



South Central Ambulance Service NHS Trust
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PRIVATE AND CONFIDENTIAL

Ms Valerie Charbit,
HM Assistant Coroner for West London

9th June 2026

Dear Ms Charbit,

I am writing in response to the concerns you highlighted to the Trust following the inquest hearing into the very sad death of Adam Ankers that concluded on 14th April 2026. Thank you for providing us with the opportunity to respond to your concerns.

At the outset I would like to offer my personal condolences to Adam's family and friends.

To confirm, your Regulation 28 report included five separate areas of concern, two of which were addressed to the Trust and other organisations you determined could be in a position to address those concerns. I will respond to each point in turn below.

'POINT A: That there is difficulty in lay people (trained or not) including ambulance call handlers in understanding the signs of agonal breathing or cardiac arrest'

During his evidence at the inquest hearing, Professor Deakin explained to you that nationally there was a deliberate move away from prompting Emergency Call Takers (ECTs) and callers to recognise specific types of breathing patterns during triage of 999 calls to ambulance services. The decision was made to change to asking callers whether the patients breathing sounds normal or abnormal. This was due to the recognised difficulty in lay people (including trained ECTs and callers) interpreting specific breathing abnormalities and the importance of recognising and acting when a patient displays abnormal breathing because this is more likely to demonstrate ineffective breathing.

In response to the learning from the inquest hearing into Adam's death and the concerns that you have raised, the Trust has strengthened the core training currently provided to our ECTs, in addition to the mandated NHS Pathways training. Additional audible examples of the different types of agonal (abnormal) breathing that may be displayed have now been included as it was recognised that in this case, Adam's presentation of agonal breathing was atypical. The importance of using effective listening skills and seeking clinical advice when there is uncertainty has also been emphasised within our core training.

The significance of using the 'no, no, go' approach is discussed throughout the training that we provide. This will be further supported by our 'Pre-Sieve Questions Project' which is being trialled in June 2026. This project will concentrate on reducing the number of pre-sieve questions asked by an ECT regarding a patient's consciousness level and breathing rate before a Nature of Call (NOC) is selected. The aim of the project is to reduce the time that is taken to select a NOC to a maximum of 15 seconds after a 999 call is answered.

The Trust is currently in the process of replacing its computer aided dispatch (CAD) system and the outcome of the above pilot will help to inform the population of pre sieve questions within the new CAD system. It is not possible to integrate them into the current system due to the limitations of its technology.

Telephone triage is a recognised challenge because the person completing the triage is unable to see the patient and / or the scene and it can be hard for a member of public to describe what they are seeing, particularly when they are understandably panicked by witnessing an emergency. A recent pilot of video assisted clinical guidance during resuscitation has been undertaken by another ambulance Trust within the UK. The results of this pilot have been shared with SCAS, and we are currently reviewing the results to consider whether implementing this system within SCAS would be of benefit, particularly when there is uncertainty surrounding a patient's presentation, as there was in Adam's case.

In addition to the above, the Trust has identified that it would be beneficial to undertake joint training with potential callers regarding the process involved when a 999 call is received for a patient who has collapsed whilst playing football, including the expectations and any potential limitations of both the caller and the ECT. It was clear from the evidence of those who were with Adam on the day that they expected to be directed by the ECT regarding application of the defibrillator rather than following the training they had undertaken and applying the device to Adam. It was explained to you during the evidence that an ECT must follow the NHS Pathways system as scripted and they will not be instructed by the system to recommend that a defibrillator is applied unless a cardiac arrest has been identified. As an initial step, the Trust has contacted a local football academy to discuss this proposal, and they are keen to explore this further with us. The Trust has also contacted your office and obtained the contact details for the representative from the Football Association your officers used for Adam's inquest so that this proposal can be discussed with them.

It has been agreed with the local football academy that an initial meeting will take place in June 2026 and a target date for initial progress actions to be agreed has been set for the end of August 2026.

'POINT C: That there is a need for better understanding of the use of defibrillators particularly by lay persons and trained first aid persons'

The Trust is fully supportive of the sentiment of this recommendation.

To promote knowledge of life saving skills outside of an emergency, our Community Engagement Team regularly deliver basic life support training sessions within our local communities, which includes the benefits of using an automated external defibrillator (AED), when they should be used and emphasising that the devices will not deliver defibrillation to a patient unless they are in a shockable cardiac rhythm. Enclosed with this response is a document which includes links to publications of the training sessions we have provided as examples of the types of sessions that we provide.

It should be noted that there are a range of different makes of AED's so it would not be possible for the Trust to cascade universal instructions on machine operation. However, each AED is designed to be used by a lay person and includes verbal and written instructions on how to use it, including pictorial diagrams for placement of the pads.

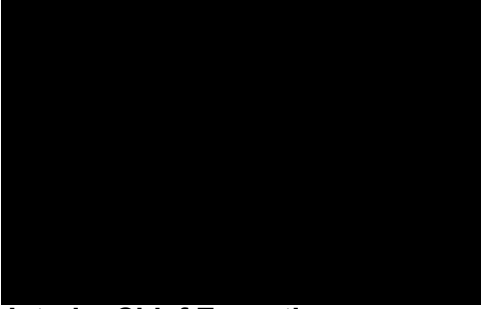
In addition to the face-to-face practical sessions, the Trust also engages with communities over social media platforms. Since April 2025, the Trust has shared 26 posts on our Facebook page related to cardiopulmonary resuscitation (CPR) and defibrillation, which reached an online audience of just under 1.2 million people. This included a video of a SCAS staff member carrying out CPR to the tune of 'Golden' from KPop Demon Hunters to capture the attention of the younger members of our community; this post alone had over 558,000 views.

On the SCAS Instagram feed we have shared 10 posts regarding resuscitation techniques which were viewed by a further 140,000 people.

In real time emergency situations, the national defibrillator network, The Circuit, is installed within our CAD system. When it is recognised that a patient is in cardiac arrest and there is more than one person on scene with the patient, our ECTs will be prompted to direct a caller to obtain a defibrillator which is close to the location of the incident. The ECT will then provide verbal support to the caller instructing them to apply the device and follow the instructions contained with the AED prior to the arrival of an ambulance resource.

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

Yours sincerely,



Interim Chief Executive

Enc. Links to coverage of training sessions

Training session links

Press release, Restart a Heart Live: [Learn to become a lifesaver online | South Central Ambulance Service](#)

Press release, 10,000 students to learn CPR on Restart a Heart Day: [10,000 school students to learn CPR | South Central Ambulance Service](#)

Press release, 16,000 young people trained to save lives: [16,000 young people trained to save lives | South Central Ambulance Service](#)

Press release: [SCAS urges local schools to register defibrillators on The Circuit | South Central Ambulance Service](#)

Engagement event teaching CPR & defibrillation, Landport Community Health Fair: [Community First Responder empowers the community with life-saving knowledge | South Central Ambulance Service](#)

Engagement event teaching CPR & defibrillation, Reading College: [Paramedics Inspire Students at Reading College with Life-Saving Skills Session | South Central Ambulance Service](#)

Engagement event teaching CPR & defibrillation, Southampton: [Empowering Young Adults with Lifesaving Skills | South Central Ambulance Service](#)

Engagement event teaching CPR & defibrillation, Southampton: [First responders visit young people in board game cafe in Southampton | South Central Ambulance Service](#)

Engagement event teaching CPR & defibrillation, Alton: [Paramedic and Community First Responder bring lifesaving skills to heart health event in Alton | South Central Ambulance Service](#)

Engagement event teaching CPR & defibrillation, Portsmouth: [Building Confidence and Lifesaving Skills with Portsmouth Carers | South Central Ambulance Service](#)

Engagement event teaching CPR & defibrillation, Southampton: [Building safer communities together at Southampton City Council housing conference | South Central Ambulance Service](#)

Engagement event teaching CPR & defibrillation, Shabbington: [An evening of community, confidence and lifesaving skills in Shabbington | South Central Ambulance Service](#)

Community engagement – CPR training and defibrillator use: [Portsmouth University Hospitals NHS Community Health Fair | South Central Ambulance Service](#)

Community engagement – Gang Warily Emergency Services Day: [SCAS teams shine at Gang Warily Emergency Services Day | South Central Ambulance Service](#)