid and Medics training programmes from the 1st May 2023. This will ensure that Officers and Staff who have direct contact with the public will receive key aspects of this learning within both their mandatory training inputs (PPST and First Aid re-accreditation, i.e. twice in any year).
- The material added into First Aid training will include an expansion of the CoP material on Acute Behavioural Disorder (ABD), written in conjunction with the guidance received from SCAS and AACE to ensure consistency. This will include signs and symptoms related to ABD, and the physiological effects of restraint; guidance on information to Ambulance Control and why ABD is a medical emergency.
- New material added to the E-Learning element of First Aid / Medics Training packages is assessed within the practical skills assessment phase of courses. This blended learning approach ensures Officers and Staff have and retain access to the knowledge components of their training, whilst the practical skills assessments test that retention and application.
- The Training Resources relating to the training described above can be provided at your request, should you wish to view them. These include:-
 - ✚ **First Aid Training** – additions to E-Learning 2023
 - ✚ **HSD1C First Aid Trainer Notes 2023** – reference notes and content detail for the training team to ensure consistency.

Initial Training (Police Officer, Police Community Support Officer, Special Constable, Detention Officer):

- Initial training programmes for all Police Officers and Staff in Public and Personal Safety Training and First Aid, are being updated to include new material on ABD and restraint, and a written test included to check knowledge. As with reaccreditation training, practical skills assessments will further check that the knowledge components have been retained, and skills applied correctly.
- The training resources relating to the training described above can be provided at your request, should you wish to view them. These include:-
 - ✚ **Foundation ABD PowerPoint**– Amended and will be delivered until the new the CoP ABD guidelines and package is available.
 - ✚ **Foundation ABD Trainer notes** – Updated to include learning and good practice identified.
 - ✚ **Foundation written Test** - updated to include questions on ABD.

Contact Management Training

- Training specifically focused on Control Room and Contact Centre staff will begin in May 2023. This will raise awareness around Acute Behavioural Disorder, its

signs and symptoms; what to do if officers are at scene with a suspected ABD patient and why this is a medical emergency. The training will also raise awareness that when dealing with ABD, the importance of using the full name of the medical condition and not using acronyms, especially when passing details to SCAS. In the interim, all staff will be briefed on this specific point. The briefings will be conducted by an Inspector/Operational Duty Manager at their place of work and all staff receiving this briefing will sign to say they have understood what is expected of them.

- It is worth noting that last year, 2022, the Contact Management PCR, Contact Management Centre and Front Counter Staff all received bespoke NDM THOR (Threat Harm Opportunity and Risk) training delivered by the departments' key decision makers, Force Incident Inspectors and Operational Duty Managers. This training was designed to support and equip our staff making better-informed decisions when managing open incidents and receiving calls from the public.
- There is no written protocol around how a medical emergency is relayed to the Ambulance Service from Police. It is decision, based on circumstance as to who is best to pass the most accurate and timely information. The training will include the following - if the officer at the scene suspects ABD, then the Control Room Operator will state to the ambulance call taker that 'acute behavioural disorder' is suspected, and fully document this in the incident log. The Control Room Operator will inform the officer on scene that the Ambulance Service will be ringing their mobile phone, for greater detail of the patient's symptoms and situational awareness. If circumstances allow, best practice will be that the officer on scene rings 999 and speaks directly to the Ambulance Service. This will be an auditable interaction via the Ambulance Control Rooms recorded lines and the officer will have initiated their Body Worn Video.
- Due to the dynamic nature of ABD and associated medical conditions, it is extremely difficult for Control Room Operators to assess if, or when to proactively remind officers of guidance in this area. The College of Policing does not provide a definition of prolonged restraint and several factors such as age, health, substance misuse and fitness may not be apparent to Control Room staff. Planned training will address this issue. By using the National Decision Making Model and inputs on THOR, Control Room staff will be encouraged to use their professional curiosity and proactively interject reminders to officers on scene relating to ABD and Prone Restraint 'SNAP Guidance' products. In a similar way, Control Room staff sometimes remind officers around Body Worn Video use, Personal Protective Equipment and Stay Safe advice.

6. Assessing and embedding training

- Measures taken to assess knowledge and skills and reinforce learning and retention are set out in the answers above.
- However, because any annual recertification programme will take time to reach all front line Officers and staff, TVP will issue an operational briefing by the end of February 2023, to highlight the key organisational learning and draw attention to the new SNAP Guides on ABD and Prone Restraint.

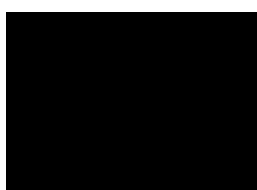
7. Checking of guidance which is infrequently used

- In response to the Reg. 28 section which states 'I consider that police officers should be mandated to review guidance (whether APP guidance or otherwise) in any scenario that they have not (or not recently) dealt with', we have considered whether it would be practicable to mandate officers to periodically review what amounts to 282 SNAP Guides, 222 Operational Guidance notes, and APP covering a 24 areas. Given the high volume of this guidance, this has not been deemed practicable.
- TVP have mechanisms to communicate guidance e.g. through LPA operational briefings, and where risk is identified we already mandate completion of training or viewing of operational guidance.
- The Governance and Service Improvement Unit have designed a number of condensed versions of operational guides, known as 'SNAP Guides' to act as Aid Memoirs or Field Guides for operational Officers and Staff. These are available on operational mobile phones, and a number of communication initiatives to publicise the SNAP Guides, including visits to LPAs have taken place.
- Two new SNAP Guides to cover ABD and Prone Restraint are being designed (to be compliant with feedback received from the CoP) and will be available and disseminated by the end of February 2023.
- In addition, within PPST training, which includes the National Decision Making Model (NDM), specific guidance on how to apply the NDM to manage vulnerability, has been included.

8. Joint training with ambulance services

- TVP has been in contact with SCAS regarding the feasibility of joint training. It has been jointly agreed that logistically this would be difficult to achieve with the current recruitment and operational demand volumes. However, the benefits of greater sharing of guidance documents was evident and there is a clear appetite from TVP and SCAS for this to continue. The mechanism for this will be via the Clinical Governance Board chaired by the Assistant Chief Constable for Joint Operations and Contact Management.

I hope the actions taken by TVP go towards satisfying the concerns you have raised with regard to the sad circumstances around Mr Saunders death, but please do not hesitate to contact if you have anything further for us to consider in this regard.



Yours Sincerely



Chief Constable Thames Valley Police