College of Policing | Leadership Standards Performance

College of Policing
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Ms Alexandra Pountney
Assistant Coroner
South Yorkshire (West)

19 September 2025

Re: Regulation 28 Report – Kaine Regan Flecther

Dear Ms Pountney

Thank you for your report dated 25th July 2025 concerning the tragic death of Kaine Regan Fletcher. We extend our sincere condolences to his family and all those affected.

We have carefully considered the matters of concern raised in your Regulation 28 report. This response outlines the College of Policing's position on Acute Behavioural Disturbance, and police training in respect of the Mental Health Act. In relation to the operational elements and local partnership working, we have been in contact with Nottinghamshire Police and understand that a number of measures are being implemented and a full response to the concerns you have raised is being provided.

1. **Acute Behavioural Disturbance (ABD)**

ABD is addressed in the College of Policing's First Aid Learning Programme (FALP) under learning outcome 9 '*Explain acute behavioural disturbance – recognise the signs and symptoms of acute behavioural disturbance'* (Module 2 and 4). Police forces are required to train this learning outcome for all public facing officers.

The National Police Chiefs' Council (NPCC) clinical panel recognises the complexity of ABD and following a meeting on 17th July 2025 the panel discussed the need to develop material to support the service's management of incidents of ABD. This has led to the following actions:

- The panel is currently reviewing existing guidance developed by the Faculty of Legal and Forensic Medicine, alongside representatives, with the intention of ensuring first aid training remains appropriate
- The panel has offered clinical support to the NPCC Self Defence & Restraint (SDAR) Group and ongoing work in the Public & Personal Safety Training (PPST) curriculum
- The panel chair raised the aim of developing consensus on ABD with the NPCC Health & Safety strategic lead

The College recognises the term 'Acute Behavioural Disturbance' (ABD) as an '*umbrella term for a variety of medical conditions that can cause a person to behave in a way that is out of character and potentially harmful to themselves of others'* – as set out within the training material the College provides for police forces. This is informed by the position set out by the Royal College of Emergency Medicine (RCEM).

The key emphasis of the College ABD training is about recognising the potential for serious harm and acting accordingly. In particular, the training emphasises the importance of avoiding the use of force, where possible. One of the key messages within the ABD training material, is to '*Avoid physical restraint unless absolutely necessary for the safety of the subject, self or public.'*

The College is aware of the recent Delphi study publication, titled; *Consensus on acute behavioural disturbance in the UK: a multidisciplinary modified Delphi study to determine what it is and how it should be managed.* Humphries C, et al. Emerg Med J 2023. The study concluded by setting out '*It is key that Acute Behavioural Disturbance should be understood to be a presentation, not a diagnosis.'*

The College guidance does not focus on diagnosis, instead the focus is on presentation as outlined in the College's ABD training. Since this was published, the Delphi study highlighted the need for consensus on shared terminology and offered some ideas in relation to using new terms, including the term 'Agitation' – The College of Policing sets out to support Health partners in leading and developing the work in this area.

This is an area that requires further research and an evidence base to inform national policy. The police's role in responding to ABD, particularly as a medical risk, needs to be informed and based on agreed guidance from our partners in Health – it is imperative that health should lead on areas of national health-related policy.

The College recognises that ABD presentation can lead to risks of serious harm, and therefore medical intervention by health professionals, who are the most appropriate agency with the skills and expertise, is crucial in these cases. This is consistent with the principles set out within the national Right Care Right Person (RCRP) toolkit. This does not however absolve the police from being involved where there is an immediate risk of serious harm, or where a crime is involved.

As it currently stands, the term Acute Behavioural Disturbance is a health term that is recognised across different agencies, and any changes to the term will have to be carefully mitigated to ensure that patients are not put at risk. The use of consistent, recognised terminology helps ensure appropriate response by emergency services and correct medical management. The Delphi study sets out, *'Specific terminology should be used to identify this group and provide a common language regarding prioritisation and management strategies'.*

The College is currently undertaking a review of the mental health Approved Professional Practice (APP), which will ensure that any development in the published guidelines in relation to ABD are updated to ensure consistency with updated health policy.

Right Care Right Person (RCRP) is a national initiative that has been adopted by policing and partners under the **National Partnership Agreement: Right Care, Right Person (RCRP) - GOV.UK** with the aim to ensure that vulnerable people get the right support from the right services. The RCRP toolkit went live in June 2023 and forces have continued to work with partners to ensure effective implementation.

The RCRP toolkit, hosted by the College of Policing, applies to calls for service about:

- concern for the welfare of a person
- people who have walked out of a healthcare setting
- people who are absent without leave (AWOL) from mental health services
- medical incidents, including conveyance

The focus of RCRP is to ensure vulnerable people receive care from the most appropriate agency. This will often not be the police. The Right Care Right Person toolkit sets out that forces should work with partners, as follows:

> *Protocols will need to be developed at a local partnership level to set out the lines of responsibility for each agency. Once agreed, these changes to ways of working must be communicated to staff within each agency and guidance provided.*

2. Transporting patients

Where the police remove a patient under section 136 of the MHA, the default mode of transport is by ambulance or other healthcare-led transport. Transportation using a police vehicle should only be in exceptional circumstances. This should be subject to risk assessment. See **Code of Practice: Mental Health Act 1983** (Department of Health, 2015).

The RCRP Toolkit sets out that '*Staff should be aware of inter-agency attendance and transportation arrangements when dealing with s135 and s136 MHA patients, as well as casualties*.' **https://www.college.police.uk/guidance/right-care-right-person-toolkit/force-control-room-implementation-guidance#13cbaa76-afc8-4491-b947-4e78b4b52a2f**

3. Police training on s.136 MHA 1983 detention and mental health

The College of Policing's Mental Health Training Programme provides learners with knowledge and skills that are required when responding to individuals with mental health conditions. The programme comprises a suite of learning standards for use at all levels of the service, setting out the learning requirements for staff working within different roles, and enabling progression so that learners can develop their understanding of the topic area as required for their role. The Mental Health Learning Programme is available via College Learn. The purpose of the programme is to ensure that officers and staff are able to recognise indicators of potential mental ill health and understand appropriate methods to communicate with and respond to people exhibiting those indicators. The programme specification and Trainer Guide has been updated as of October 2021.
The College training on ABD is also available via College Learn, which is accessible for all forces to use as part of their organisational training programmes.

The College of Policing provides the Mental Health Approved Professional Practice (APP) to assist forces in developing their policies and responses to incidents relating to people with mental ill health. Within the APP there is specific guidance on how officers should explain the detention of a person under Section 136 of the MHA, which can be found on the following link. **https://www.college.police.uk/app/mental-health/mental-health-detention#explanation-of-detention-avoid-the-use-of-arrest-terminology**.

The College has liaised directly with Nottinghamshire Police and highlighted the current guidance available and following this we are aware that they have now developed specific guidance, based upon the APP guidance, for frontline officers to use when exercising this power.

4. Commitment to Continuous Improvement

The College remains committed to supporting forces in delivering lawful, proportionate, and effective responses to incidents. The concerns raised will be communicated with all forces within the national governance structures, where learning can be shared. The College will:

- Review all recommendations for potential learning through the NPCC First Aid Forum
- Review and update national guidance based on emerging learning
- Support forces in developing local protocols with partner agencies
- Promote national consistency through the Mental Health Forum and Tactical Delivery Board
- Encourage a culture of continuous improvement and reflective practice

We hope this response provides assurance of our commitment to addressing the issues raised and to preventing future deaths in similar circumstances. Please do not hesitate to contact us should you require any further information.

Yours sincerely,

[redacted]

Chief Executive Officer
College of Policing