



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

Annual Report



2014-2015

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



INTRODUCTION

2014/15 was another highly successful year for the Association of Ambulance Chief Executives (AACE) in which the majority of our strategic objectives were achieved or significantly moved forward. In addition as can be seen within this report, an enormous amount of work has been accomplished on behalf of the sector by leading at a national level on a myriad of different policy issues.

AACE has established a highly professional and expert mix of both full time and part time staff supported by credible contractors which has evolved into a respected high performing team of individuals dedicated to moving the ambulance sector forward and ensuring that they provide the best possible support for members.

The growth of the consultancy arm, principally led by the Managing Director, has been highly successful and has ensured that the organisation has been able to secure its staffing resource and support to a range of activities on behalf of members without seeking additional subscription contributions.

Our membership was maintained during 2014/15, although we said goodbye to four of our Chief Executives: Ann Radmore, Simon Featherstone, Dave Whiting, and Elwyn Price-Morris; and two Chairs: Geoff Harris and Mary Wyham - we are grateful for their support and input throughout their time as members of AACE. We welcomed new Chief Executives: Fionna Moore, Yvonne Ormston, Rod Barnes and Tracy Myhill and Chairs: Sarah Boulton and Wyn Dignan (see pages 27-31).

Our strategic priorities set by the AACE Council for 2014/15 focused on: Demand Management; People/Talent Development; Urgent Care Provision; Public Affairs & Lobbying; Partnership Working; Ambulance 2020 and Clinical Development.





WHAT IS AACE?

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 aims of AACE are the on-going development of the English ambulance service and the improvement of patient care through learning and innovation in the services being provide.

We have a small central team coordinating the work of AACE (see page 32-33), and our national programmes of work and consultation, which engage expertise from across all of our member organisations are each led by one of the Chief Executive Officers (CEOs) (see page 25). The central team meet weekly to discuss current issues and progress against our commitments and priorities.

AACE Management meetings bring all of the CEOs together each month with the central team, to discuss key issues, share approaches and learning, and to agree the national viewpoint on NHS policy relating to delivery of ambulance services.



AACE Council meetings take place three times a year bringing Chairs and CEOs together to set and monitor the strategic direction for the NHS ambulance sector and discuss matters that require a joint approach in lobbying government and influencing policy changes at both national and regional level.

AACE Board is in place to manage the organisation of AACE in accordance with the Companies Act 2006 regulations as a private company limited by guarantee. Its principle functions include:

- **Appointing AACE Managing Director**
- **Agreeing the annual budget and ensuring that full financial controls are in place and working effectively**
- **Approving the final accounts**
- **Ensuring that appropriate regular financial audit is in place**
- **Agreeing and supporting AACE commercial activities**
- **Ensuring the appropriate submissions are made to Companies House**



Board Members

Anthony Marsh OAM
CEO West Midlands
(AACE Chairman)

Della Cannings QPM
Chair Yorkshire

Ken Wenman
CEO South Western

Jennie Kingston
Deputy CEO & Finance Director
South Western

Bob Williams
CEO North West

Martin Flaherty OBE
(AACE Managing Director)





THE NHS IN CONTEXT IN 2014/15

Reports by Sir Bruce Keogh in 2013 emphasised the need to transform delivery of Urgent and Emergency Care across the NHS and identified five key elements that were going to be essential in doing so:-



Following on from this a visionary piece of healthcare strategy was laid out in October 2014 by Simon Stevens, CEO of NHS England, within the *NHS's Five Year Forward View*, the key principles of which are outlined below:-

- Radical upgrade in prevention and public health
- Hard-hitting national action on obesity, smoking, alcohol and major health risks
- Patients will gain far greater control of their own care
- Decisive steps to be taken to break down barriers in care provision
- Different local health communities supported by the NHS' national leadership to choose from amongst a number of radical new care delivery options
- Integrated out-of-hospital care – Multi-speciality Community Provider: GPs, nurses, hospital specialists, mental health and social care
- Primary and acute care systems: combined general practice and hospital services
- Enhanced integration between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services
- Foundation of NHS will remain list-based primary care; greater investment in primary care
- Meaningful local flexibility in application of payment rules and regulatory requirements
- Meaningful action taken in respect of demand, efficiency and funding to fill the £30 billion pay gap by 2020/21 (if current rate of demand continues, no further annual efficiencies made, and flat real time funding)
- NHS's long run performance-efficiency of 0.8% annually, nearer to 1.5-2% in recent years; looking to achieve an additional 2-3% net efficiency/demand saving by the end of the period through: action on prevention; investment in new care models; sustaining social care services; wider service improvements

Reference to the ambulance service within these proposals is focused on enhanced clinical decision making, provision of care closer to home and a wider community-based role, supported by the coordinating gatekeeper role that the ambulance service is able to fulfil as a central provider of NHS services.





Throughout 2014-15 AACE has maintained direct involvement and influence in how these transformations in healthcare delivery progress, driving policy changes and advising on how performance standards need to be reviewed and measures appropriately developed to be fit for purpose if the above principles and elements are to be met.

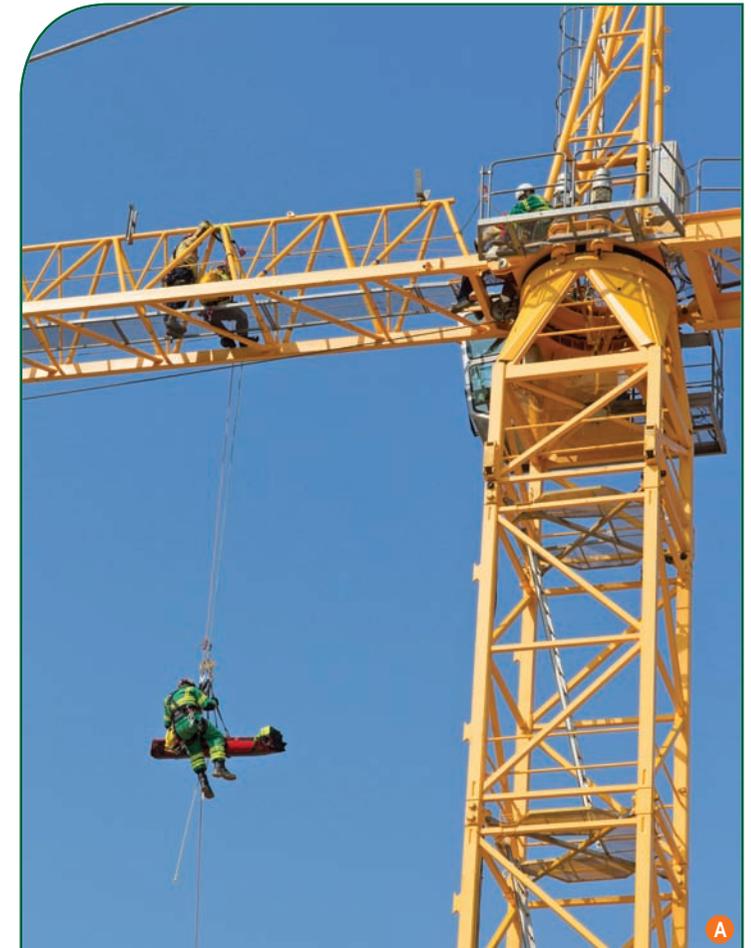
The pressure to deliver contractual targets, whilst meeting increasing demands and maintaining NHS savings plans, has put all NHS providers under increasing pressure during 2014/15. Quarter 3 in 2014/15 saw some of the most challenged performance delivered in A&E performance at 92% in England since the four hours target was introduced in 2010.

Comparing 2014/15 to the previous year:

- **A&E admissions increased by 2.9%;**
- **5,936 more elective operations were cancelled - an increase of 25%;**
- **and there were 69,119 delayed transfers of care - an increase of 23%**

This in turn placed an increased strain on ambulance trusts, seeing 47,023 more ambulances queuing outside A&E for 30 minutes more, contributing to the majority of ambulance trusts struggling to maintain Red call performance standards. GP shortages have exacerbated increased demand within emergency care, coupled with reduced hours of operation in community facilities impacting further on NHS 111 and 999 demand.

All of the issues prevalent in the wider NHS and Social Care system are impacting on the ambulance sector.



CONTEXT FOR NHS AMBULANCE SERVICES IN 2014-15

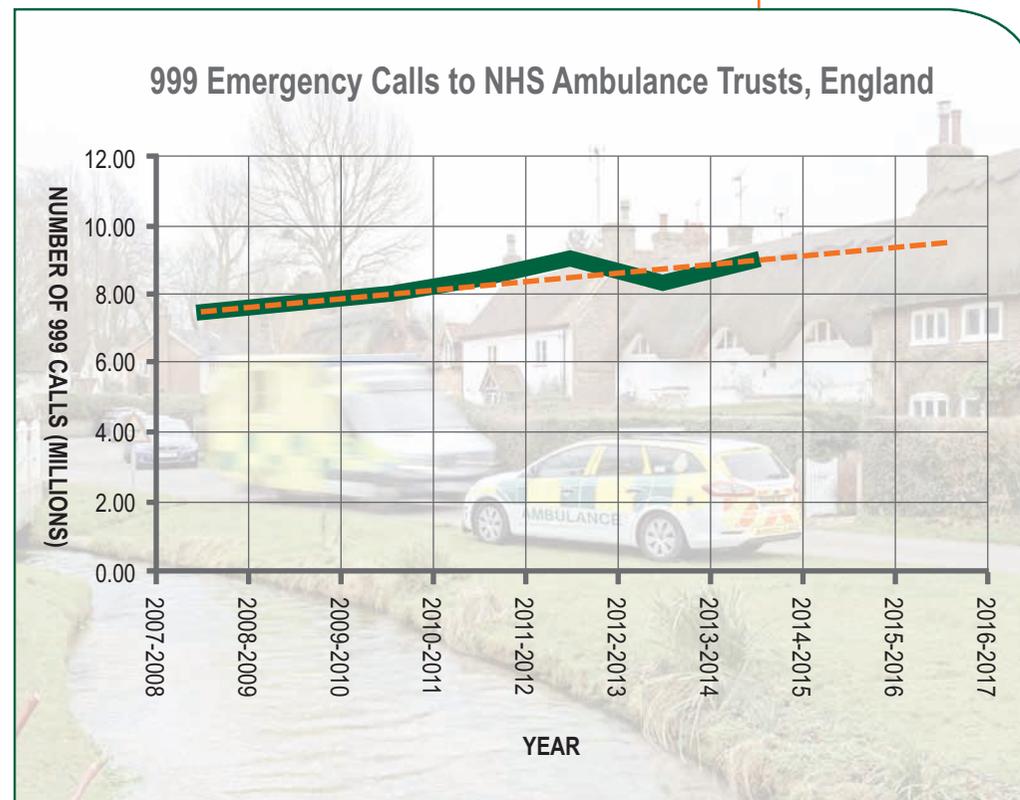
In 2014-15 the number of emergency 999 calls coming in to ambulance control rooms was 9 million; an increase of 530,000 (6.2%) over the previous year's 8.49 million, but similar to figures for 2012-13. This is an average of 24,661 calls per day or 17.1 calls per minute (Health & Social Care Information Centre, 2015).



These demands, together with an ageing population where the number of patients over 85 years is set to double by 2030, leaves the NHS with an enormous challenge, which most accept can only be managed through transformational change across the NHS.

Overall demand has slowed for most ambulance trusts, but the percentage increase in conversion of calls to Red (immediately life-threatening and requiring an 8 minute emergency response) has placed a significant strain on ambulance services and led to a deterioration in Red response performance against time targets.

There is variation across trusts in terms of increases and the distribution of Red calls, however the establishment of NHS 111 services appears to have been a key factor in driving up Red conversion rates. Ambulance services recognise the importance of managing demand further upstream through telephone triage and assessment/advice, but in many cases these 'demand management' initiatives have only been able to have a limited effect on overall demand and delivery of performance so far.





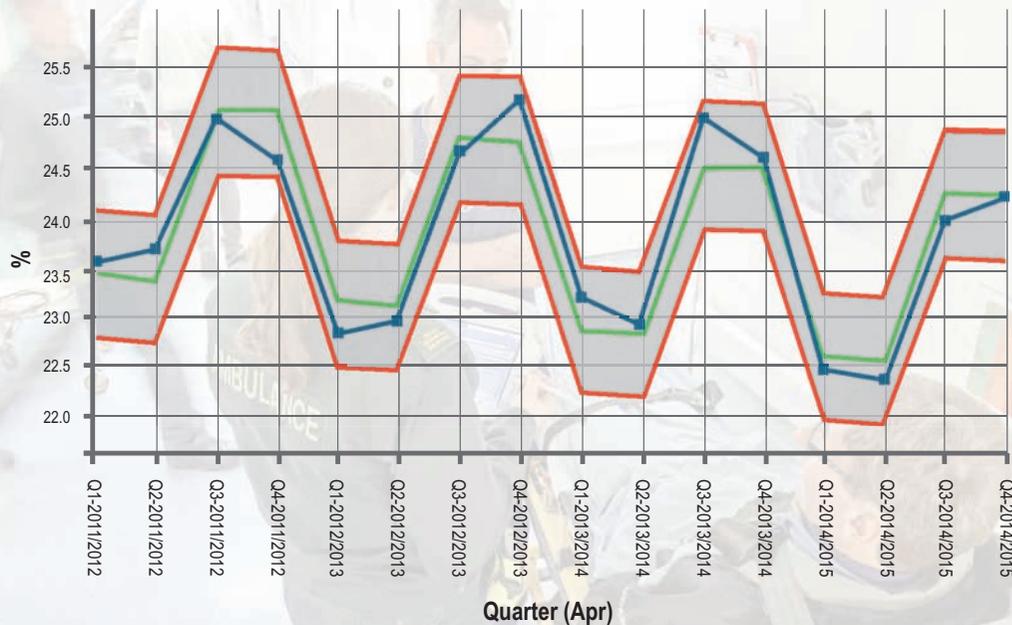
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Although overall demand for ambulance services has steadily risen over past years, the percentage of attendances at A&E departments that are brought in by ambulance is on a gradual downward trend, with the average percentage for 2014/15 being 23.2%. This reflects the introduction of more 'hear and treat' and 'see and treat' care by ambulance services who have been developing clinicians with the necessary skills and knowledge to make competent and safe decisions to advise patients over the telephone, or assess and manage patients in their home, or referring them to other appropriate community services, rather than taking them to A&E. Ambulance service capabilities and capacity to provide these models of care will continue to increase as part of the transformation of UEC delivery.

% A&E Attendances Arriving by Ambulance

Data Updated: 2015-09-29 08:42:36



Source: Hospital Episodes Statistics (HES) data interpreted by Lightfoot Solutions Ltd using signalsfromnoise system Blue line = data point, Green = average, Red = expected extremes

The percentage of patients arriving at A&E by ambulance peaks each year in the winter months. The challenge therefore is to aim to reduce the peaks in these months by:

- increasing the provision of advanced and specialist paramedics
- increasing availability of alternative pathways
- provision of appropriate care within the community/home
- anticipatory management of care plans
- encouraging self-care

All of the above steps form part of the transformation of delivery of urgent & emergency care services and were underway during 2014/15.



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AACE 2014/15 STRATEGIC PRIORITIES

Clinical Development; Improving delivery of care and clinical outcomes underpins all of AACE's strategic priorities.

Demand Management; The effect of increasing demand on performance and the impact of this on the ambulance service's reputation and capacity to develop strategically continued as a priority.

Ambulance 2020; In line with ambitions to transform the NHS to make it sustainable as well as efficient and improve patient care, AACE began a project in 2014/15 to set the vision for the ambulance service in 2020.

People/Talent Development; Maximising the competence and capability of the ambulance sector's workforce is a fundamental priority for AACE, as well as the challenges of addressing recruitment and retention needs across the country.



Partnership working; Working in partnership with other organisations, particularly other NHS bodies and police and fire and rescue services, is central to the work of AACE.

Public Affairs & Lobbying; A key priority for AACE is to represent the ambulance sector nationally ensuring that the views of the sector are clearly and consistently expressed.

Urgent Care Provision; AACE has been committed to enhancing and highlighting the role of ambulance services in the transformation of urgent care delivery and integration with partner providers.





Demand Management and Performance

Demand, its effective management and the resulting performance of ambulance services, remained a high priority issue for the ACCE. Research was commissioned in 13/14 to explore the reasons for demand increases and concluded in summer 2014.



The findings confirmed that at a national level, there has been a significant increase in demand on ambulance services over the last ten years. Trusts have experienced a 27.5% increase in calls between 2007/8 and 2013/4 receiving almost 2 million more calls a year by the end of that period.



As a result of increased focus in telephone triage systems, fewer calls have received a face to face response, which is in accordance with the increase in Hear and Treat rates, whilst a decrease in conveyance is reflected in an increase in see and treat. However, this increased efficiency has been overtaken by overall demand increases. Further key findings of the demand review are outlined opposite:-



CHANGE IN NATIONAL DEMAND OVER THE PAST 10 YEARS

- Dramatic increase in calls to NHS 111 that received an ambulance disposition
- Increase in calls from health care professionals and care homes
- Very small overall increase in calls from police
- Largest increase in demand as an age group: patients aged 80 or over
- Increases in calls for chronic obstructive pulmonary disorder (COPD), cancer, end of life care (EOLC) and heart failure
- Decrease in calls for asthma and diabetes
- Large increase in the number of frequent callers identified each year
- Small increase in alcohol-related calls (for the one trust that provided data)
- Significant relationship identified between population density, deprivation and immigration and demand: higher demand in areas with higher population density, general deprivation, and higher levels of immigration

CONTRIBUTORY FACTORS

STRONGEST EVIDENCE SUPPORTING THEIR ROLE IN DRIVING AMBULANCE DEMAND	VERY LIKELY TO BE DRIVING DEMAND BUT EXTENT UNCLEAR	SUGGESTED TO BE LIKELY TO BE DRIVING DEMAND BUT EVIDENCE LIMITED OR MIXED
Ageing population	Changing expectations	Population growth
Population density	Access to primary/community care	Long term conditions
Deprivation	Out of hours service provision	Mental health
Weather	NHS 111	Healthcare professionals
	Lack of knowledge/ understanding of alternative services	Care homes
		Frequent callers

- The review is certainly the most comprehensive research into NHS demand that has been conducted and provides trusts with an authoritative source of data to support local commissioning discussions.
- AACE will continue to seek to understand the implications for ambulance services and identify action required. The effect of increasing demand on performance remains an aligned priority and the impact of this on the ambulance service's reputation and capacity to develop strategically.

- The findings have proven useful in assisting some trusts with predictive modelling as part of commissioning negotiations and it is planned to use this experience to produce a guide identifying how ambulance trusts might be able to put the review findings to practical use.
- Further modelling work will be considered by the National Directors of Operations Group (NDOG) in 2015/16.





People/Talent Development

Maximising the competence and capability of the ambulance sector's workforce continued to be a fundamental priority for AACE in 2014/15, led by the Human Resources Directors' Group. The ambulance sector is committed to ensuring it secures a workforce fit for the future demands placed on the NHS, with the best people to deliver its services, and to developing itself as the career of choice for young people. Increasing the appeal of the ambulance sector to graduates is intrinsic to this along with developing a national approach to the shortage of paramedics.

- Discussions with Health Education England (HEE) took place throughout 2014/15 regarding the development of the paramedic profession and the proposals for this to become a graduate only profession following the Paramedic Evidence-Based Education Project (PEEP) report produced the previous year
- AACE liaised closely on the paramedic education & career framework being developed by the College of Paramedics
- Best practice examples of talent/people development across member organisations have been collated and shared across member organisations
- Evaluation was undertaken of the first cohorts to go through the Ashridge Leadership Development course during the previous year and, learning from this, discussions commenced looking at future options for building credible, system-based leaders within the ambulance sector
- The shortage of paramedics in parts of the country, attrition rates and retention challenges were a focus at a national level and for Human Resources Directors (HRDs) looking at a range of available solutions and sharing experiences of successful approaches



- HRDs worked together to produce a commissioning plan for Local Education & Training Boards (LETBs)



Urgent Care Provision

AACE is committed to an increased ambulance service presence in the sphere of urgent care, as supported by the recommendations within NHS England's Urgent and Emergency Care (UEC) Review. During 2014/15 AACE became heavily engaged at a strategic level in the formulation of guidance and implementation processes for the transformation of these services, whilst supporting and sharing progress across members engaged in local development of their urgent care models. We also contributed to the scoping and development of an augmented 111 service whilst positioning the ambulance sector as the preferred provider of the service nationally, being the natural and experienced telephone gateway into the health service.

- All ambulance trusts effectively continued to provide 'step-in' arrangements for NHS 111 provision by private providers during 2014/15
- AACE has had representation at CEO level on the NHS England Delivery Board and key work groups for the UEC Review programme development
- AACE set up its own National Ambulance UEC Group (NAUECG) established; bringing ambulance UEC leads together every other month with representatives from the Medical Directors, HEE, College of Paramedics and NHS Confederation UEC Forum
- A UEC survey was completed across all ambulance trusts with 100% return rate. This identified current activities and challenges in relation to transforming urgent care to enable shared learning and evaluation of initiatives
- Joint work has been ongoing with HEE and the College of Paramedics regarding advanced and specialist paramedic roles and

educational/competency frameworks to standardise these and ensure they provide the skills needed to support new ways of working

- Partnership work has been undertaken with the NHS Confederation UEC Forum to establish clear aims and position statements regarding the impacts on and needs of ambulance trusts in respect of UEC transformation





Public Affairs/Lobbying

A key priority for AACE is to represent the ambulance sector nationally ensuring that the views of the sector are clearly and consistently expressed. Exploration of the 'compact' between the Government, the wider NHS and the ambulance sector has been a priority in respect to the Urgent and Emergency Care Review. Lobbying for changes to the Red 2 performance target has also remained a focus, and pressure is mounting for a move to outcome measures rather than time targets as a more effective and meaningful method of monitoring performance.

- Working with our members AACE produced a video highlighting the role of NHS ambulance services in transforming UEC - shared with national stakeholders - Ministers, Government departments, NHS England, Health Education England, and for all ambulance trusts to share locally with clinical commissioning groups (CCGs), GPs, providers and networks
- Regular meetings are held with NHS Confederation and NHS Providers (previously the Foundation Trust Network, FTN), to discuss the ambulance perspective on core issues and engage their support in pushing messages through and including the ambulance 'voice' in consultation responses and lobbying initiatives
- Position statements have been produced in response to, and anticipation of, a range of issues and challenges for ambulance trusts including: handover delays; NHS111; response target and reporting; winter pressures; proposals regarding revised tariff arrangements for UEC; blue light collaboration; mental health concordat; use of taxis; speeding on emergency response
- AACE has lobbied consistently throughout the year on the need for reform of the Key National Performance Targets. This has included writing position papers on the subject setting out the reasons for reform and the benefits that we feel would accrue for patients, staff and the sector as a whole. In addition meetings were held with Ministers and briefing notes and letters developed and disseminated
- AACE Commissioned national work from Operational Research in Health Ltd (ORH) to model the impact of our proposed changes
- Dispatch on Disposition pilots initiated by NHS England in consultation with AACE began in February 2014 in South Western Ambulance Service (SWAS) and London Ambulance Service (LAS) and are due to be rolled out to more trusts in 2015/16





Partnership Working

AACE is committed to exploring and embracing new modes of partnership working where patient and economic benefit will be realised.



- Ongoing work with police and fire colleagues focused on a number of key areas including mental health; reducing inappropriate demand and participation in the Emergency Services Collaboration Group



- AACE Chair is a member of CQC Urgent Care Advisory Board and AACE worked closely with the Care Quality Commission (CQC) on the ongoing development of its ambulance sector inspection framework and guidance. 2014/15 saw the new inspection regime piloted in two trusts and appropriate revisions made as a result, to make the new process meaningful and manageable for the ambulance sector. CQC presented their findings at the ALF conference in November 2014



- Having liaised extensively with members AACE responded to the national consultation issued by CQC designed to inform their strategic direction and shape for the future
- AACE worked closely with the NHS Confederation and NHS Providers throughout the year ensuring that they were kept abreast of our thinking and fully aware of the growing role for the ambulance sector. We established firm links with their leads for the ambulance sector and contributed to and reviewed numerous publications from each of the organisations ensuring that our collective voice was being heard
- The National Ambulance Commissioning Network (NACN) within the NHS Confederation reconvened during 2014/15 and AACE has been representing its members at their meetings
- The NHS Confederation Urgent & Emergency Care Forum was chaired by the Chair of SWASFT during 2014/15 and AACE is a member of their steering group working with representatives from other NHS sectors and the Royal Colleges. The forum focused on service transformation, workforce & leadership and quality and finance models for UEC
- AACE worked closely with the British Heart Foundation (BHF) during the year and contributed to the design and development of a National Automated External Defibrillator (AED) Database, due to be rolled out in 2015/16. In addition we contributed to their strategic thinking around the future of public access defibrillator sites and their general thinking regarding community resuscitation schemes

Ambulance Service 2020

AACE is committed to developing a vision for the 'Ambulance Service 2020' working alongside partner organisations, such as Health Education England (HEE) specifically in relation to the future of the paramedic profession.



- AACE embarked upon an 'Ambulance Service 2020 and Beyond' project in February 2015; the final report will be informed by interviews with key ambulance service personnel, review of the changing political scene post election, and wider health and international contexts, providing the vision of what the ambulance service should look like beyond 2020 with suggestions to the ambulance sector on the steps and actions required to realise this vision.
- AACE's focus on 'Ambulance Service 2020' has been intrinsic to its input into the UEC Review.
- AACE video produced in 2014/15 provides a view of the direction of travel for UK ambulance services and sets the scene at the strategic level - <http://aace.org.uk/transforming-urgent-care/>





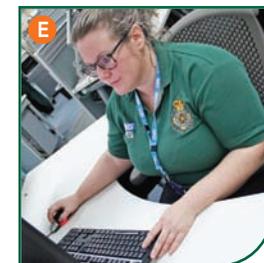
Clinical Development

AACE worked closely with the National Ambulance Service Medical Directors' Group (NASMeD) to define the future clinical priorities for the ambulance sector over the next five years. These were signed off by CEOs mid-year and have been used to inform our clinical and educational development in the following 7 areas: emergency care; urgent care; mental health; the frail elderly, falls and dementia; long-term conditions; end of life patients; and public health and prevention. Work in all these areas was progressed by NASMeD:

- A number of actions were agreed in relation to intubation as a result of a coroners Preventing Future Deaths (PFD) ruling; monitoring the end tidal carbon dioxide of all patients that are intubated is now mandatory, with trusts progressing to full roll out of waveform capnography; an airway skills log has been developed and is being introduced across trusts, a national recognised teaching standard for the stepwise airway management and ventilation is being developed, and plans are being developed for an annual reassessment of advanced airway skills and intubation
- A clinical guideline development lead was appointed by AACE to assist with the future UK ambulance service clinical practice guidelines - areas of priority include sepsis, seizures in children, mental health, end of life and urgent care; guideline groups were established to progress these areas
- Views of trusts regarding major trauma transfer time from scene of accident were gathered in relation to changing the trauma journey time from 45 to 60 minute; these changes are now being implemented to improve the care of patients with major trauma
- The best practice statements in cardiac arrest care issued to trusts have led to improvements such as ensuring that a team leader is sent to manage the arrest, checklists are used, and there have been trials using mechanical devices to ensure effective cardiac compressions
- AACE continues to attend the BHF project regarding public access defibrillators



- Trusts are now all providing data relating to cardiac arrests to the out of hospital cardiac arrest outcomes project hosted by Warwick University and supported by AACE, Resuscitation Council and the BHF
- Information was shared with Trust Medical Directors about resources available to support asthma patients - Asthma UK and older people-Silver Line
- AACE contributed to the HEE scope of practice meetings regarding the future clinical competencies for advanced and specialist paramedics
- NASMeD responded to a number of consultations including rescheduling of ketamine, commenting on new NICE guidance, and submitting a response to the Health Select Committee on end of life care
- NASMeD has worked closely with BASICS, developing and issuing guidance on working relationships between BASICS responders and ambulance trusts and surveying trusts to establish current arrangements
- Regarding storage of medicines - trusts have purchased temperature loggers that have now been placed in vehicles and over a 12 month period the extremes of temperatures will be measured
- Paramedic prescribing - AACE has contributed to the appointment of a prescribing support officer to assist NHS England in the progression of the paramedic prescribing agenda, and attend the allied health professionals (AHP) medicines project board
- National guidance was developed around the appropriate and timely conveyance by ambulance of patients under the mental health act Section 136, which has resulted in a reduction in patients being conveyed in police vehicles





Other Significant Areas of Work and Related Achievements

AACE Chair Activities

Dr Anthony Marsh, Chair of AACE, represented AACE and its members throughout the year, meeting regularly with the Secretary of State for Health and other Ministers, Department of Health officials and NHS England policy makers, as well as other government departments & national bodies, and presented the NHS ambulance view at a number of conferences.

Mental Health

AACE worked with the DH and NHSE to provide significant input to the Mental Health Concordat and also designed and implemented a revision to the way in which Section 136 patients are managed throughout England. We were the only partner who achieved such significant change nationally in a short timescale. We also designed monitoring arrangements associated with S136 and continue to refine and share data associated with the management of these patients. Raising the profile of mental health within the ambulance sector and providing significant input to support the Mental Health Leads Group we appointed a CEO to lead on mental health. We also worked closely with the CQC Mental Health Crisis Group to ensure ambulance sector input into their work in this field.



Coroners Inquests and Preventing Future Deaths (PFDs) Reports

AACE has liaised with Coroners nationally with the assistance of NASMeD and has established itself as the national point of contact with all coroners for PFDs, which affect the whole of the ambulance sector. AACE has taken the lead in dealing with these issues and feeding back to ambulance trusts whilst remaining a central point of contact for those involved. The most high profile PFD report in 14/15 related to Paramedic Intubation protocols and training and AACE was able to find a national solution and secure the commitment of all ambulance trusts. Our efforts here were highly praised by the Nottinghamshire Coroner involved.



Red 1 and Red 2 Changes

AACE led on the review of the RED1 and RED 2 code set which also involved a trial in the early part of the year to provide the clinical evidence to support a permanent change to these code sets. We also led on the revision of the Emergency Call Prioritisation Advisory Group (ECPAG) terms of reference and membership arrangements. This group were able to agree the RED 1 and Red 2 codes changes ready for implementation on October 1st 2014.

Home Office Managing Demand between Police and Ambulance

AACE has been heavily involved this year in representing the ambulance sector in a Home Office convened working group which originally set out to understand why police services were being delayed by long response times from ambulance services. We were successful in analysing the data involved and reassessing the grounds of this debate by highlighting the kinds of practices that were leading to unnecessary requests of ambulance services. The group changed its direction and is now looking at how Police Services and Ambulance Service manage demand effectively between the two organisations. AACE developed accurate data sets to dispel many of the myths associated with the delay argument. We also developed a summary document of initiatives being trialled throughout the country to more effectively manage demand and is currently developing a best practice guide for dissemination to all Ambulance Trusts and all Police Services in 2015.

National Ambulance Documentation Standards

AACE worked with our national groups to develop a National Ambulance Documentation Standard for future Electronic Patient Records Forms (EPRF). This will support a consistent approach to appropriate collection, storage, collation and sharing of patient information with respective partner providers.

Road Traffic Law Changes and the De-regulation Bill

AACE worked closely with the Department of Health and the Department for Transport on the construction of a De-Regulation Bill designed to finally remove some of the difficulties for the ambulance sector with regard to the emergency use of vehicles other than ambulances. With the enactment of the Bill, many issues have been successfully resolved and AACE continues to press for solutions to remaining anomalies such as with vehicle livery. AACE will continue to work on behalf of its members as final changes are discussed and incorporated into proposed S19 legislation regarding speed exemptions and high speed driver competencies.



Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Constitution

AACE led on a review of the constitution of JRCALC following the appointment of a new Chair. This led to a new constitution and a re-defined and constructive relationship. AACE continues to provide support to the Chair of JRCALC and to fund its meetings and expenses each year on behalf of the Sector.

Ambulance Leadership Forum (ALF)

AACE designed and delivered another successful Ambulance Leadership Forum event which was highly praised by all who attended. Held at The Queens hotel, Leeds in November 2014 the event was attended by over 200 senior figures from across emergency and urgency care, government, third sector and commerce.

Attracting a select audience from overseas (Hong Kong, Australasia, America, Europe) as well as the UK, the ALF continues to establish itself as the significant UK conference for the sector. This year saw key note speeches from The Rt Hon Earl Howe, Professor Keith Willett, Ellen Armistead and Jerry Overton. Innovation across the commercial spectrum was evidenced to delegates by support from Lightfoot Solutions, Ferno UK, Airwave and Physio Control. Excelerate kindly hosted a drinks reception preceding another successful Gala Awards Dinner. We were delighted to have the Rt Hon Andy Burnham MP (Left) attend and share with us his views on health care successes and challenges. Ten awards were made to staff nominated by their peers for exceptional service – great recognition for the dedication of so many colleagues. Informal networking, workgroup meetings, awards dinner, plenary conference – all contributed to the success of another Ambulance Leadership Forum.

Media Relations & Communications

The AACE's central team worked closely with the national communications group (NACOM) throughout 14/15 and responded to numerous media issues and questions during the year. We updated our national position statements on all key issues affecting the ambulance sector and supported individual Trust CEOs who on occasion took the lead on responding to particular issues on behalf of the sector. Follow us on Twitter https://twitter.com/AACE_org





Consultancy & Support Services

AACE is ideally placed as a focal point and conduit to UK ambulance expertise. The UK is well respected internationally for delivering innovative health care and emergency response solutions and AACE offers the opportunity to collate input from multiple services and subject matter experts to deliver a broad range of advice and specialist consultancy services.

During 2014/15 AACE provided consultancy work to:

- **Health Services Executive, Republic of Ireland – transformation programme for the National Ambulance Service**
- **Dublin City Council – Dublin Fire Brigade Review**
- **Gibraltar Health Authority – transformation programme for Gibraltar Ambulance Service and Emergency Planning Review (through our National Ambulance Resilience Unit)**
- **Trust Development Authority London – Improvement Director role for London Ambulance Service**

...and individual support activities to:

- **The Welsh Ambulance Service – performance improvement planning**
- **Yorkshire Ambulance Service – performance recovery and capacity modelling**
- **Scottish Ambulance Service – review of emergency operations centres**

AACE National Groups in 2014-15

National Directors of Operations (NDOG) CEO Lead: Ken Wenman, SWASFT Group Chair: Jason Killens, LAS	Medical Directors (NASMeD) CEO Lead: Dave Whiting, YAS Group Chair: Dr Fiona Moore, LAS	Human Resources Directors (HRDs) CEO Lead: Ken Wenman, SWASFT Group Chair: Kim Nurse, WMAS	Communication Leads (NACOM) CEO Lead: Martin Flaherty, AACE Group Chair: Sarah Smith, NWAS	Directors of Finance (DoFs) CEO Lead: Will Hancock, SCAS Group Chair: Jennie Kingston, SWASFT
National Ambulance Resilience Unit (NARU) CEO Lead: Anthony Marsh WMAS & EEAS National Director Keith Prior, WMAS	Quality, Governance and Risk Group (QGARD) CEO Lead: Bob Williams, NWAS Group Chair: Sarah Faulkner, NWAS	Equality, Diversity and Inclusion Group (EDIG) CEO Lead: Sue Noyes, EMAS Group Chair: Sofia Jabeen, WMAS	Information Management & Technology Leads (IM&T) CEO Lead: Bob Williams, NWAS Group Chair: Paul Nicholson, NEAS	

AACE National Sub-Groups in 2014-15

NDOG <ul style="list-style-type: none"> ● Ambulance Control ● Ambulance Fleet ● CAD Software ● Paramedic & Qualifications ● First Responder Forum ● Cycle Response Unit 	NASMeD <ul style="list-style-type: none"> ● Urgent & Emergency Care ● Mental Health ● Pharmacists' network ● Ambulance Research Steering ● Clinical Quality ● Paramedic Leads 	QGARD <ul style="list-style-type: none"> ● Safety ● Infection Prevention & Control ● Safeguarding ● Patient Experience ● Security ● Frequent Caller 	HRDs <ul style="list-style-type: none"> ● Driver Training Advisory ● Education Network ● HR Deputies ● First Aid Training 	IM&T <ul style="list-style-type: none"> ● Information ● Information Technology ● Information Governance 	DoFs <ul style="list-style-type: none"> ● Procurement ● Vehicle Insurance ● Benchmarking ● Estates ● Green Environment
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Association of Ambulance Chief Executives (AACE) Annual Report 2014-2015

Current 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).



Robert Morton, CEO
East of England Ambulance Service
NHS Trust



Sue Noyes, CEO
East Midlands Ambulance Service
NHS Trust



Dr Fiona Moore MBE, CEO
London Ambulance Service
NHS Trust



Yvonne Ormston, CEO
North East Ambulance Service
NHS Foundation Trust



Sarah Boulton, Chair
East of England Ambulance Service
NHS Trust



Pauline Tagg, 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



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES



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



Wyn Dignan, 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



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



Rod Barnes, CEO
Yorkshire Ambulance Service
NHS Trust



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

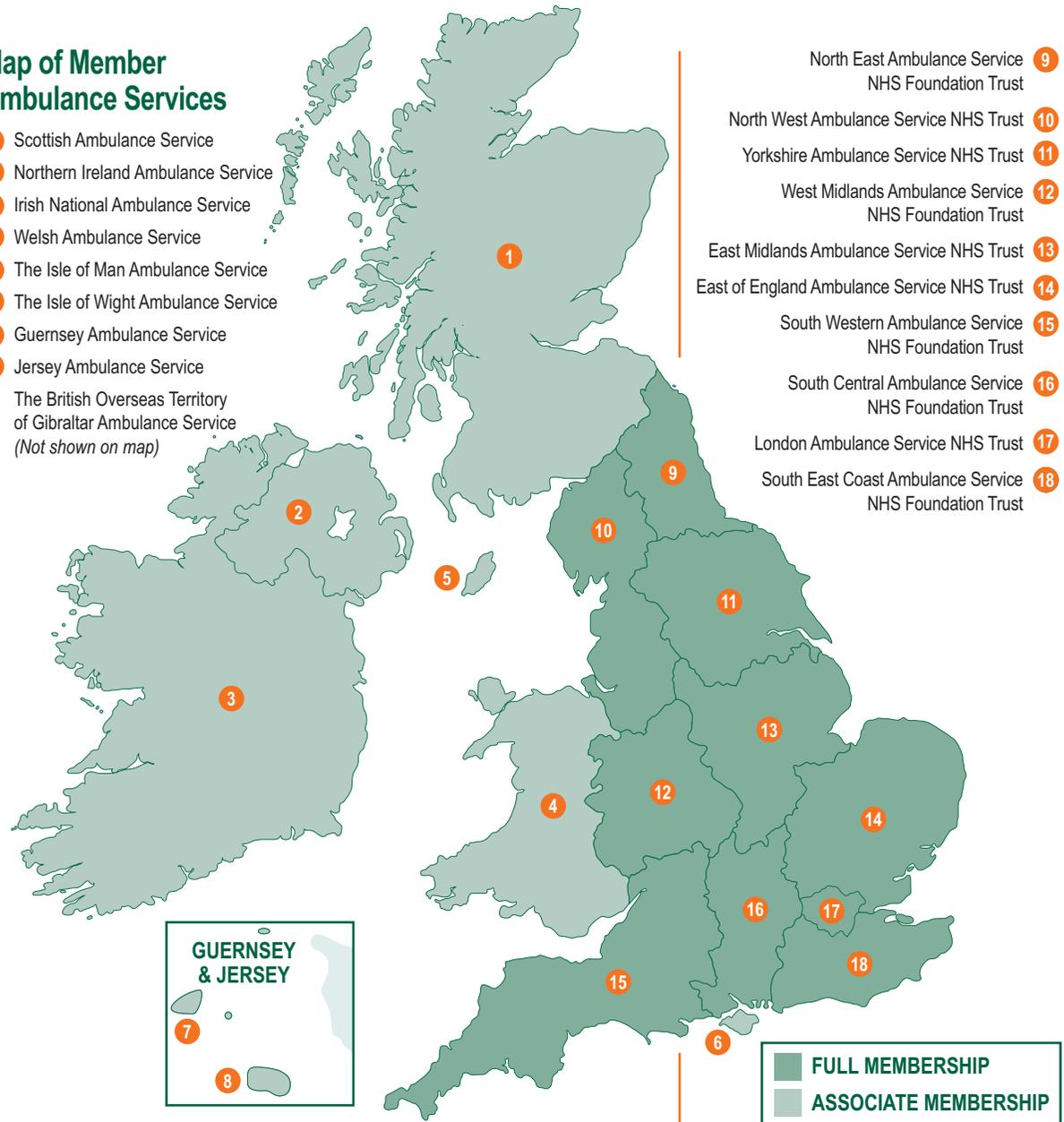


Della Cannings QPM, Chair
Yorkshire Ambulance Service
NHS Trust

Map of Member Ambulance Services

- 1 Scottish Ambulance Service
- 2 Northern Ireland Ambulance Service
- 3 Irish National Ambulance Service
- 4 Welsh 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)



TAKING THE LEAD



Association of Ambulance Chief Executives (AACE) Annual Report 2014-2015

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



Tracy Myhill, CEO
Welsh Ambulance Services
NHS Trust



Liam McIvor, CEO
Northern Ireland Ambulance Service



Martin Dunne, National Director
Republic of Ireland Ambulance Service



David Garbutt QPM, Chair
Scottish Ambulance Service



Mick Giannasi, Chair
Welsh Ambulance Services
NHS Trust



Paul Archer, Chair
Northern 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



Anthony Marsh OAM, **AACE Chair** – Anthony Marsh started his Ambulance Service career in Essex in 1987. Anthony has held a number of senior posts with the Ambulance Service in Hampshire, Lancashire, Greater Manchester and West Midlands. Anthony holds 3 Masters

Degrees. MSc in Strategic Leadership, Master in Business Administration (MBA) and Master of Arts. Anthony was appointed Chair of the Association of Ambulance Chief Executives in 2012 and is the lead for the National Ambulance Resilience Unit, Anthony holds a special interest in this area. Anthony also holds the National Portfolio for Emergency Planning, Response and Resilience. He is also the National Ambulance Strategic Lead for Counter Terrorism. Anthony is a Regional and National Cadre Major Incident Gold Commander. Dr Marsh has been awarded the role of Pro Chancellor with the University of Wolverhampton.

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 more than 40 years ago. He worked in LAS for 20 years, initially as deputy director of finance and managing an efficiency team before retiring in 2014. Martyn works two days a week for AACE and is responsible for all financial management, as well as being the 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 more than 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. With more than 25 years experience in the NHS, she has led in governance, quality & risk in the acute and ambulance sectors, and managed national programmes for NHS Employers, and the seven year DH/NARU programme to establish Hazardous Area Response Teams (HART) across the UK. She holds a Masters degree in Terrorism Studies and provides consultancy to healthcare and emergency services in UK and internationally.



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 2015

	Note	2015 £	2014 £
Turnover		1,222,613	908,545
Cost of sales		(22,917)	(40,834)
Gross profit		1,199,696	867,711
Administrative expenses		(1,126,677)	(811,035)
Operating profit		73,019	56,676
Interest receivable and similar income		27	19
Profit on ordinary activities before taxation	2	73,046	56,695
Tax on profit on ordinary activities	4	(15,527)	(13,383)
Profit for the financial year	9	57,419	43,312

BALANCE SHEET 31 MARCH 2015

	Note	2015 £		2014 £	
Fixed assets					
Tangible assets	5	5,301		10,392	
Current assets					
Debtors	6	200,703		316,788	
Cash at bank and in hand		159,017		178,783	
		359,720		495,551	
Creditors: Amounts falling due within one year	7	(160,425)		(358,796)	
Net current assets		199,295		136,785	
Total assets less current liabilities		204,596		147,177	
Capital and reserves					
Profit and loss account	9	204,596		147,177	
Shareholders' funds		204,596		147,177	

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
ORH	Operational Research in Health Ltd
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

The Association of Ambulance Chief Executives would like to thank the following Trusts and organisations for allowing reproduction of their images within this publication:

- A** East of England Ambulance Service NHS Trust
- B** London Ambulance Service NHS Trust
- C** North West Ambulance Service NHS Trust
- D** Scottish Ambulance Service
- E** South Central Ambulance Service NHS Foundation Trust
- F** South East Coast Ambulance Service NHS Foundation Trust
- G** South Western Ambulance Service NHS Foundation Trust
- H** Welsh Ambulance Service
- I** West Midlands Ambulance Service NHS Foundation Trust



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

ACE contact details

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SE1 9EU

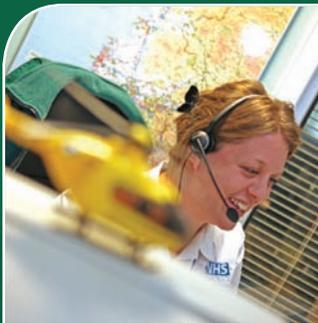
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[@AACE_org](https://twitter.com/AACE_org)



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