



HM Area Coroner Sonia Hayes
Essex Coroners Service
Seax House, Essex County Council
Victoria Road South
Chelmsford
CM1 1LX

East of England Ambulance Service
NHS Trust
Whiting Way
Melbourn
SG8 6NA

19 March 2026

Dear HM Coroner Sonia Hayes

I am writing further to the inquest into the death of Scott Darren Taylor, which concluded on 31 July 2025. I understand that a number of Trust witnesses gave oral evidence in respect of the call handling and triaging aspects of the 999 calls for Mr Taylor on 12 August 2022, who was exhibiting signs of Acute Behavioural Disturbance and sadly died on 13 August 2022.

Ambulance call codings are set by NHS England via a group called ECPAG (Emergency Call Prioritisation Advisory Group). However, EEAST had previously determined that patients presenting with the symptoms exhibited by Mr Taylor should be classified as a Category 1 response (a higher response than that set by the Emergency Call Prioritisation Advisory Group), as this represented the most appropriate level of urgency. At the time, internal procedures required a Clinician to review Category 2 calls and, where indicated, upgrade them to Category 1. This happened with the call for Mr Taylor and the call was upgraded by a Clinical Co-ordinator to a Category 1 in line with the procedure in place at the time.

I understand you raised the following concerns in the Regulation 28 report dated 2 February 2026:



www.eastamb.nhs.uk

#WeAre
EEAST

- a. The police, during the 999 call, were put on hold on three occasions by the ambulance service and became increasingly concerned about Mr Taylor's deteriorating condition over an 18 minute period. The call remained a Category 2 call despite active police restraint with suspected Acute Behavioural Disturbance. Police decided to 'scoop and run' and urgently convey Mr Taylor to hospital due to the severity of their concerns. The EEAST Standard Operating Procedure required escalation to Category 1 where there is active restraint, but this is not linked to Acute Behavioural Disturbance and remains unclear and may continue to cause confusion during triage by contact call handlers.
- b. The East of England Ambulance NHS Trust provide ambulance services across 6 counties and that also includes police/healthcare professionals reporting Acute Behavioural Disturbance and active police restraint. There is concern that there is a different response applied and that this discrepancy between Category 1 and Category 2 responses is significant and could affect the survival of patients.
- c. The EEAST updated training on Acute Behavioural Disturbance, active restraint and reports received from police and correct coding remains confusing with the policy and training handouts in December 2023 with discrepancies between those who are sectioned and those who are not.
- d. The EEAST documents continue to use the term 'Excited Delirium' interchangeable in some of the training materials and this may lead to confusion with contact handlers triaging calls.

Following the inquest a working group was set up with the intention of revising the guidance for patients exhibiting signs of Acute Behavioural Disturbance and establishing the most appropriate way to respond to these patients within the Emergency Operations Centre.

The conclusion of this group was the implementation of Emergency Operations Centre Standard Operating Procedure 145 in January 2026, which is a standalone procedure for cases where Acute Behavioural Disturbance is suspected or confirmed by either members of the public or Police.

Specifically, the term “excited delirium” has been removed from the documentation and the signs and symptoms that could be associated with Acute Behavioural Disturbance are outlined and made much clearer.

The procedure has also been updated to reflect that a Category 1 coding is now applied to all calls where the police are actively restraining a patient; or reporting agitation/behaviour changes; or the police use the term Acute Behavioural Disturbance. The call handler will immediately escalate this to a Call Handler Team Leader who will upgrade the call to a Category 1 and the response will be dispatched on this basis. If, at this point, the Call Handler Team Leader or Dispatcher believe this may not be a Category 1 call, the call will be highlighted to a Clinical Navigator who will complete a clinical review and triage to establish if a downgrade is required.

The same process is applied where the caller is a member of the public and they state that the patient has taken illicit drugs and is being restrained; or reporting agitation/significant behaviour change.

In addition, both Emergency Operations Centre Standard Operating Procedure 044 (Patients Detained under the Mental Health Act) and the Guidance on Escalation for Emergency Operations Centre staff have been changed to reflect Emergency Operations Centre Standard Operating Procedure 145. These have also been approved and disseminated to the relevant staff.

During the inquest you requested further information in respect of the progress of introducing protected time for Emergency Operations Centre staff for 1:1 supervision and time to review procedure/policy updates.

From 3 November 2025, all call handling staff have been given 1 hour protected time each month for the purpose of reviewing emails and newly released policies/procedures; completion of mandatory training; undertaking any additional training from the International Academy of Emergency Dispatch (the organisation that provide the call handling system); and participating in 1:1s. There are plans to increase this to 2 hours protected time per month over the coming year.

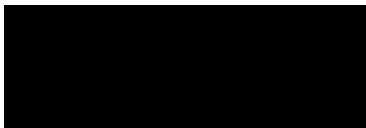
Providing the same level of protected time for dispatchers has proved more challenging although we do acknowledge that the dispatch role has more flexibility in their working day and ‘downtime’ to review procedures/complete

training etc than the call handling role. It is anticipated this will be fully rolled out by 30 June 2026.

All clinical staff based in the Emergency Operations Centre are also receiving monthly 1:1s with their Clinical Workforce Manager for supervision and updates to be shared. In addition, any procedural updates are being graded to assess whether they are high priority or not. If an update is identified as high priority, the member of staff may not start shift until they have read and acknowledged this update.

Please do not hesitate to contact me should you require any further information.

Yours Sincerely,



Chief Executive