



14 April 2026

Association of Ambulance Chief Executives
25 Farringdon Street
London
EC4A 4AB

[REDACTED]
HM Area Coroner for Essex
Sonia Hayes

Dear Ms Hayes

SCOTT DARREN TAYLOR (DECEASED)

I am writing in response to the preventing future deaths report in my capacity as managing director of the Association of Ambulance Chief Executives (AACE).

On behalf of AACE, I would like to extend our sincere condolences to the family of Mr Taylor.

AACE is a private company owned by the English and Welsh Ambulance NHS trusts. It exists to provide ambulance services with a central organisation that supports, co-ordinates and assists with the implementation of nationally agreed policy. Our primary focus is the ongoing development of the English and Welsh ambulance services and the improvement of patient care. It is a company owned by NHS organisations and possess the intellectual property rights of the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) UK ambulance service clinical practice guidelines (the "JRCALC guidelines"). AACE is not constituted to mandate or instruct ambulance services, however, it has national influence via the regular meetings of ambulance chief executives and chairs along with a network of national specialist groups.

We respond in relation to your proposed matters of concern:

It was agreed in evidence that the set of symptoms consistent with Acute Behavioural Disturbance amount to a medical emergency with a significant mortality risk. The evidence was that the Association of Ambulance Chief Executives set the Categories nationally that dictate the required classification for ambulance response to emergencies, however in some ambulance localities the required response is allocated Category 2 and in others Category 1. This means that there is not a national standard for response Acute Behavioural Disturbance with active restraint.

We agree that acute behavioural disturbance (ABD) is a medical emergency.

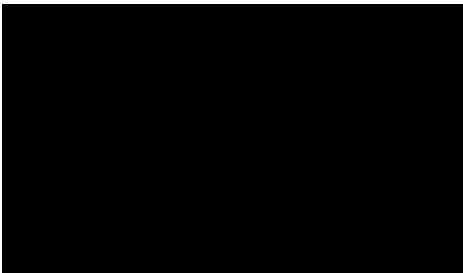
With regard to the required classification for ambulance response to emergencies, AACE do not set the categories nationally of ambulance response. Ambulance call codes are determined by NHS England by the Emergency Call Prioritisation Advisory Group (ECPAG). We are aware that cases of suspected ABD should 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 patients presenting with symptoms that are potentially ABD to assist with decision-making; if necessary, this would, in certain situations, such as the use of restraint, include upgrading the incident to a Category 1 if the patient's condition indicated that was appropriate.

With regard to the ABD, over a number of years we have developed and further revised UK ambulance service clinical practice guidelines for clinicians. This has been based on learning from ABD cases we have been involved with, some of these via coroners' inquests and preventing future death reports. We have published guidance for patients that are agitated, have delirium and have suspected ABD. This is to ensure that the recognition, assessment and management of these patient presentations are considered by ambulance clinicians. We emphasise in the ABD guidance that the condition is a clinical emergency and that the patient may suffer sudden cardiovascular collapse or cardiac arrest or both with little or no warning. We stress that the clinician must take all reasonable actions to clinically monitor the patient throughout restraint where possible, and that patient restraint time must be kept to an absolute minimum – the degree of restraint used must be justifiable, reasonable and applied for the minimum time necessary and proportional to the situation. The attending ambulance crews should undertake a time-critical transfer and provide a hospital pre-alert for suspected ABD cases.

I hope this is helpful. Please do not hesitate to contact me should you require any further information.

Yours sincerely



Managing Director