



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

Annual Report



2013-2014

Bringing together skills, expertise and shared knowledge in UK ambulance services



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES



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Chief Executives
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Foreword

2013/14 has been an extremely busy and exciting year for AACE with further consolidation of the management team, a move into new offices and the on-going coordination of a wide range of activities focused on taking our nationally agreed priorities forward for all Ambulance Trusts.

It is fair to say that the NHS in general has had a challenging year with new structures being put in place and significant changes in key staff both at the Department of Health, NHS England (NHSE) and other major organisations. The many reviews taking place and the never-ending impetus for more change designed to improve the NHS offer to patients has never been greater. The impact of the Francis Report and the subsequent call for the tightening of regulations has created a challenging environment for any membership organisation to operate within.

AACE has risen to the challenge and has been at the forefront of leading the response to reviews such as those by Sir Bruce Keogh “Transforming Urgent & Emergency Care Services in England” and Sir Ken Knight “Facing the Future”, both of which provide important stimulants for enhancing the role of ambulance services as the frontline of the NHS and as an emergency service working in close collaboration with our ‘blue light’ partners.

Closer to home, AACE has played a key role in developing ambulance leadership, recognising the expanding contribution ambulance services are fulfilling within the transformation of the NHS, and we have provided a strong central voice in negotiating on major issues for our workforce.

This Annual Report can of course only outline the scale of the work that has been undertaken during 2013/14 and the achievements and progress

this has driven. I do however hope that it provides a useful summary to demonstrate the commitment AACE has to its Members in representing and supporting them.

I am delighted that our Membership has grown over the past year, to include our colleagues in the Devolved administrations of Scotland, Wales and Northern Ireland, plus the Republic of Ireland, Guernsey, Jersey, Isle of Man and Gibraltar. We will continue to listen, collate views and strive to tirelessly represent our members on all the issues that are important to them, thereby helping to ensure that the ‘Ambulance Voice’ is heard loud and clear in a health system that faces significant change over the coming years.

I would like to take this opportunity to place on record my grateful thanks and appreciation for all the hard work and achievements of Martin Flaherty and the AACE Team. Also to the AACE Board, Chairs, CEOs and Directors who support the work of the Association. Please be assured of my continued full support.

A. C. Marsh

Dr Anthony C Marsh QAM SBSIJ DSci (Hon) MBA MSc FASI

Introduction

We have built extensively on the good work done by Peter Bradley CBE in establishing the Ambulance Chief Executive's Group (ACEG), which was the AACE predecessor, and this year has initially been about establishing AACE in its own right, building the team, agreeing the strategic direction and getting our voice heard.

I am delighted with the progress we have made this year and this, our first Annual Report, will convey the depth and scale of that progress. I am not in the least bit complacent however and fully understand the on-going challenges of representing the Ambulance Sector within the complexities of a changing and at times significantly challenged NHS.

We have been able to place AACE on a sound commercial footing, bringing in significant additional revenue to boost our subscription funding, and have established ourselves within new offices whilst building up a small, but excellent team of dedicated professionals who are all committed to working on behalf of members to get the Ambulance voice heard at every level.

This year has also been about establishing good external relationships especially with key decision makers in DH and NHSE. We have been focused on working hard with the Foundation Trust Network and the NHS Confederation to ensure that our joint lobbying initiatives are as effective as possible and to increase their awareness of ambulance issues and view. Finally we have also established good relationships with our fellow membership organisations within the emergency services CFOA and ACPO.

We have dealt with multiple media enquiries, consultations, requests for input to ministerial briefings, coroner's enquiries and much more, always striving to represent the sector positively and professionally.

So all in all 2013/14 has been a great year which has seen some significant achievements and leaves us well placed to continue to meet the challenges of 2014 and beyond.



Martin Flaherty OBE



Martin Flaherty

OBE

Managing Director of the
Association of Ambulance
Chief Executives



Welcome to the Association of Ambulance Chief Executives

The Association of Ambulance Chief Executives Ltd (AACE) is a membership organisation providing ambulance services with a central body that supports, coordinates and implements nationally agreed policy. It also provides the general public and other stakeholders with a central resource of information about NHS ambulance services.

The primary focus of the AACE is the on-going development of the English ambulance service and the improvement of patient care. Our full remit focuses on four strands of national work: Strategy & Coordination, Delivery & Implementation, Performance & Efficiency and Taking the Lead. Our annual report outlines our activities in these key areas.

As well as having a small central team coordinating the work of AACE (see page 28), we engage extensive expertise from within member organisations to help deliver our work programmes through a network of national groups each led by one of the CEOs.



AACE Management Meetings which involve all the CEOs and the AACE team take place monthly to deal with ongoing business, share best practice and progress our strategic objectives. Crucially this also creates a forum where the NHS Ambulance Sector can operate with one voice and agree to take a national position on issues when it is appropriate to do so.

AACE Council

The Council is chaired by Della Cannings QPM, Chair of Yorkshire Ambulance Service NHS Trust (YAS) and consists of all the Chairs and Chief Executives of the English Ambulance Trusts. It plays a vital role in setting our strategic direction, agreeing each year's objectives and focus in terms of lobbying and influencing. The Council also receives regular updates on progress against these objectives throughout the year.

The Council has a wealth of expertise both from within the NHS and externally being made up of a mix of highly experienced CEOs and a group of Chairs who bring an additional vital skill set which is often coupled with extensive private and commercial sector experience.



The Strategic Priorities for ambulance service delivery identified for 2013/14 were:

The Francis Report (February 2013) presents a number of key areas of focus for NHS trusts, primarily that the patient should be put first day in and day out. AACE is committed to embracing this in all its work and ensuring that nurturing a patient-centred culture of high quality care provision drives its agenda and that of the national director groups.

Demand continues to increase significantly on an annual basis. To inform planning for this at the local and national levels, a greater understanding of the causes and drivers of this increase is needed to aid ambulance services and their commissioners.



The NHS commissioning environment has recently undergone a major change, which will impact upon all English ambulance services. AACE is committed to maintaining an up-to-date awareness and understanding of the commissioning landscape, and influencing / lobbying as required for the benefit of our members and their patients.

Developing people is of paramount importance within the ambulance service, to ensure the highest provision of clinical care for patients whilst contributing to staff feeling that they are valued. AACE is committed to advancing the paramedic profession and also supporting the development of aligned clinical and management routes within the ambulance service.

A varied picture exists across England of ambulance service provision of urgent care under the NHS 111 number. There is considerable scope for cross-organisational learning and sharing of best practice, which AACE supports. Furthermore, AACE is committed to working with its member organisations to identify how ambulance services can work together to become the principal provider of both NHS 111 and other aspects of urgent & emergency care in the future to ensure consistent high quality access for patients.

The sharing of best practice across English ambulance services is one of AACE's objectives and a key benefit for member organisations. This occurs at multiple levels, including amongst chief executives, chairs and national director groups. AACE is committed to supporting national director groups in the identification of key areas for benchmarking/ the sharing of best practice where there is scope for the greatest benefit to be realised for patients, organisations and staff.

Technology plays a fundamental role in the provision of emergency medical services across England. Remaining abreast of technological advancements is an essential part of ensuring that ambulance services are in the best possible position to deliver the highest quality of care to patients. AACE is committed to leveraging the opportunities presented by new technology to provide an ever more efficient, targeted and effective service for patients.

AACE Board

AACE is a member's organisation constructed as a private company limited by guarantee and regulated by the Companies Act 2006. The AACE Board exists to manage the organisation in accordance with those regulations. Its principle functions include:

- Appointing the AACE Managing Director
- Agreeing the annual budget and ensuring that full financial control is maintained
- Approving the final accounts
- Ensuring that appropriate regular financial audit is in place
- Agreeing and supporting AACE Commercial Activity
- Ensuring appropriate submissions are made to companies house

Board Members

Anthony Marsh QAM
CEO West Midlands and East of England (AACE Chairman)

Della Cannings QPM
Chair Yorkshire

Ken Wenman
CEO South West

Jennie Kingston
Deputy CEO & Finance Director South West

Simon Featherstone
CEO North East

Martin Flaherty OBE
(AACE Managing Director)

WELCOME TO AACE



Strategy & Coordination

The Association of Ambulance Chief Executives is a key point of contact with the ambulance services' main partner agencies at national level – in particular the Department of Health, NHS England, Health Education England, the NHS Confederation and other Emergency Services – enabling Chief Executives to have a greater say in national policy development.

Engagement with Government Departments

AACE has built on existing good working relationships with departmental colleagues, having regular contact and active participation in meetings over the last year. The established working methods allow for prompt turnaround of routine queries and efficient exchange of information. The last year has seen more face-to-face meetings with new Department of Health leads to discuss current concerns and issues within the sector. AACE also supports a number of cross government enquiries and has contributed to work for a variety of departments, most notably last year on joint working and efficiency (DCLG) and road traffic legislation (DfT).

With the transition of responsibility for healthcare delivery away from the DH, AACE has been able to assist NHSE with a variety of projects across unplanned, urgent, emergency care and mental health. Our close involvement with the Keogh review has involved regular interactions with many at NHSE and AACE are now well established as the reference point for information regarding the delivery of ambulance services.

Urgent and Emergency Care Review

AACE submissions to the Health Select Committee in May 2013 and input into the Review of Urgent & Emergency Care (UEC) conducted by Sir Bruce Keogh, National Medical Director of NHSE, highlighted the central role that the ambulance sector can play in reforming UEC.

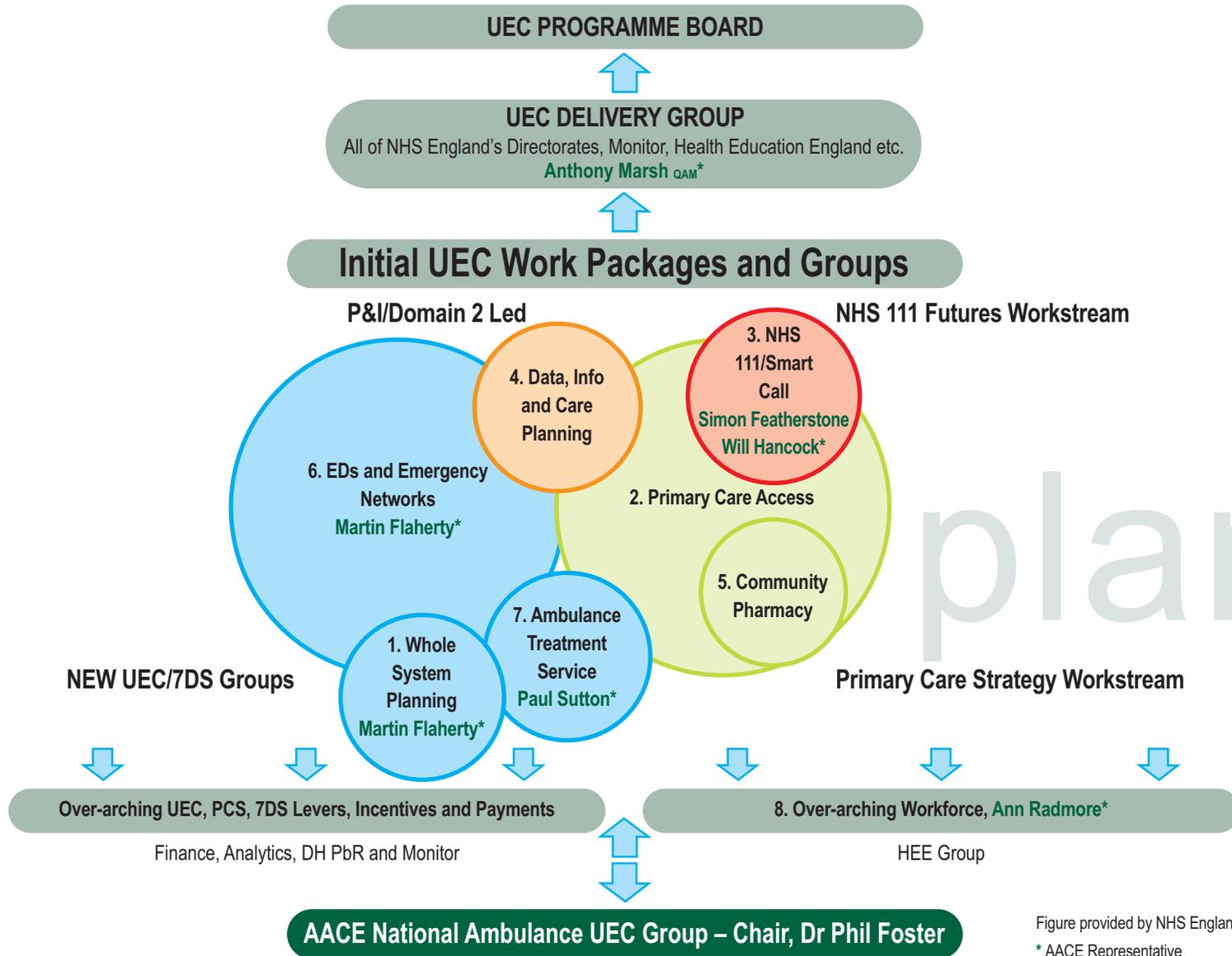
The subsequent first stage report of this Review described the untapped potential of English ambulance services, and the need to transform ambulance

provision to an enhanced treatment role, so that the ambulance service becomes a community-based provider of mobile urgent and emergency healthcare, fully integrated within Urgent Care Networks. To achieve these models radical changes will be required in the operation, culture and workforce of all ambulance services. Paramedics now have the skills and equipment to deliver treatments that would only have been done in hospital or by GPs 10 years ago and the report also highlights that by working closely with improved community services, ambulance staff can safely manage many more patients at scene by either treating them in their own home or referring them on to other appropriate community based services. There are opportunities for extending the training of paramedics further to allow them to assess, prescribe for and manage patients with exacerbations of chronic illnesses, working more closely with GPs and other community health services.

AACE has continued to emphasise the potential for developments in clinical models for future ambulance service provision in the NHS, from initial telephone contact through urgent care to the most serious life-threatening emergencies. AACE has established direct involvement and influence in how the transformation progresses, driving policy development and shaping standards for the future, with CEOs on the Strategic Delivery Board and key work-streams for the NHSE UEC Review programme. This work, started in 2013, will continue at great pace, and to ensure a consistent and collaborative approach across our member services a new National Ambulance Urgent & Emergency Care Group has been established which will link into the NHSE programme structure, providing a two way information flow between ambulance trusts and NHSE.



NHS England Urgent & Emergency Care Review



“Paramedics now have the skills and equipment to deliver treatments that would only have been done in hospital or by GPs 10 years ago.”

planning

STRATEGY & COORDINATION

Figure provided by NHS England
* AACE Representative



responding



Winter Pressures Funding

AACE was very active during 2013/14 on the subject of the provision of winter pressures funding for Ambulance Trusts.

Following the announcement of the Government's decision to allocate a further £250m of funding to support the NHS through the winter of 2013/14 AACE wrote to Dame Barbara Hakin, NHSE, asking for a proportion of this to be ring-fenced for ambulance trusts. Initial responses indicated that this could not be done and that local health economies would take the needs of ambulance trusts into their allocation decisions.



Despite comprehensive local engagement by ambulance trusts this unfortunately did not happen and the ambulance sector found itself with little or no dedicated winter funding for 2013/14, posing a real risk to patient care over this period.

Further extensive representations by AACE on behalf of the sector in which we explained the comprehensive role we have to play in helping to manage the system during winter finally resulted in a £14m dedicated funding allocation to ambulance trusts. This was a major achievement for AACE and demonstrates our significant ability to influence central policy when we speak on behalf of the whole sector.



Mental Health Funding Bid

AACE has this year submitted a funding bid to DH for the 15/16 Central Spending Review to support Government aims of improving care for Mental Health patients across England. The £9.8m bid would go towards initiatives that will both improve the knowledge and skills of ambulance staff with regard to mental health patients and also improve outcomes for this important and vulnerable group of patients. We await confirmation of this funding stream and will keep lobbying for increased resources to be made available to allow ambulance services to improve the outcomes for this vulnerable group of patients.

Mental Health Concordat

AACE played a key part in contributing to a multiagency Mental Health Crisis Care Concordat issued by the DH in February 2013. The concordat describes the shared vision for improving care for people in mental health crisis, based on four principles: i) Access to support before crisis point, ii) Urgent and emergency access to crisis care, iii) Quality of treatment and care when in crisis and iv) Recovery and staying well/preventing future crises. The AACE Mental Health Leads Group have since developed a new protocol for NHS Ambulance Trusts with the aim of ensuring a response to Section 136 incidents within 30 minutes - to conduct an initial clinical assessment and to arrange transport to a place of safety or emergency department. It also outlines how patients who are being actively restrained will receive an immediate, high priority response whilst red flag criteria have been identified as triggers for conditions requiring treatment or assessment in an emergency room. The protocol will be implemented from 1st April 2014.

Road Traffic Law

AACE has worked hard this year with DH, DfT and ACPO to try and ensure that the proposed changes to road traffic legislation accurately capture the full extent of the modern NHS ambulance response regime. Ambulance Services have changed a lot in the last ten years and the road traffic legislation has unfortunately not been amended to reflect these changes accurately.

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AACE provided a comprehensive response to the consultation document issued by the DfT around this issue in February 2013 and has worked tirelessly over the year to effect appropriate change despite on-going delays in amending the legislation. Given the importance of the issue to ambulance trusts and their staff AACE has not only been involved in the tactical working groups but has also corresponded with the Secretary of State on this matter and as a result is now confident that its voice has been heard and that the law will be revised appropriately in 2014.

AACE has also represented the Sector and indeed the wider NHS on the National Speed Limit Exemption Advisory Panel, which considers applications from organisations wishing to claim exemptions to some aspects of road traffic legislation when driving under emergency conditions.

Engagement with other Emergency Service Membership Bodies

AACE has had a number of regular meetings to foster good relationships with the Chief Fire Officers Association (CFOA) and the CFOA Board and the AACE Board have met regularly to discuss areas of common interest.

Engagement with the Association of Chief Police Officers (ACPO) and the College of Policing (CoP) has been less extensive during 2013/14 and is an area for more focus during next year, however AACE, CFOA, ACPO and CoP communication leads have been meeting regularly to share information and develop common media messages as well as exploring areas on which it makes sense to work together to influence change.

The Knight Review

The objective of closer collaboration between Blue Light Services has been high on the agenda following the review of Fire Services by Sir Ken Knight and the report by Tobias Ellwood MP, 'Improving Efficiency, Interoperability and Resilience of our Blue Light Services'. In February 2014 AACE, ACPO and CFOA issued a joint statement demonstrating our commitment to working closely together looking for efficiencies and improved ways of serving the



public, whilst recognising that the ambulance service must remain an integral part of the NHS.

AACE and its members have attended multiple high profile events discussing the potential for further collaboration between emergency services and we have been able to put across a consistent, positive message. We have also effectively managed the myriad of media enquiries relating to this issue ensuring that National AACE lines are complimentary to the local messages being used by individual Trusts.



Joint Emergency Services Interoperability Programme (JESIP)

Throughout the year AACE continued its support for JESIP, driving the ambulance remit forward at ministerial level and highlighting the on-going challenges being faced by all agencies involved, as well as the significant progress being made.

Such progress was clearly demonstrated during Exercise AMBER II in May 2013 an ambulance-led, multiagency event organised by the National Ambulance Resilience Unit (NARU). Staff and equipment from all 11 English NHS Ambulance Services including the Isle of Wight plus the military, several police forces, fire & rescue services, air ambulances and voluntary groups took part. Around 140 people acted as casualties at the event – most being paramedic and nursing students from regional universities in the Midlands.

Amber II tested and evaluated the NHS Ambulance services major incident response to a mass casualty event against multi-agency Joint Operating Principles. The primary objective was to ensure that the Ambulance Service could integrate quickly with colleagues across Police, Fire & Rescue and the Military and Air Ambulances in response to a large scale, highly challenging untoward incident. Patient care was at the forefront of decisions made by commanders, with the response from those on scene being at the forefront of the processes being tested.

Observed by 160 representatives from key stakeholders and Government departments the exercise took place over 3 incident sites, Casualty Collection points, a Forward command point and a Casualty Clearing Station. Feedback from observers revealed it to be one of the largest and most significant ambulance-led exercises ever held in the UK, with its success referred to by one Government department official as ‘showing interoperability at its best’.

The exercise proved an excellent opportunity for learning, and outcomes of the event have been fed into the training and development for all response agencies involved and will continue to be monitored through JESIP and NARU.

testing

Delivery & Implementation

AACE provides co-ordination for a national work programme of activities led by key national groups. The objectives within the programme include delivery of critical national projects on emergency resilience, clinical practice guidelines, clinical and operational performance and the development of new services such as the NHS 111 number. In 2013/14 the AACE National groups delivered the following:



National Ambulance Service Medical Directors (NASMeD)
AACE Lead = Dave Whiting, CEO YAS
Director Lead = Alison Walker YAS / Fionna Moore, LAS

- ✓ Influenced development of future clinical indicators
- ✓ Produced best practice statements for cardiac arrest, storage of medicines, effects of extreme temperatures on medicines
- ✓ Issued joint guidance with BASICS for working relationships between ambulance services and BASICS responders
- ✓ Developed ambulance pre-hospital clinical guidelines
 - 2013 guidelines electronic training package signed off
 - Involved in process for reviewing current evidence and best practice
 - Terms of reference agreed between NASMeD/AACE/JRCALC
- ✓ Developed future national clinical priorities for ambulance services
- ✓ Call prioritisation (in conjunction with NDOG)
 - Achieved alignment of Red 1 and 2 codes on NHS Pathways and AMPDS
 - Red 1 trial undertaken with recommendations presented to AACE
- ✓ Worked closely with NARU regarding emergency preparedness & response
 - Clinical input into clinical guidelines for emergency preparedness
 - Standardisation of design for Medical Emergency Response Incident Teams (MERIT)
- ✓ Provided expert opinion and response to external bodies/AACE eg. Home Office Tramadol consultation
- ✓ Conducted surveys



Directors of Finance Group (DoFs)
AACE Lead = Will Hancock, CEO SCAS
Director Lead = Jennie Kingston, SWASFT

- ✓ Progress made on benchmarking costs across ambulance sector – in accordance with competition law advice received
- ✓ Reviewed ambulance sector procurement arrangements; recommendations to trusts re driving out further cash savings from national procurement work programme – reflected in trusts' cost improvement programmes
- ✓ Competition law advice commissioned and presented to representatives from all ambulance trusts; specific focus on NHS 111 but wider context also considered
- ✓ Engagement established with Monitor and NHS Trust Development Authority to ensure ambulance sector representation



Human Resources Directors' (HRDs) Group
AACE Lead = Ken Wenman, CEO SWASFT
Director Lead = David Farrelly, EMAS

- ✓ Steering group set up for Paramedic Evidence-Based Education Project (PEEP): report launched in September
- ✓ Reviewed Code of Practice Education Standard and National Job Profile in light of Francis Report
- ✓ Produced 'Recruiting for attitude and compassion' framework



co-ordinating



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- ✓ Developed, implemented and monitored Francis Report toolkit (HR elements) for ambulance services
- ✓ Implemented changes to sick pay arrangements and pay progression agreed
- ✓ NHS Staff survey undertaken with plans for increased participation implemented



National Directors of Operations Group (NDOG)
AACE Lead = Ken Wenman, CEO SWASFT
Director Lead = Barry Thurston, WMAS

- ✓ Demand management project scoped and commenced; analysis work commissioned with completion date scheduled for July 2014
- ✓ Red 1 code set finalised and agreed for use with immediate effect; suite of national rule sets incorporated in Ambulance Quality Indicator (AQI) guidance; audit approach developed commencement in April 2014 following adoption of AQI rule set
- ✓ Programme of sharing outcomes from trust capacity reviews developed and commenced
- ✓ Input into AACE consideration and implementation of required actions from Francis Report



National Ambulance Resilience Unit (NARU)
AACE Lead = Anthony Marsh QAM, CEO WMAS & EEAS
Director Lead = Keith Prior, NARU

- ✓ Reviewed mutual aid strategy; ensured all trusts have radiation plans and robust emergency preparedness plans and processes in place; completed annual 'Resilience and Capability' survey for Hazardous Area Response Teams (HART)
- ✓ Audits of all UK HARTs against the commissioning specification have been completed and reported on
- ✓ Ensured mechanisms in place to share and action lessons include business continuity management and HART; published outcomes of MERIT review; implemented Initial Operational Response (IOR) project

- ✓ Reviewed Marauding Terrorist Firearms Attack (MTFA) capability and training packages; developed central database of local and national exercises; completed emergency preparedness resilience and response (EPRR) training
- ✓ Completed set-up of national specialists assets database and national inventory of mass casualty vehicles and consumables; audited national stockpile of powered respirator protective suits (PRPS)



Information Management and Technology Leads
AACE Lead = Bob Williams, CEO NWAS
Director Lead = Paul Nicholson, NEAS

- ✓ Ambulance Radio Programme (ARP)/Emergency Services Mobile Communication Programme (ESMCP) - input maintained throughout year as development continues
- ✓ e-PRF/NHS Number
 - e-PRF: three trusts have fully rolled out solutions; three trusts have partial rollout; two trusts have recently signed up to solutions; two trusts undertaking solution requirements gathering/evaluations
 - Significant progress has been made in recording patients' NHS number; 111 systems have seen the most progress; progress also being made on PTS systems; 999 environment remains most challenging
- ✓ CAD System (999) Interoperability Messaging
 - Specification developed and successfully tested across trusts; message based upon NHS 111 interoperability message and protocol
 - Successful technical testing completed by three trusts; Control Room Group now progressing
- ✓ Website and mobile application development/Directory of Services (DoS) application
 - Decision made to develop website and mobile application locally with developments shared because benefit of common business approach not identified
 - Discussions with Pathways re DoS application; prototype produced for group to review; looked at potential MiDOS alternative to Pathways

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Communications Leads' Group

AACE Lead = Martin Flaherty OBE, AACE MD

Director Lead = Duncan Burke, SCAS & Sarah Smith, NWAS

- ✓ AACE Communications Strategy produced including key messages and hot topics
- ✓ Input into AACE Position statements and press releases
- ✓ Ambulance Quality Indicator Dashboard: brief and business case developed for project implementation in 14/15
- ✓ Emergency preparedness, business continuity and mutual aid agreements now in place; communications plan for dealing with MTFA incidents developed
- ✓ Public perception campaign brief developed; social media campaign underway
- ✓ Key national influencers identified; stakeholder mapping undertaken



Equality, Diversity and Inclusion Leads' Group

AACE Lead = Sue Noyes, CEO EMAS

Director Lead = Sofia Jabeen, WMAS

- ✓ Best practice guidance and case studies reviewed and audits undertaken for fair, compliant procurement, tendering and commissioning processes
- ✓ Reviewed best practice guidance and case studies for development of culturally competent, diverse workforce
- ✓ Best practice models for effective community engagement mapped out; best practice streamlined and promoted; all ambulance trusts able to provide evidence of outcomes of community engagement with nine protected characteristic groups



Quality, Governance and Risk Directors' Group (QGARD)

AACE Lead = Simon Featherstone, CEO NEAS

Director Lead = Sandy Brown, WMAS & Sarah Faulkner, NWAS

- ✓ Friends and Family Test introduced as patient experience measure that can be benchmarked across ambulance trusts
- ✓ Explored potential for an ambulance-service-specific 'safety thermometer' – decision taken not to progress data collection requirements not feasible
- ✓ Collation of all ambulance service board assurance frameworks into a single document identifying key themes for the AACE
- ✓ A Infection Prevention and Control (IPC) Peer Review tool was developed and tested for roll out 2014/15
- ✓ Flu vaccination rates across all ambulance services proactively improved
- ✓ Changes to the frequent caller ambulance quality indicator (AQI) has been incorporated into AQI guidance
- ✓ Safeguarding Peer Reviews completed across trusts



ADDITIONAL LEAD RESPONSIBILITIES



Ann Radmore
CEO LAS

- ✓ Working with Health Education England on future educational pathways for NHS Ambulance staff.
- ✓ National Workforce Planning Issues
- ✓ Developing AACE strategy in response to the government proposals for ambulance staff to have to work longer in the future prior to retiring.



Paul Sutton
CEO SECAMB

- ✓ Lead for Urgent and Emergency Care
- ✓ Co-chairing the NHSE Ambulance Treatment Service Workstream



Will Hancock
CEO SCAS

- ✓ AACE Lead for Mental Health Issues
- ✓ Mental Health Concordat Implementation and Monitoring



Performance & Efficiency

A key aim of the Association is to ensure that ambulance services share their knowledge and skills to better meet the emerging challenges and opportunities. By encouraging more efficient use of resources and through closer working on key initiatives to an agreed national strategy, we aim to bring improvements to patient care.

Developing Clinical Practice

AACE provides a support resource for NASMeD, which has helped significantly to coordinate our work in developing clinical practice. During 2013/14 we have conducted a number of surveys across Trusts and this has enabled a more cohesive and shared approach to a number of clinical areas such as cardiac care. We have been able to respond to a number of national clinical issues arising from a variety of sources including Ministers, clinical enquiries from individual trusts and the Royal College of Physicians (regarding the national ambulance documentation standards) and medical societies such as the Haemophilia Alliance and British Heart Foundation. Links have been established with the lead paramedic group, air ambulance association, NARU, BASICS, AMPDS and the College of Paramedics. We have set up a proactive monitoring system for NICE guidance in relation to ambulance services. We are developing a much more coordinated approach to the Coroner's 'preventing future deaths' rulings, an example currently on-going is a review of intubation and capnography. In February we held a productive Urgent Care workshop attended by medical directors and Urgent Care Leads from each trust, which has helped inform our work going forward in this area and led to the establishment of a new national group for Urgent Care Leads which will act as the key conduit for information flow with the NHSE Urgent Care Review programme.

New Clinical Guidelines Published

We were delighted to publish the UK Ambulance Services Clinical Practice Guidelines in the spring of 2013. This was the culmination of a great deal of work by many people over a number of years.



The Joint Royal Colleges Liaison Committee (JRCALC) published the first guidance for ambulance staff in 2000 and then again in 2004 and 2006. A team at University of Warwick was engaged to help in the challenging task of ensuring that best evidence was being used and consensus was achieved amongst experts. The Ambulance Service Association (ASA) commissioned this work from JRCALC on behalf of the UK's ambulance services many years ago. Now that the ASA no longer exists (it ceased to represent ambulance services soon after reconfiguration of trusts in 2006) AACE has taken on this task, on behalf of its members, of seeing that a suitable set of guidelines is developed and kept current. A huge debt of thanks is due from all in the ambulance service to those experts that have so generously given their time in establishing these world-renowned standards. It is really important that these guidelines stay as the accepted 'gold standard' for use in pre-hospital care.

AACE owns the intellectual property rights (IPR) for the guidelines and we are mindful of the need to maintain their currency. All NHS Ambulance Trusts have invested in their development and we need to ensure this investment is well managed. Royalty income from the current guidelines is being used to start the process of updating existing guidance and researching and commissioning new pieces of work.

AACE will look to the Ambulance Lead Paramedics Group (ALPG) to play a key role in researching and drafting new guideline texts. JRCALC will continue to be a key reference point for expert opinion along with other bodies such as National Institute for Health and Care Excellence (NICE) and the European Resuscitation Council (ERC). With the current advances in the use of electronic databases

and apps for both phones and tablet computers, AACE is keen to explore these alternatives to develop a user-friendly interface that allows the latest version of the guidelines to be accessed quickly and easily and it is anticipated that these updates will continue to be disseminated in a variety of ways in order to be as inclusive as possible.

Dashboards based on Hospital Episode data

AACE commissioned Lightfoot Solutions Ltd to produce a comprehensive dashboard system based on the Hospital Episode (HES) data but with the unique ability to look in detail at the stream of patients dealt with or conveyed by ambulance services. This product was made available to all trusts at a highly competitive cost brought about through central procurement by AACE.

The dashboards allow ambulance trusts to have a much clearer picture of their patient flows and to understand what has happened to the patients they treat and convey. Through this tool they can compare themselves both to the national picture for all ambulance trusts and to each of the individual trusts.

This tool can provide admission rates by clinical condition and also information on treatment and length of stay. Crucially it has also begun to allow some determination of the numbers of patients who had an avoidable admission and this has been used effectively by several trusts in their discussions with their commissioners.

Several Trusts have taken the opportunity to build on this base product to develop additional tools to help them influence on-going commissioning decisions within their local health economies.

Ambulance Quality Indicators (AQIs) Dashboard

AACE also commissioned Lightfoot Solutions Ltd to produce a comprehensive dashboard system based on the monthly AQI submission to DH. This sophisticated comparison tool allows Trusts to compare their performance against each of the quality indicators against not only the national performance but also other ambulance trusts. The aim was solely one of promoting best practice and the sharing of ideas and processes that deliver benefits for patients. The system has been well received and there is good evidence of it being used

to generate collaboration between trusts to improve patient outcomes. NDOG developed a set of supplementary guidelines to accompany the AQI systems indicators to further improve the consistency of performance reporting through reducing the scope for interpretation. These guidelines were approved for use by AACE in January 2014 and came into effect from 1st April 2014.

Workforce Planning

The HRDs Group has been focusing on workforce capacity both in the frontline and in leadership with a particular focus on Director/Aspiring director development. Health Education England (who are mandated to secure an effective system for education and training in the NHS, balancing supply and demand and delivering on a national workforce plan) together with the College of Paramedics are overseeing the Paramedic Evidence-based Education Project (PEEP). Over the past year a national programme of work has been established with a steering group and four supporting work streams - Ways of Working/Scope of Practice, Workforce Planning, Finance & Commissioning and Communications. Each group is responsible for reviewing allocated PEEP recommendations and advising the steering group on implementation. Ambulance Services and HR directors are represented in each area.

The workforce planning group has been base-lining the current national position (including call handling and NHS 111 provision) and will be assessing the future requirements based on emerging clinical models, standards and commissioning requirements arising from the UEC Review. All groups will be reporting in June/July 2014.

Aspiring Ambulance Operations Director Programme

This programme was initiated in 2012 and piloted in 13/14 with the aim of addressing:

- A shortage of appointable candidates for Ambulance Operations Director roles
- A perception that a different leadership culture needed to be developed which balanced the operations centric, 'command and control' approach to leadership with a more relational, coaching based style.





**Ambulance
Leadership
Forum**



The NHS Leadership Academy agreed to provide financial support for the pilot programme to address these challenges and 18 participants took part. All were working at mid to senior level, typically in Associate Director/General Manager roles plus two participants in clinical roles.

During the period June 2013 to March 2014, five of the 18 participants have changed role and acquired an Operations Director or equivalent level role. The participants stated they believed they had become more effective leaders during the year; in general they felt they were more proactive, skilful and confident as a result of completing the Aspiring Director's course, which has been fully evaluated with a view to assessing future funding requirements. We are continuing to work with the leadership academy to ensure the continuation of the aspiring Directors programme as well as looking at wider involvement in the NHS Graduate Training schemes across all functions.

Ambulance Leadership Forum Conference

Now under the remit of the AACE, the Ambulance Leadership Forum (ALF) continues to be the conference where ambulance leaders and senior managers come together to share best practice and ideas on how to improve the way they manage their local services. Established in 2006, this annual conference gives senior ambulance personnel the opportunity for networking and to hear from key figures in the NHS, DH and other parts of the public and private sector on current and future leadership thinking and policy development. ALF has now become a major catalyst for the improvement of patient care, allowing new ideas to be debated and take shape which will ultimately benefit patients.

The eleventh Ambulance Leadership Forum was widely praised as "the best yet" with over 250 delegates from the UK and abroad attending the event between 20 – 23 May 2013.

The opening presentation on NHS 111 given by Janette Turner of the University of Sheffield's Medical Care Research Unit stimulated a variety of questions. Professor Keith Willett's keynote address followed and he gave a personal view on change within the NHS that resonated with many present. Nigel Edwards of the King's Fund shared his views on recent system changes



and their impact on the NHS in his well-recognised forthright manner. Two international speakers in Tony Ahern, Chief Executive of St John Ambulance in Western Australia and Kenneth Kronohage of Falck Denmark made delegates think about worldwide comparisons in ambulance service provision. Sharon Lamb of law firm Capsticks spoke to the audience about competition and co-operation for Foundation Trusts and Dr Phil Leather of Zeal Solutions bought his vast experience as a behavioural psychologist to assist in meeting the challenge of developing effective leaders in ambulance services.

Vij Randeniya, President of the Chief Fire Officers Association and Chief Fire Officer of West Midlands Fire Service gave a particularly interesting (and prescient given the recent launch of the Knight report) speech where he focused on areas where the fire and ambulance services could work more closely together to improve services for the communities we serve. Greg Mundy, CEO of the Council of Ambulance Authorities (Australasia) and Gary Wingrove, Director of Government Relations and Strategic Affairs at Gold Cross/Mayo Clinic Medical Transport (USA) gave a joint presentation on international perspectives on EMS, and again highlighted how many of our issues are in fact common around the world in EMS and Ambulance services.

ALF was delighted to welcome Lord Howe, the Parliamentary Under Secretary of State for Quality at the Department of Health, who paid fulsome tribute to all working in NHS ambulance services for delivery yet again against stringent targets in the face of rising demand. Integration was a key theme and the pivotal role ambulance services play across health care disciplines was highlighted.

The 2013 event included the annual awards dinner, sponsored by Excelebrate, with patriotic cheering for regional prize winners and an excellent after dinner speech from Flt Lt (retd) Mandy Hickson. Over \$500 was collected during the event to go directly to EMS personnel and their families who had suffered loss in the Oklahoma Tornado disaster earlier that week.

The 2014 ALF Event takes place on 18/19 November 2014 in Leeds.

Demand research

Rising demand on our services is widely acknowledged to be a key concern for ambulance trusts. At a national level ambulance trusts in England are dealing with 1.8 million calls per year more than they were five years ago, an increase of 25%. There is a clear pattern of year on year rises in demand:

2012-13: 9.08 million emergency calls – an increase of 587,972 (6.9%)
2011-12: 8.49 million emergency calls – an increase of 410,000 (5.1%)
2010-11: 8.08 million emergency calls – an increase of 209,608 (2.7%)
2009-10: 7.87 million emergency calls – an increase of 191,310 (3.0%)
2008-09: 7.48 million emergency calls – an increase of 250,000

Historically increased demand has been managed through a combination of changing operational practices, seeking efficiencies and securing additional funding through commissioners. Ambulance trusts have considerable collective experience of establishing what level of resources are required to match rising demand, however there is little evidence specific to the ambulance service that has investigated the underlying causes of increasing demand.

During 13/14 AACE commissioned a comprehensive academic research project, conducted by Dr Melanie Edwards, to gain a better understanding of the drivers

of demand. The review addresses the following questions and will be completed by summer 2014:

1. How has demand changed nationally over the past 10 years?
2. What factors have contributed to the rise in ambulance demand?
3. How do ambulance demand patterns relate and interlink to demand elsewhere in the urgent and emergency care system?
4. What steps could be taken to mitigate the rise in demand?

Emergency Call Prioritisation Ambulance Group

An AACE Task & Finish group revised the terms of reference and membership of the ECPAG during 13/14, which will now focus purely on coding for Red 1 & Red 2 calls for both AMPDS and NHS Pathways, coordinating approval mechanisms through NHSE and DH when appropriate.

Red 1 Calls

Historic data identifies that there are significant variations between trusts in the volumes of patients categorised as Red 1. In the summer of 2013 AACE initiated detailed work to examine these variations in order to identify what steps might be taken to improve consistency. There is always likely to be a certain level of variance between Trusts using NHS Pathways and Trusts using AMPDS due to the very different ways that the two systems operate. However it was also identified that a significant proportion of the variation was due to different categorisation of peri-arrest patients (patients whose condition indicates that they are about to enter cardiac arrest). It was found that this group of patients were categorised as Red 1 within AMPDS and as Red 2 within NHS Pathways. This historic variation was thought to be due to different interpretations of what constituted a Red 1 response resulting from the lack of a written definition for Red 1. To bridge the two systems a new definition of Red 1 was developed with the aim of ensuring a greater degree of consistency. The definition was mapped onto AMPDS and Pathways and a 3 month trial in the autumn monitored the impact of the changes. Emerging findings indicate that the new Red 1 definition identifies a higher proportion of cardiac arrests and that there has been an improvement in the rate of return of spontaneous circulation (ROSC) for patients categorised as Red 1. Analysis of potential benefits of these changes is continuing.





Review of performance standards

AACE believes there is an urgent clinical requirement to revise some aspects of the current ambulance response time indicators in order to improve patient care and reduce the growing clinical risk of patients experiencing delays for an ambulance.

Ambulance Trusts are currently asked to:

- Reach 75% of calls graded as Red 1 within 8 minutes of the call being connected to them by BT.
- Reach 75% of Red 2 calls within 8 minutes of whichever comes first of: allocating a resource to the call, establishing what the problem is (chief complaint) or 60 seconds after call connect.
- Attend patients categorised as Red with an ambulance within 19 minutes if it's determined that they need to be taken to hospital.

Red 1 and Red 2 accounts for circa 40% of ambulance workload, but we know that in fact less than 10% of patients are life-threatening and in genuine need of an 8 minute response. Continuing to send an 8 minute response to patients whose condition does not warrant it can create delays in ambulance availability and is therefore creating a growing clinical risk for both Red 1 and Red 2 patients who need an ambulance to back up the initial first responder and for lower acuity patients who also may have to wait too long for an ambulance.

AACE has therefore been lobbying NHSE and DH to initiate an urgent review of response time standards to address these emerging risks and to ensure that patients receive an appropriate, timely response. The need for these changes is clearly clinically driven, but AACE would also expect to see a consequential improvement in ambulance performance overall.

College of Paramedics

Close collaboration with the College of Paramedics over the last year has been focused on a range of issues including: Competencies framework; Paramedic Practice Educators; Continuing Professional Development; Development of a voluntary register for specialist practice, and Independent prescribing for paramedics.

NHS 111

Several Ambulance Trusts had secured NHS 111 contracts in their own right and had been successfully delivering these for some time either individually or in partnership with other organisations. In autumn 2013 ambulance service provision of NHS 111 increased still further with some trusts assuming responsibility for previous NHS Direct provision. These 'step-in arrangements' will continue until contracts are re-tendered.

The majority of ambulance trusts in England now provide NHS 111 services for some, if not all, of their region. AACE's Future Ambulance Service NHS 111 Provision Project concluded in September and included the commissioning of comprehensive competition law advice, which informed the national director groups' activities around this topic. AACE has continued to lobby consistently for ambulance services to become the primary/sole provider of NHS 111 services, and is involved in NHS England's scoping of a more augmented NHS 111 service.



Taking The Lead

The Association will work closely with other bodies to ensure that the voice of the ambulance service is heard more clearly. AACE will be the first point of call for a range of enquiries and consultations about ambulance service provision from many stakeholders, including politicians, the Department of Health, NHS England and our regulatory bodies, CQC and Monitor – as well as international colleagues, the general public and media.



NHS Confederation

The AACE works closely with the NHS Confederation and during 2013 we successfully negotiated a corporate membership of the NHSC for all of the English NHS Ambulance Trusts in England. The NHSC is the independent membership body for the full range of organisations that make up today's NHS across the UK, and we continue to build our relationship and raise the profile of the ambulance sector within this body.

AACE are active members of the Urgent & Emergency Care Forum set up by the NHS Confederation in 2013, working closely with colleagues across the disciplines and NHS organisations involved in this field of care. Anthony Marsh OAM, AACE Chairman, is a member of the steering committee, along with Heather Strawbridge, Chair of SWASFT. This forum has a vital role to play in taking the findings from Sir Bruce Keogh's report 'Transforming Urgent & Emergency Care' forward and AACE will continue to emphasise the key role of NHS ambulance services in being at the forefront of change to improve patient care.



Care Quality Commission

The DH is revising the regulations around registration for CQC inspections in light of the Francis Report of 2011. In turn, CQC are changing their approach to their inspection frameworks and AACE has been involved in informing the process of change for ambulance trusts in England, making it more appropriately focused on the range of services that the ambulance sector provides in the varied environments in which care is delivered. We now have representatives from NDOG, QGARD, NASMED and the AACE team on their ambulance advisory group and task groups developing the new inspection process, which is due to be applied from the Autumn of 2014.



British Heart Foundation

Two key areas of activity for BHF this year have involved AACE representation: a scoping project for a proposal to establish a national Automated External Defibrillator (AED) location database and a working group campaigning for more AEDs in public places, with a particular focus on schools. During 2013 there were an average of 369 calls per Ambulance Trust to incidents on school premises involving chest pain, cardiac or respiratory symptoms. As a result of the efforts of the working group the DoF is now issuing guidance to schools on supporting pupils with medical conditions, which includes a strong recommendation to hold an AED on their premises.





AACE Communication Strategy

Martin Flaherty is the AACE lead for the National Communications Group and has worked very closely with them to develop the AACE Communication Strategy. This ensures that we have ready developed common media and position statements around a whole range of important issues for the sector.

There are now a dynamic set of messages and statements that can be used to convey the national ambulance stance when required and to help support local media messages produced by trusts along similar themes. Subjects include:

- Hospital Handovers
- NHS 111 provision
- Use of Private / Volunteer ambulance providers
- A&E Reconfiguration
- Rural Cover
- Blue Light Collaboration
- Response Times & Reporting
- Finance & Funding
- Work-related stress

AACE maintains an ability to respond to national media enquiries regarding ambulance issues both in and out of hours and involves trust communication leads in these responses ensuring a joined up approach at all times. A library of AACE media responses and position statements is maintained and updated as new issues arise and these are also routinely shared with Communications leads nationally. We invested in some additional resource for the final quarter of 2013/14 to boost our ability to deal with comms enquiries and more importantly to engage and network more proactively with our key stakeholders, including the NHSC and FTN and our regulatory bodies, so improving our ability to get our national voice heard more effectively.

Consultations

During 2013-14 AACE has provided central input into a number of reviews and consultations including: The Health Select Committee's Review of Urgent & Emergency Care; The Home Office 'Improving management of s136 mental health admissions'; the CQC new inspection framework for ambulance



services; UK Search & Rescue; The Welsh Ambulance Service; Notifiable Occupations Scheme; Speed Limits & exemptions for Emergency Services; Ambulance Quality Indicators.

Presentations

Members of AACE have attended many events over the past year to present the ambulance position in regard to a wide range of subjects and a wide range of audiences. Such occasions include: Unison Branch Meeting, College of Paramedics Conference, CQC workshops, Association of Air Ambulances Conference, LGA Annual Fire Conference, Police Conference, Inside Government Event, NHS Confederation Urgent & Emergency Care Forum, National Patient Safety Agency Conference, Parliamentary Advisory Council for Transport Safety, Royal College of Art Ambulance Redesign Workshop, Interoperability meetings.

Website & Social Media

Our website set up in 2012 is attracting increasing numbers of visitors and currently we average 2,350+ visitors per month, with 33,000 visits over 2013/14 – this is more than double the access for the previous year, with an ever-growing number of contacts and requests from healthcare professionals, public & media.

Aside from detailing the work of AACE, the site serves as an up-to-date News Hub for the latest ambulance services and urgent care announcements – with high levels of users returning to the site. The News section is updated every day – both AACE-led stories and also wider emergency healthcare content, sourced and re-published from bodies such as UK Ambulance Trusts, NHS Confederation, DH, Kings Fund and the Health Foundation. We monitor for relevant Events, Reports and other documents of interest to our members and AACE stakeholders, updating our Resources section as soon as we source this information.

Our Twitter activity is the main source of external referrals to the AACE site, accounting for 49% of referred traffic. Twitter enables AACE to speak directly and share information with people who want to know more about AACE. It is a daily commitment, with a focus on raising AACE's profile across the Ambulance & Emergency Services social media communities and wider opinion formers,



ultimately to drive traffic to AACE content on the site. Our consistent, 'always-on' social media strategy has delivered impressive growth of the AACE following, now numbering nearly 1,650 people & organisations. Notable examples of these include some of our key stakeholders: The NHS Confederation, the FTN, The Kings Fund, the NHS Alliance, the COP, JESIP, the Association of Air Ambulances, the Fire Service College, NHS Leadership Academy, the Emergency Services Show, Paramedics New Zealand, CFOA National Resilience, NARU, NHS Pathways, NAEMSP, the HQIP, the Nuffield Trust, Monitor, HSJ, Ambulance News, the NHS Institute, Cabinet Office UK Resilience, the BMJ, the IAA, APPGEAPS, The EPS, St John Ambulance, the UK Ambulance Forum, and of course all of the UK Ambulance Trusts. In the last 12 months, our targeted Twitter activity has seen AACE being regularly featured on daily online newspapers such as Ambulance News Daily, Emergency Services Daily, Independent Ambulance News and even the International Association of EMTs & Paramedics. This further establishes AACE within the most relevant contexts – alongside other pre-hospital / emergency groups and thought leaders. It provides endorsement by others and at the same time gives AACE a voice beyond our own website and social media outputs.

Commercial Activity

Commercial activity has been a new and growing area for AACE this year bringing in some £27k in royalties ring-fenced for future Clinical Guideline development and some £35k in additional revenue which has been used to fund additional AACE staff, services and professional support. Good progress has been made this year particularly in the area of providing consultancy services but we recognise that there is much more to be done.

Additional income has been brought in through royalties associated with the National Clinical Guidelines and through sponsorship of the ALF Conference together with some limited AACE endorsement of other products and services.

A sub-committee of the AACE Board has been formed with additional input from Jennie Kingston, FD for SWAST and Richard Hunt, Chair of LAS, to guide and develop the AACE commercial work in future.

Consultancy Services

AACE is ideally placed to act as a gateway and a conduit to UK Ambulance expertise. The UK is well respected internationally for delivering innovative EMS solutions and individual services are often approached to provide consultancy support in various forms to international clients. These are sometimes difficult to deliver for single services but AACE offers an opportunity to collate input from multiple services to deliver on some of these potential opportunities.

Two major commercial contracts delivered in 13/14 are detailed below:

Republic of Ireland

AACE has developed a strong consultancy relationship with the Health Services Executive in the Republic of Ireland and has provided the following services designed to support the on-going Transformation Programme of their National Ambulance Service.

- Strategic advice and support to the Chief Operating Officer of the Health Services Executive on all aspects of the Ambulance Transformation Programme
- Input to the selection and appointment of a new National Director (CEO) of the National Ambulance Service



Informing

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ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES



- Assistance with designing and commissioning a National Baseline Capacity Review
- Project management support and technical support to their National Control Room Reconfiguration Project
- Provision of additional UK Control Room Management expertise through use of seconded staff from UK services
- On-going support to the development of newly appointed control room managers
- Providing access for Senior Managers from Ireland to UK peers to facilitate the sharing of best practice

The National Ambulance Service (NAS) in the Republic of Ireland also became an Associate Member of AACE during this year and are committed to continuing that membership going forward.

The consultancy contract has been extended for a further year and will include continuation of the above areas of activity coupled with a review of the Ambulance Service Provision in Dublin City currently provided by the Dublin Fire Brigade.



Gibraltar

AACE also secured a contract with the Gibraltar Health Authority to conduct a comprehensive Strategic Review of the Ambulance Service in Gibraltar. This involved multiple visits to Gibraltar by the AACE MD and widespread consultation with the managers and staff of the service as well as a wide range of other key stakeholders. AACE presented the Strategic Review to the Health Minister in Sept 13, it was well received and all its recommendations were accepted.

Gibraltar Ambulance Service is also now an Associate Member of AACE and the following work has been delivered or is underway.

- AACE has provided input to the selection and successful appointment of a new Chief Ambulance Officer
- Proposals for AACE to provide 12 months mentoring for this new CAO were submitted and are being reviewed by the Gibraltar Health Authority
- At the request of AACE the NARU has developed proposals to carry out an Emergency Planning and CBRN review for Gibraltar to be completed during 14/15
- AACE has been asked to present the outcomes of the review to all staff and managers during the summer of 2014 and a date is awaited from the GHA to complete this work

Membership

On behalf of their services the Chief Executives and Chairs of all ten English NHS Ambulance Trusts are full Members of The Association of Ambulance Chief Executives (AACE).

representing



Anthony Marsh QAM, CEO
East of England Ambulance Service
NHS Trust



Sue Noyes, (Interim) CEO
East Midlands Ambulance Service
NHS Trust



Ann Radmore, CEO
London Ambulance Service
NHS Trust



Simon Featherstone, CEO
North East Ambulance Service
NHS Foundation Trust



Geoff Harris OBE, (Interim) Chair
East of England Ambulance Service
NHS Trust



Pauline Tagg, (Interim) Chair
East Midlands Ambulance Service
NHS Trust



Richard Hunt CBE, Chair
London Ambulance Service
NHS Trust



Ashley Winter OBE, Chair
North East Ambulance Service
NHS Foundation Trust

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responsive



Bob Williams, CEO
North West Ambulance Service
NHS Trust



Will Hancock, CEO
South Central Ambulance Service
NHS Foundation Trust



Paul Sutton, CEO
South East Coast Ambulance Service
NHS Foundation Trust



Ken Wenman, CEO
South Western Ambulance Service
NHS Foundation Trust



Mary Whyham MBE, Chair
North West Ambulance Service
NHS Trust



Trevor Jones, Chair
South Central Ambulance Service
NHS Foundation Trust



Tony Thorne, Chair
South East Coast Ambulance Service
NHS Foundation Trust



Heather Strawbridge, Chair
South Western Ambulance Service
NHS Foundation Trust

evolving



Anthony Marsh QAM, CEO
West Midlands Ambulance Service
NHS Foundation Trust



Dave Whiting, CEO
Yorkshire Ambulance Service
NHS Trust



Sir Graham Meldrum CBE, Chair
West Midlands Ambulance Service
NHS Foundation Trust

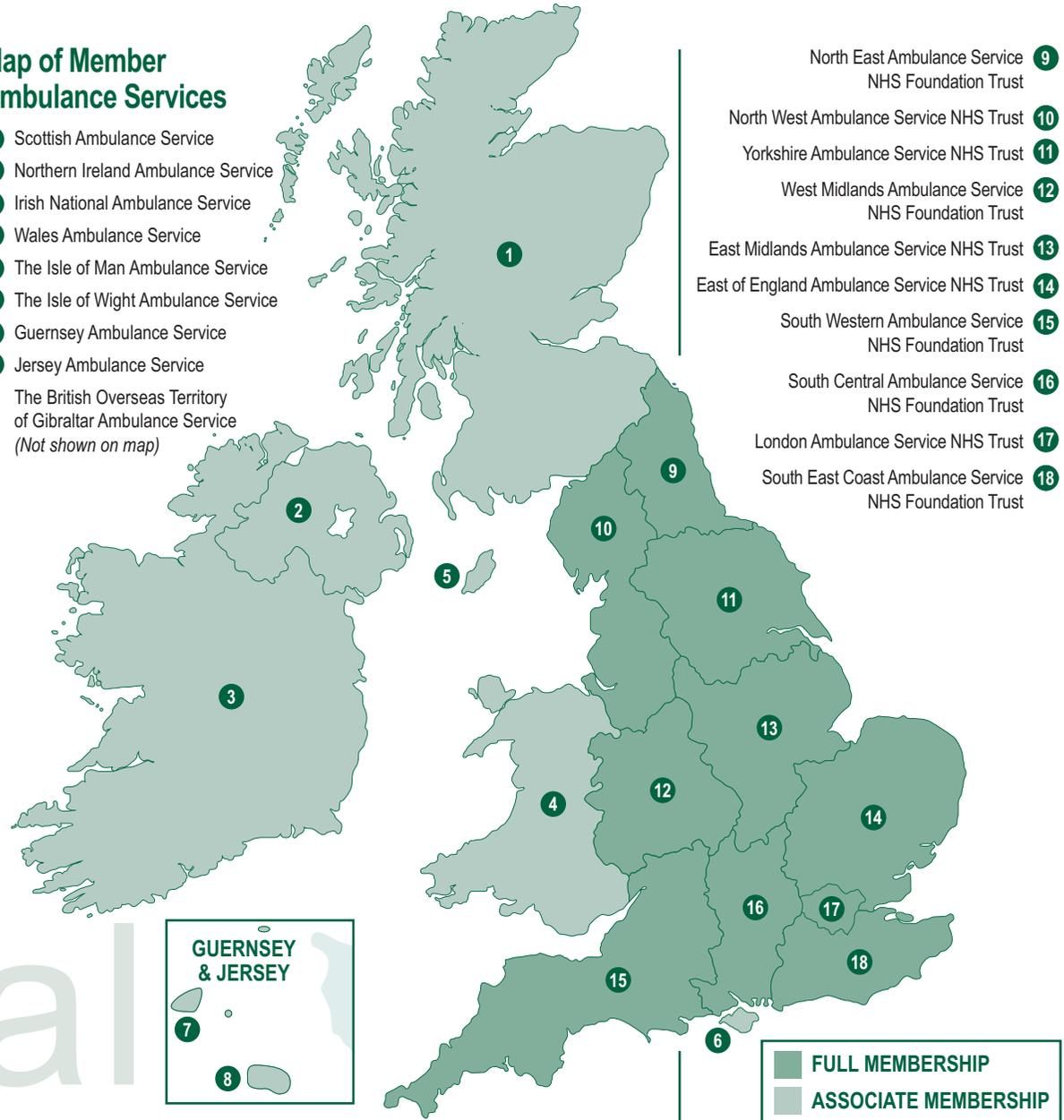


Della Cannings QPM, Chair
Yorkshire Ambulance Service
NHS Trust

Map of Member Ambulance Services

- 1 Scottish Ambulance Service
- 2 Northern Ireland Ambulance Service
- 3 Irish National Ambulance Service
- 4 Wales Ambulance Service
- 5 The Isle of Man Ambulance Service
- 6 The Isle of Wight Ambulance Service
- 7 Guernsey Ambulance Service
- 8 Jersey Ambulance Service

The British Overseas Territory of Gibraltar Ambulance Service
(Not shown on map)



national

TAKING THE LEAD



Association of Ambulance Chief Executives (AACE) Annual Report 2013-2014

In 2013/14 we welcomed those from the ambulance services operating in the devolved administrations as Associate Members including Scotland, Wales and Northern Ireland as well as those in Republic of Ireland, The Isle of Wight, The Isle of Man, Guernsey, Jersey and The British Overseas Territory of Gibraltar:



Pauline Howie, CEO
Scottish Ambulance Service



Elwyn Price-Morris, CEO
Wales Ambulance Service



Liam McIvor, CEO
Northern Ireland Ambulance Service



Martin Dunne, National Director
Republic of Ireland Ambulance Service



Chris Smith, CEO
The Isle of Wight Ambulance Service



Russell Thornhill, CEO
The Isle of Man Ambulance Service



Jon Beausire, CEO
Guernsey Ambulance Service



Peter Gavey, CEO
Jersey Ambulance Service



Adrian Gerada, CAO
The British Overseas Territory
of Gibraltar Ambulance Service

Applications for Associate Membership will also be considered from other statutory ambulance / emergency medical services in other countries, subject to approval from the AACE Council. For a reduced full membership subscription, Associate members benefit from the various activities of the Association, observing at AACE meetings and participating in national benchmarking exercises for instance. Where applicable, they also receive the same preferential rates as full members e.g. for attendance at the Ambulance Leadership Forum; and when purchasing the National Ambulance Clinical Guidelines or Driving Manual these will be charged at the same rate, by the publisher, as the full Members.



The AACE Team

The central AACE team resource has grown during 2013/14 but remains a small team considering the level of activity we undertake.



Anthony Marsh ^{QAM}, **AACE Chair** – Anthony started his career in the Ambulance Service in 1987 and worked his way up to Chief Executive, currently of WMAS & EEAS. Within WMAS he also holds responsibility for NARU commissioned directly by NHSE. Anthony holds an MBA and an MSc in Strategic Leadership. In April 2012 he was awarded an Honorary Degree (Doctor of Science) from the University of Wolverhampton 'in recognition of his exceptional contribution to the Emergency Preparedness of the United Kingdom and his vision and leadership in the development of an outstanding ambulance service for the people of the West Midlands.' In January 2014, Anthony was announced as a recipient of the Queen's Ambulance Service Medal (QAM) within Her Majesty's New Year Honours List.

We now have five employees based in our London office:



Martin Flaherty ^{OBE}, **Managing Director** – Martin joined LAS in 1979 as a front line ambulance technician and paramedic and followed this with 25 years as a manager and executive director in a variety of positions. He was responsible for coordinating the emergency medical response to the 7th July bombings in 2005 and became Deputy Chief Executive of LAS in May 2009. Following secondments with the Irish Ambulance Service/HSE as Strategic Ambulance Advisor and at Great Western Ambulance Service as Interim Chief Executive, Martin was also the Senior Responsible Officer for the LAS Olympic and Paralympic Programme. Martin ended his career with LAS in January 2013 as interim CEO before taking up his role as MD for AACE, which he undertakes 4 days/week.



Samantha Williams, Executive Assistant – Sam has a busy role looking after the AACE team, handling administration and providing general support to the whole organisation. She is the first point of contact for all AACE enquiries and Executive Assistant to Managing Director, Martin Flaherty, as well as providing administrative support to NASMeD. Sam spent much of her previous career in the Civil Service especially in the Department for International Development, in the House of Commons and the Ministry of Justice. She then spent three years at London Ambulance Service as PA to the Human Resources & Medical Directors, before moving full time to AACE in 2012.



Steve Irving, Executive Officer – Steve is a paramedic with over 25 years service in the London Ambulance Service (LAS), latterly as Executive Officer to the Chief Executive. Steve now works as Executive Officer at AACE on a full time basis and works closely with the MD across a broad range of AACE related issues. Steve is also the main organiser of the annual Ambulance Leadership Forum.



Anna Parry, National Programme Manager – Anna joined AACE on a part-time basis following her role in LAS as Deputy Head of Olympic Planning. Anna previously worked in NHS project management roles for a cardiac network and a primary care trust. She has a Masters in Public Management and is responsible for coordinating the AACE's national programme, which is comprised of the ten national director group work programmes and AACE - specific projects.

AACE



Martyn Salter, Finance Manager – Martyn is a qualified accountant (FCCA) and joined the NHS 40 years ago. For the past 20 years he has worked at LAS, initially as deputy director of finance and more recently managing an efficiency team before retiring in March 2014. Martyn now works two days a week for AACE and is responsible for all aspects of finance as well as being Company Secretary.

In addition to our staff based in London we have:



Cathryn James, Clinical Support for NASMeD – Cathryn has worked in the ambulance service for 32 years and became a paramedic in 1987. She is seconded from YAS for two days per week, supporting the National Ambulance Medical Directors Group (NASMeD). In YAS she works one day per week as an advanced paramedic and the other two days as Clinical Pathways Advisor, leading on alternative patient pathways.

plus part-time contracted professional support from:



Mike Boyne of C3 Solutions Ltd – Providing assistance in the delivery of AACE projects and support to the NDOG work programme. He has previously completed work programmes on behalf of ambulance trusts and the DH in relation to emergency preparedness, flu pandemic planning and performance improvement initiatives. Mike is a former Army Officer

who in the latter stages of his career developed a specialism in urban counter terrorism operations and major incident management. On leaving the Army Mike worked for LAS in a variety of senior management roles leading departments responsible for health emergency preparedness and logistics before being appointed as Assistant Director of Operations with responsibility for South London, leaving the NHS in 2007 in order to relocate to Cornwall and pursue other business interests.



Carl Rees of Rees Professional Services Ltd

– Providing support and advice to AACE for national media enquiries and public relations issues, linking with trust Communications leads. He has worked with numerous NHS and healthcare organisations over the years, including St Mary's NHS Trust as Head of Communications, where he managed the media in the aftermath of the Paddington Train Crash, and for the Royal Pharmaceutical Society, the former ASA and NARU. He organises the annual AMBITION conference & exhibition on behalf of NHS ambulance services, focusing on delivering excellence in pre-hospital care, resilience and interoperability by bringing the emergency response sector together.



John McNeil of McNeil Creatives Ltd

– Providing our daily electronic media services and maintaining the AACE website, constantly finding ways to grow and improve our online presence. This is achieved both through regular website updates and by building links with stakeholder websites and via social media activity at @AACE_Org.



Hilary Pillin of HRP Professional Services Ltd

– Focusing on enhancing key stakeholder relations, coordinating our input to the Urgent & Emergency Care Review and providing support to the MD in AACE's commercial and consultancy activities. Following a lengthy career in senior roles managing governance, quality & risk departments in both acute and ambulance trusts, she has gone on to lead national programmes for NHS Employers (with the ASA) in relation to Risk & Safety and the 7 year DH programme (with ASA & NARU) to establish a new emergency response capability, HART, across the UK as part of the National Capabilities Programme and the UK Counter-Terrorism Strategy. She holds a Masters degree in Terrorism Studies and provides consultancy to healthcare & emergency services in UK and overseas.



Martyn Salter
Finance Manager

Financial Accounts

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES
COMPANY LIMITED BY GUARANTEE (Registered Number 07761209)

PROFIT AND LOSS ACCOUNT YEAR ENDED 31 MARCH 2014

	Note	2014 £	2013 £
Turnover		908,545	505,836
Cost of sales		<u>(40,834)</u>	<u>(25,041)</u>
Gross profit		867,711	480,795
Administrative expenses		<u>(861,035)</u>	<u>(352,886)</u>
Operating profit	2	6,676	127,909
Interest receivable		19	–
Profit on ordinary activities before taxation		<u>6,695</u>	<u>127,909</u>
Tax on profit on ordinary activities	3	<u>(3,314)</u>	<u>(24,044)</u>
Profit for the financial year		<u>3,381</u>	<u>103,865</u>

BALANCE SHEET 31 MARCH 2014

	Note	2014 £		2013 £	
Fixed assets					
Tangible assets	4	10,392		7,687	
Current assets					
Debtors	5	266,788		184,101	
Cash at bank		<u>178,763</u>		<u>40,906</u>	
		445,551		225,007	
Creditors: Amounts falling due within one year	6	<u>(348,697)</u>		<u>(128,829)</u>	
Net current assets			96,854		96,178
Total assets less current liabilities			<u>107,246</u>		<u>103,865</u>
Reserves	8				
Profit and loss account	9		107,246		103,865
Members' funds			<u>107,246</u>		<u>103,865</u>

accounts

Glossary

AACE	Association of Ambulance Chief Executives
ACPO	Association of Chief Police Officers
AED	Automated External Defibrillator
ALF	Ambulance Leadership Forum
ALPG	Ambulance Lead Paramedic Group
AMPDS	Ambulance Medical Prioritisation Dispatch System
AQI	Ambulance Quality Indicator
ARP	Ambulance Radio Programme
ASA	Ambulance Services Association
BASICS	British Association for Immediate Care (Doctors)
BHF	British Heart Foundation
CAD	Computer Aided Dispatch
CFOA	Chief Fire Officers Association
CoP	College of Policing
CQC	Care Quality Commission
CSR	Central Spending Review
DCLG	Department of Communities & Local Government
DH	Department of Health
DoFs	Directors of Finance
DfT	Department for Transport
ECPAG	Emergency Call Prioritisation Ambulance Group
EEAS	East of England Ambulance Service
EMAS	East Midlands Ambulance Service
EMS	Emergency Medical Services
ePRF	Electronic Patient Report Form
EPRR	Emergency Preparedness, Resilience & Response
ERC	European Resuscitation Council
ESMCP	Emergency Services Mobile Communication Programme
GHA	Gibraltar Health Authority

HART	Hazardous Area Response Team
HEE	Health Education England
HES	Hospital Episode Statistics
HRDs	Human Resources Directors
IOR	Initial Operational Response
JESIP	Joint Emergency Services Interoperability Programme
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
LAS	London Ambulance Service
MERIT	Medical Emergency Response Incident Team
MTFA	Marauding Terrorist Firearms Attack
NARU	National Ambulance Resilience Unit
NASMeD	National Ambulance Service Medical Directors
NDOG	National Directors of Operations Group
NEAS	North East Ambulance Service (Foundation Trust)
NHSC	NHS Confederation
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NWAS	North West Ambulance Service
PEEP	Paramedic Evidence-Based Education Project
PRPS	Powered Respirator Protective Suit
PTS	Patient Transport Service
QGARD	Quality Governance & Risk Group
ROSC	Return of Spontaneous Circulation
SCAS	South Central Ambulance Service (Foundation Trust)
SECAMB	South East Coast Ambulance Service (Foundation Trust)
SWASFT	South West Ambulance Service Foundation Trust
UEC	Urgent & Emergency Care
WMAS	West Midlands Ambulance Service (Foundation Trust)
YAS	Yorkshire Ambulance Service

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