



14 May 2026

[REDACTED]

Valerie Charbit
Assistant Coroner, for the coroner area of West
London Coroner's Court

Dear Ms Charbit

ADAM ANKERS (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 Ankers.

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 UK NHS 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 must emphasise that as a membership organisation, AACE is not responsible for the training or education of ambulance staff, or the public / lay people. We do, however, believe it is everyone's responsibility to consider the need for first aid training and how to recognise and help someone in cardiac arrest by being able to perform cardio-pulmonary resuscitation (CPR) and use a defibrillator if available, until professional help arrives.

We respond in relation to your matters of concern:

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

We agree that better understanding of the use of defibrillators will lead to improved patient outcomes.

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The systems and processes that ambulance services use when taking 999 calls are regularly scrutinised, with learning and improvement sought. At present, there is an ongoing review of the triage process for out-of-hospital cardiac arrest calls to afford a sensitive and specific protocol, with timely delivery of (CPR), where appropriate, and effective deployment of public access defibrillators. In addition, one English ambulance service has undertaken a pilot of advanced paramedic-led video-assisted CPR. This use of video is designed to support with identifying ambiguous presentations, improve CPR quality, and aid the public in timely use of a defibrillator. The early results of this pilot have been shared with other ambulance services, and we are aware of many ambulance services seeking to introduce similar processes.

Ambulance control 999 call handlers are trained how to ask specific questions when taking 999 calls to obtain as accurate information as possible. Call handlers follow strict protocols that seek to ensure clear and understandable questioning. Senior clinical support is available to support call handlers where required, including the management of cardiac arrest. Both triage systems utilised in UK ambulance services are risk averse, with a presumption in favour of CPR where any doubt exists. Calls are regularly audited to ensure compliance with continual learning and improvement where identified.

All ambulance services Computer Aided Dispatch (CAD) systems are linked to The Circuit (The UK defibrillator network). This provides call handlers real time availability and location of defibrillators to OHCA calls, with instructions on access. Where a defibrillator arrives on scene, bystanders and rescuers are provided with additional support and instruction on use by call handlers alongside the defibrillator's own audible instructions.

We fully support other national initiatives and there are a wealth of national programmes seeking to increase recognition of cardiac arrest, early CPR and defibrillation use. Ambulance services are active in delivering such training to the public. AACE's out-of-hospital cardiac arrest programme is key in supporting such initiatives including mandating CPR training in schools and the introduction of first aid training for driving tests. We also support Restart a Heart (RSAH) and RSAH Live: annual initiatives led by Resuscitation Council UK (RCUK) and Save a Life Scotland which aim to increase the number of people surviving out-of-hospital cardiac arrests by improving cardiac arrest awareness and CPR education. AACE has also worked alongside RCUK to support the development and dissemination of related guidance, an example being RCUK's current delivery of field of play guidance, specifically focused at grassroots sports.

AACE has supported a number of nationwide initiatives to improve access to defibrillators. We co-produced a consensus statement in 2024 recommending that all defibrillators are stored in unlocked boxes and available 24/7. In conjunction with ambulance services, AACE regularly collaborates with partners to deliver and disseminate public-facing communications about the use of defibrillators. There is ongoing work to improve the placement of defibrillators through strategic optimisation tools, to identify areas of highest risk, and lowest access to defibrillators.

Bystander CPR rates across the English ambulance services continues to be high (>75%) and defibrillator use is improving with the highest recorded use to date in 2024 (2025 data not yet available). To support timely access to CPR and defibrillators, we encourage and support the use of Community First Responders (CFRs) across the ambulance sector. These volunteers are trained in CPR and carry with them defibrillators and respond to 999 calls including cardiac arrests. Often, they can be tasked and arrive before the ambulance and can help in the early recognition of cardiac arrest



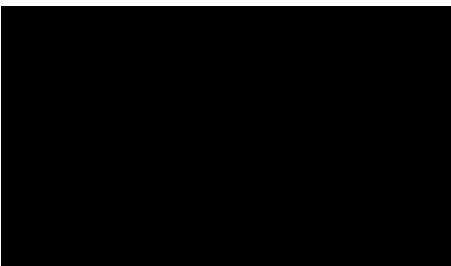
and the commencement of resuscitation attempts. Likewise, all ambulance services are encouraged to utilise the GoodSAM cardiac responder alerting mobile phone application, which allows ambulance services to alert nearby, trained responders to OHCA, to deliver CPR and defibrillation, prior to ambulance service arrival.

We currently have a cardiac arrest lead working within our team. A cardiac arrest strategy is under development, of which a key focus will include improving triage, reducing time to start CPR, adoption of video CPR, and improving access to defibrillators. All UK ambulance services are currently undertaking targeted and focused programmes seeking to improve community readiness and reduce inequalities in resuscitation.

I can assure you we will continue our work with partners to improve all aspects of cardiac arrest management with the aim of improving patient outcomes.

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

Yours sincerely



Managing Director