



ASSOCIATION OF  
**AMBULANCE**  
CHIEF EXECUTIVES

# Annual Report



# 2016-2017

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



# INTRODUCTION

2016/17 proved to be a year of change and challenge all round in the UK, not least in respect of the referendum decision to leave the European Union. Alongside the inevitable concerns BREXIT has raised for the NHS, particularly in respect of our workforce, the ongoing demands on ambulance trusts continued to increase to unprecedented levels.

In the face of these pressures the Association of Ambulance Chief Executives (AACE) worked tirelessly at a national level with both NHS England and NHS Improvement, to focus on how we achieve long term sustainability for the ambulance sector, better integration within the NHS system and improved care for our patients. The National Audit Office (NAO) conducted a review of the ambulance service in England, and their March 2016 report identified and made recommendations on many of the issues AACE has been raising in recent years that require strategic action and engagement from system-wide leadership if ambulance trusts are to continue to develop and provide the highest possible levels of care they have become world renowned for.

Working with our member services we have prioritised efforts that will support and develop ambulance staff as well as increase diversity and equality within our workforce. As ever, our aim during 2016/17 was to ensure that ambulance services share their knowledge and best practice to better meet the emerging challenges and opportunities facing all ambulance services.

Our strategic priorities for 2016/17 covered five themes: 1) Efficient working at a system level, 2) Operating model & demand, 3) Patient safety & quality of care 4) Workforce, education & development and 5) Meeting & managing expectations.

In addition, AACE has been providing significant advice and support for a number of individual ambulance organisations using the extensive and wide-ranging expertise in our central team and pool of consultants who share a wealth of experience in the ambulance sector and wider NHS.

This report outlines some of the key areas of work and engagement undertaken in respect of these priorities throughout 2016/17.





# THE AACE REMIT



The Association of Ambulance Chief Executives (AACE) is a membership organisation and represents the ten NHS ambulance service trusts in England, as well as our associate members in Scotland, Wales, Northern Ireland and Ireland, the crown dependencies and Gibraltar.

AACE provides a key point of contact with the ambulance services' main partner agencies at national level – the Department of Health (DH), NHS Improvement (NHSI), NHS England (NHSE), Health Education England (HEE), Public Health England (PHE) and the respective national bodies for the Emergency Services. We also work closely with NHS Providers (NHSP)

and the NHS Confederation (NHSC) who represent all sectors of the NHS and facilitate the sharing of operational knowledge across disciplines. The Association liaises and negotiates with all stakeholders to ensure that the voices of the ambulance services, on behalf of patients and staff, are heard more clearly.



AACE is the first point of call for a range of enquiries and consultations about ambulance service provision from many sources, including politicians, the DH and our regulatory bodies, Care Quality Commission (CQC) and the Health and Care Professions Council (HCPC) – as well as international colleagues, the general public and media.

Our member trusts work closely together on a broad range of national work programmes, to deliver against strategic priorities supporting the national strategy, with a view to continuously bringing improvements to patient care.

Details of:

- Our structure can be found on page 33
- Our main national groups can be found on page 35
- Our membership can be found on pages 36
- Our central team can be found on page 40



# NATIONAL AUDIT OFFICE REVIEW

During 2016/17 the National Audit Office (NAO) conducted a review of ambulance services in England, following up on their previous review in 2011. Their report HC 972, published in January 2017 highlights the significant challenges and pressures facing NHS ambulance services in England, while recognising the vital and growing part the service plays within the wider health and social care system.



National Audit Office

The report helpfully underlines several key issues that AACE has been instrumental in highlighting to Government and other key stakeholders in recent years:

- demand for ambulance services continues to rise rapidly with no sign of slowing;
- increases in funding for ambulance services have not matched rising demand;
- workforce planning issues and a lack of available paramedics are contributing towards limiting the ambulance service's ability to meet rising demand;
- delays in being able to transfer care of patients at emergency departments are contributing heavily to keeping ambulance clinicians off the road where they are needed most;
- ambulance trusts have made progress in delivering new models of care in support of the Urgent & Emergency Care Review (UECR), but barriers are hindering wider adoption
- response time targets are not the only factors that should be considered when assessing ambulance service performance – far more important are clinical outcomes and quality of care, which have been shown to improve despite increasing activity



Whilst there are real possibilities for enhancing ambulance provision, ambulance trusts and their dedicated workforce are facing major challenges in making the changes required to deliver the goals aspired to in the Five Year Forward View (FYFV) and UECR. These factors cannot be overcome by the sector working alone and require acknowledgment and tangible support from all key stakeholders at Government, regional and local level. This is recognised in the recommendations within the NAO report, which follow their



conclusion that ***“Ambulance services are a vital part of the health service but much of their ability to work better depends on other parts of the health system. Until clinical commissioning groups see ambulance services as an integral part of that system it is difficult to see how they will become sustainable and secure consistent value for money across the country.”***

The NAO report was the subject of a Committee of Public Accounts (CPA) session, ordered by the House of Commons and chaired by Meg Hillier MP on 20th March 2017. Witnesses called to give evidence at the session were: Chris Wormald, Permanent Secretary, DH, Prof Keith Willett, Medical Director for Acute Care, NHSE, Rod Barnes, Chief Executive, Yorkshire Ambulance Service (representing AACE) and Miles Scott, Improvement Director, NHSI.

The CPA reviewed the findings of the NAO report and reported their own recommendations, on 27th April 2017, for improving the contribution and sustainability of the ambulance service. They also clearly recognise ***“the pivotal role of ambulance services in the performance of the entire urgent and emergency care system, as a conduit to other services and helping patients access the facilities they need close to home”***.

AACE continues to work with both NHSE and NHSI to progress the NAO and CPA recommendations through their Joint Ambulance Improvement Programme (JAIP) established in April 2017. This programme has brought together the aims of the former NHSE Ambulance Response Programme (ARP) and Ambulance Transformation Programme (ATP), with the NHSI Sustainability Review, all of which ran throughout 16/17 and in which AACE was heavily involved.

# AMBULANCE ACTIVITY IN 2016/17

A total of 11.2 million 999 calls were received by ambulance services in England in 2016/17. This included 1.46 million calls transferred from NHS 111 to 999. This equates to approximately 30,700 calls per day across England.

Whilst 999 calls have increased by 21% from 2013/14 to 2016/17, the number of patients being taken to hospital by ambulance has only increased by 3.8% as unnecessary conveyance to hospital reduces and more patients receive care and advice at home or within the community setting.

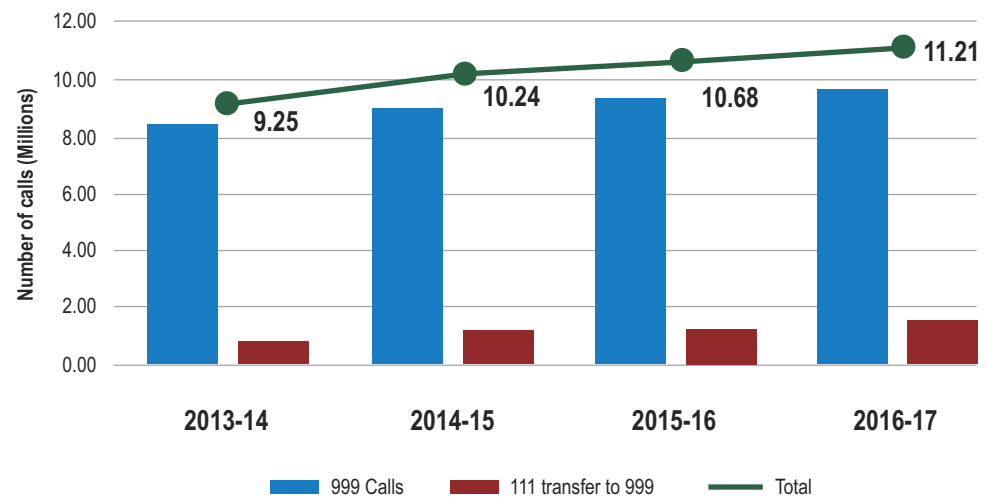
The aim for ambulance services, as laid out in the AACE '2020 & Beyond Vision' in 2015, is to move towards more clinically-led resourcing and response, away from the more operationally driven focus, treating more patients through Hear and Treat (H&T) and See and Treat (S&T) models, and taking only those patients who need to be in hospital to Emergency Department (ED).

As these new models emerge, ambulance trusts in England have increased the proportion of incidents resolved through H&T services from 5% in 2011-12 to 10% in 2016-17. Of all emergency calls that are closed with telephone advice, the proportion with at least one re-contact from the same address within 24 hours has declined from 13% in 2011-12 and 2012-13 to 6% in 2015-16 and 2016-17.

Over the same period, for all England, the proportion of patients who were managed through S&T has seen a steady increase from 34% in 2011/12 to 38% in 2016/17. Of all patients treated and discharged on the scene, the proportion that re-contact on the telephone within 24 hours of the initial call has remained stable between 5% and 6% across England for each year 2011/12 to 2016/17.

Through improvements to H&T and S&T rates over the years from 2013/14 to 2016/17, over half a million ED attendances have been avoided that would have occurred under arrangements that were in place at that time.

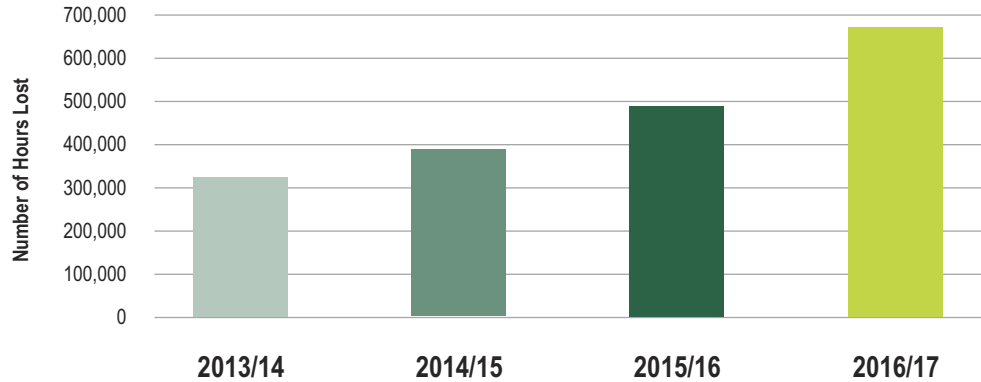
999 Calls to NHS Ambulance Trusts, England



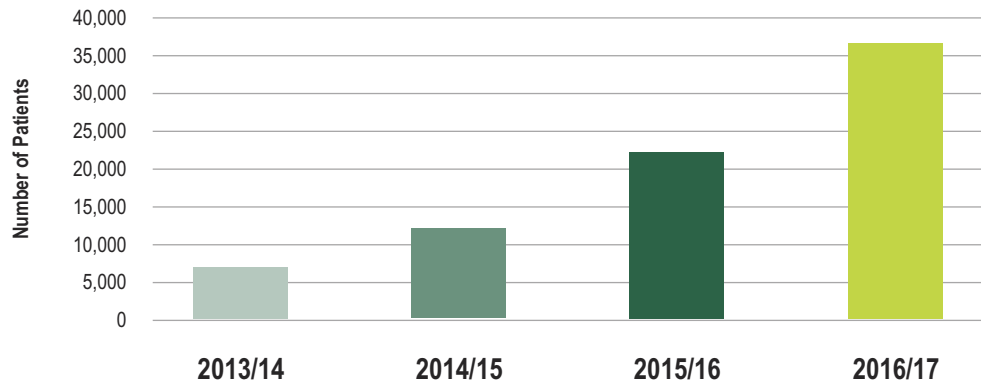
Source: Source NHS England AQLs



### Ambulance Hours Lost due to Delays in Transfer of Care at ED >30mins, England



### Number of Patients Taken to Hospital by Ambulance Experiencing Delays of >2 hours for Transfer of Care at ED



Inevitably however, ambulance operational performance, as measured against required response time targets, suffered as demand outstripped capacity and the trend for Red 1 and 2 responses steadily decreased during 2016/17. Perhaps not surprisingly, as stated within the 'QualityWatch Annual Statement 2016', *“there appears to be an inverse relationship between the total number of Red 1 and 2 calls and the percentage that can be responded to within the national standard of eight minutes”*.

NHS 111 services have also experienced significant increase in demand in recent years and the transfer of 'Red calls' from 111 to 999 has played a significant part in adding to demand for an emergency response. Being able to manage demand and meet response time targets for all call categories has not been helped either by major increases in delays in transfer of care (ToC) at hospital EDs.

The number of ambulance hours lost due to ToC taking longer than 30 minutes has more than doubled over the last four years, to just under 700,000 hours in 2016/17 – which is equivalent to around 80 years of lost ambulance time!





## Association of Ambulance Chief Executives (AACE) Annual Report 2016-2017

Based on an average job cycle time of 75 minutes, this would amount to approximately 560,000 patients who could have been attended during those delays in 2016/17 alone.

The number of patients in 2016/17 waiting more than 2 hours for ToC in ED is more than four times that in 2013/14 – an increase of 417%.

Clearly delays in transferring the care of patients at hospital are a symptom of system-wide pressures, with rising demand on all sectors of the health service as well as on social care. All ambulance services put considerable effort into engaging with their Clinical Commissioning Groups (CCGs) and local EDs during 2016/17 to find ways of improving ToC practice, and to implement the zero tolerance objectives discussed within Emergency Care Improvement Programme (ECIP) workshops held during 2015.

AACE liaised throughout 2016/17 with NHSE, NHSI and DH on the issue and provided comprehensive data to support our case, which was supported within the NAO findings. Anthony Marsh, as AACE Chair was asked to take a national lead on Ambulance / ED ToCs, which is now recognised as a key risk and is championed by, among others, Professor Keith Willett, NHSE and Miles Scott, NHSI.

The NAO reported *“In order to tackle rising delays in transfers of patient care at hospital:*

- *NHS Improvement should publish transfer times for all ambulance trusts and hospitals. These should include the number and proportion of incidents not meeting the 15-minute targets, and the total hours lost due to both hospital transfer and post-transfer preparation of ambulances.*
- *NHS England and clinical commissioning groups should work together to adopt a nationally consistent approach to incentivising acute hospital trusts to reduce turnaround delays at hospitals”.*





# AMBULANCE RESPONSE PROGRAMME - ARP

In February 2015 Ambulance services in England engaged in an NHSE led trial of a new operating response model and AACE has been central in shaping policy and co-ordinating activities relating to the trial and evaluation. The ARP has been the most comprehensive study about ambulance service response completed anywhere in the world. It has been independently evaluated on a continual basis by Sheffield University's School of Health and Related Research (SchARR).



The ARP focussed on four main areas:

1. **Identifying the most seriously ill patients as early as possible through processes known as Pre-Triage Sieve (PrTS) and Nature of Call (NOC).**
2. **Giving control room staff more time in calls which are not immediately life threatening (up to 240 seconds) to assess some incidents through a process known as Dispatch on Disposition (DOD).**
3. **Developing new clinical code sets and response categories using the best available clinical evidence.**
4. **Developing new targets, indicators and measures.**

The ARP continued and expanded during 2016/17 once early indicators deemed it was safe to do so.

The review of clinical code sets was led by AACE's National Ambulance Services Medical Directors group (NASMeD) under the governance of ARP. The code set was reviewed and approved by the Emergency Call Prioritisation Advisory Group (ECPAG) which comprises a broad range of regulators, stakeholders and clinical experts. The code set was continually developed through the ARP trials arriving finally at four categories:

<b>Category 1</b>	<b>Life threatening event</b>
<b>Category 2</b>	<b>Emergency - potentially serious incidents</b>
<b>Category 3</b>	<b>Urgent problem</b>
<b>Category 4</b>	<b>Less urgent problem</b>



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A total of 10 million calls were processed through the trial sites during the evaluation period, of which over 1.6 million have been processed using the latest version of the code set. The code set dramatically reduced the over-triage of patients and the proportion categorised for an 8-minute response dropped from 50% to a much more clinically appropriate 7% of incidents. This then released significant levels of resource to enable ambulance services to address the lengthy delays that lower acuity patients were experiencing under the previous model. It also reduced the tail delays for higher acuity patients.

The ARP has demonstrated a range of benefits including, but not limited to:

- Reducing the proportion of patients receiving the highest level of response from circa 50% to a more clinically appropriate 7% - allows resources to be focussed on improving the response to those patients who genuinely require an immediate, emergency response.
- Identifying Category 1 patients earlier than is currently the case and allocating a resource vital seconds more quickly than at present using PTS and NOC - leads to improved response times for the only group of patients for whom there is evidence that response times make a difference to outcome and creates the potential to improve cardiac survival.
- Improves efficiency by reducing the deployment of multiple resources to incidents where the patient's condition does not warrant that level of response and also reduces the number of incidents where resources are repeatedly mobilised then stood down - releasing resources to improve the response to the most seriously ill patients and the response to lower acuity patients.
- More effective targeting of the right resource, first time, to meet the patient's needs - leads to improvements in the time patients with conditions such as Stroke and STEMI reach definitive care in specialist units.



- Creates the opportunity to manage more patients appropriately through H&T or S&T without the need for transportation to hospital - delivers the right outcome for patients in the right setting and improves efficiency both for the ambulance service and hospital emergency departments.
- Produces greater system resilience and stability through the introduction of a clinical operating model - works under less stress, better able to absorb peaks in demand.
- Includes a more comprehensive range of standards, measures and indicators - provides greater transparency about whole-system / ambulance performance.

AACE lobbied throughout 2016/17 for a move towards measuring mean and 90th percentile performance rather than the percentage targets in the current model. The revised measures, standards and indicators went through rigorous development during the past year and received Secretary of State approval in July 17 for implementation in the Autumn of 2017.

In addition, a range of clinical measures will be retained and a national rolling programme of clinical audit will be developed and executed consistently by NASMeD.





The voice of technology  
enabled care

## TELECARE SERVICES – TSA

AACE has been engaging over the last year with the TSA – ‘the industry body for Technology Enabled Care services’ that provide support to individuals in their home using a range of technologies such as a basic pendant alarm, motion or fall detectors, or door, fire and gas sensors, that automatically contact a response centre staffed 24/7. Providers of these services vary considerably from private profit-making companies, to those run by local councils; they also vary greatly in the geographic and population range they cover.



The TSA have estimated that there are 1.7 million telecare users, and their data sources indicate that their call monitoring providers are currently resulting in approximately 1.25 million calls to 999 each year.

It is difficult to quantify the impact of this on ambulance services and the wider health services as the outcome data of these transferred calls is not currently available, but it is estimated to be £250,000,000 pa (based on an average cost of deploying an ambulance resource). Both the TSA and AACE anticipate that much of this resource deployment could be avoided and more appropriate responses and care be provided.

Users of these services are predominantly the elderly and the figures involved are therefore likely to increase significantly as the elderly population grows and these technology-based solutions become more widely used.



# IMPROVING PUBLIC HEALTH AND WELLBEING

The UECR and the AACE vision in *'2020 and Beyond'*, both highlighted the key role the ambulance service can play in the provision of ill-health prevention and health promotion advice, care and support. The FYFV highlights the need for an increased focus on integration and prevention, so that resources are used more effectively, outcomes for people are improved and, where possible, demand is reduced over the long term.

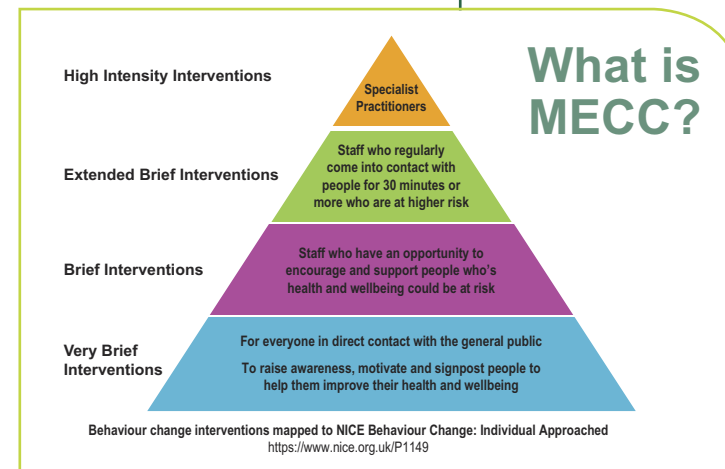
Demand for health and social care is rising as a result of an increase in the number of people with long term conditions, alongside an ageing population. Alongside long term conditions, including frailty and those at end of life, there are many other common underlying factors which increase demand on health and care services, such as mental health problems, cognitive impairment, smoking, drugs or substance misuse, physical inactivity, poor diet, obesity, cold or poor housing, loneliness and social isolation.

In 2016/17 AACE signed a joint consensus statement with key partners: NHSE, PHE, HEE, the Royal Society for Public Health, CoP, the Local Government Association, St John Ambulance and the British Red Cross - to commit to working together to support people to live longer, healthier lives through a more integrated approach to enhanced public health and prevention. By engaging with the most vulnerable people in our communities, we aim to improve or maintain their physical and mental health and wellbeing.

Through the millions of interactions they have with patients and the public each year, the ambulance workforce is in a prime position to identify people who may benefit from better advice about specific risks to their health.

By providing information and signposting people to locally provided services the aim is in Making Every Contact Count (MECC) to support the personalised, integrated care they need to live healthier lives. This will add significantly to the improvement of the health of people in England and in turn will help reduce demand on health and social care services over the long term.

On signing up to the consensus statement, each ambulance trust identified a lead to champion their commitment to improving public health, which is one of our key clinical priorities being progressed and monitored through our National Ambulance Medical Directors group (NASMeD).



OPERATING MODEL & DEMAND



# RECOMMENDED SUMMARY PLAN FOR EMERGENCY CARE AND TREATMENT - ReSPECT



Representatives from AACE and JRCALC contributed to the development of the ReSPECT which was launched by a multi-agency group in February 2017. Further information can be found at [www.respectprocess.org.uk](http://www.respectprocess.org.uk)

**ReSPECT** is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. **ReSPECT** can be in place for anyone, but has increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest.

**ReSPECT** will enable our ambulance clinicians responding to an emergency

to review the summary of recommendations which will help them to make immediate decisions about a person's care and treatment. A **ReSPECT** form can document the person's views and decisions about whether they want to be taken to hospital or remain in their own home environment and under what circumstances. This may result in less patients being conveyed to hospital and should greatly improve the experience for the patient and their relatives and carers in what can otherwise be distressing circumstances.



## PARAMEDIC PRESCRIBING PROJECT

AACE has continued to work with the College of Paramedics to support the Allied Health Professions' Medicines Project and proposals for paramedic independent prescribing.

Although good progress was made during 2016/17, resolving the issues raised by the Commission on Human Medicines (CHM) has taken longer than anticipated. The project will now be carried forward into the Chief

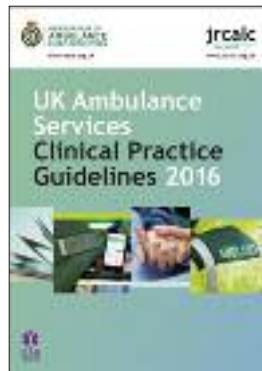
Professional Officers' Medicines Mechanisms Programme and AACE, the College of Paramedics (CoP) and HEE will continue to provide expertise and support as required to conclude the project.

# JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE - JRCALC

JRCALC was delighted to publish updates to its clinical guidelines for use in ambulance services in 2016. AACE tangibly supports JRCALC and facilitates the Committee functions with a clear link across the UK's ambulance services.



'JRCALC Guidelines' are synonymous with the required standard of care for ambulance clinicians and JRCALC continues to develop further updates, along with ambulance service medical directors, for release later in 2017 and 2018. AACE provides detailed editorial assistance and support to JRCALC sub-groups to ensure that guidelines continue to meet the needs of ambulance clinicians.



Royalty income from sales of the guidelines are reinvested through AACE and we are committed to supporting the current validity and rigor of the guidelines. Development of digital formats for accessing guidelines is necessary and AACE has worked with publishers, Class Professional, to provide formats useful to trusts and end users. We have supported iCPG – the guidelines App as well as CPD: CPG the guidelines based digital self-testing questions. The creation of bespoke clinical handbooks based on JRCALC content, tailored to the local environment has been pioneered by East of England Ambulance Service and is providing an excellent model for other interested services. [JRCALC@aace.org.uk](mailto:JRCALC@aace.org.uk)



PATIENT SAFETY & QUALITY OF CARE





# SHARING LEARNING FROM INSPECTIONS AND INCIDENTS

AACE provided training and access for all ambulance trusts to an online database, PROCLUS Lessons Identified & Debrief (LID) system in 2016/17, to readily share lessons learnt from Serious Incidents (SIs) and Preventing Future Deaths (PFD) reports from Coroners inquests.

Where factors involved are or could potentially be common to all services, this provides a secure and auditable portal to record key issues identified and necessary actions to be taken. Originally developed by Zeal Solutions Ltd for ambulance Hazardous Area Response Teams (HART) this system is now also in use by trust safety leads who report into the Directors of Nursing through the national group for Quality, Governance & Risk Departments (QGARD) and Medical Directors through NASMeD.

Also established in 2016/17 was a sub-group of QGARD, for 'CQC Learning'. Following CQC inspections of all ambulance trusts over the last couple of years, this is providing an invaluable forum to 'compare & contrast' the inspection process and experience, enabling AACE to feedback to CQC on the inspection framework and system. It also facilitates identification of common areas where improvements can be made and enables a joint approach to finding solutions or changing policies that can be implemented across the country.





# WORKFORCE RACE EQUALITY STANDARDS - WRES

There has been a significant amount of robust evidence that suggests that the ambulance sector does not systematically ensure the equal treatment and high quality work experiences for BME employees. Additionally, the sector has struggled to employ and retain a workforce that is reflective of the communities that they serve.



In light of this, a national ambulance sector WRES Project was initiated by AACE in 2016/17. Supported by the national WRES Team in NHSE, the project is led by Tracy Myhill, CEO Wales Ambulance Service/Lead Chief Executive for Equality and Inclusion. The remit of the project is to co-produce a suite of WRES interventions and identify good practices and processes that can initiate continuous improvement on the workforce race equality agenda across the ambulance sector.



There are several proposed interventions that focus on Trust leadership and governance arrangements. These have been set out in the first instance, followed by specific proposed interventions relating to the prioritised WRES indicators, and with a particular focus on embedding and mainstreaming race equality across the Ambulance sector. All AACE members have signed up to this and have developed their own WRES action plans to link in with the national approach and shared learning on best practice. Progress is being monitored through the AACE National Ambulance Diversity Forum, chaired by Tracy Myhill reporting directly to the AACE Chief Executives Group.

There are a wide range of benefits to the sector in implementing effective solutions to the challenge of improving WRES performance, including:

1. **Improving patient outcomes and patient satisfaction, through increased staff engagement and involvement.**
2. **Improved sector performance against the mandated WRES indicators, leading to the ambulance service becoming the beacon sector within the NHS for delivery against the WRES.**
3. **More effective and efficient use of human and financial resources (e.g. less sickness absence, less agency staffing costs, a reduced number disciplinarys, grievances, employment tribunals, performance reviews).**
4. **The ambulance sector has a great opportunity to be the lead sector within the NHS on WRES performance in forthcoming years.**
5. **Enhances the reputation of the ambulance service as an equal opportunities employer with BME communities throughout the country.**



# IMPROVING THE MENTAL HEALTH AND WELLBEING OF THE AMBULANCE WORKFORCE

AACE is committed to improving the mental health and wellbeing of our workforce and as such established a collaborative in 2016/17 comprising Ambulance Trusts, Trade Union colleagues, and the NHS Employers organisation.



Representatives are working in partnership on the development of a comprehensive programme to support mental health and wellbeing.

This includes:

- Development of a programme of leadership and management development focussed on 'Leading Healthy Workplaces' for the Ambulance sector.
- Development of an Ambulance Hub on the NHS Employers website dedicated to providing information, resources, research and best practice on improving mental health and wellbeing to aid Ambulance Trusts to continue to develop their health and wellbeing support services for staff.

Ambulance trusts signed up to the MIND Blue Light Programme which continues to provide a wealth of support and information for all members of the emergency services:

<https://www.mind.org.uk/news-campaigns/campaigns/bluelight/>





## PREVENTING STAFF SUICIDE

In light of a perceived increase in suicides of staff members within the English ambulance services AACE conducted research during 2016/17 to determine whether people who work in paramedic or other ambulance service roles are at higher risk of suicide than people who work in other professions. The research is also intended to determine whether any common trends are discernible in ambulance service staff suicide cases that occurred in 2014 or 2015.



The Yorkshire Ambulance Service and the University of Bristol are supporting AACE in this research, which is also being informed by analysis conducted by the Office of National Statistics. The research received ethical approval from the Health Research Authority and is eligible for National Institute for Health Research Clinical Research Network support.

AACE and its member trusts are committed to providing and signposting ambulance service staff to appropriate support mechanisms that can help them in times of need. It is hoped that this research will ultimately contribute to a reduction in the suicide rate amongst ambulance service employees and improved mental wellbeing for the whole workforce. The MIND mental health charity is supporting AACE and contributing to this work alongside the CoP and The Ambulance Service Charity (TASC).



## BAND 6

The national Human Resources Directors Group (HRDs), comprising trust workforce and organisational development leads, was engaged throughout 2016/17 with NHS Employers (NHSEmp) and the National Ambulance Strategic Partnership Forum (NASPF) working on the Band 6 Paramedic profile for England.

This work has led to negotiations between NHSEmp and Staff Side Trade Union organisations resulting in the national Job Evaluation Group undertaking a stringent review of the paramedic job description to establish whether the current role should be upgraded to that of a Band 6 profile. It has taken considerable effort by all HR Directors to ensure that local job descriptions are consistent with the roles and responsibilities being carried out by paramedics across the English ambulance trusts.

It was confirmed in the autumn of 2016 that the Paramedic profile should be placed at a Band 6 salary level.

In addition, significant work has been undertaken with the NASPF in the development of a Newly Qualified Paramedic (NQP) role for graduates leaving university and beginning employment within the NHS Ambulance Services. This has focussed on consistently applying competencies for a two-year consolidation period that will mean wherever in England they join an NHS Ambulance Service NQPs will be subject to a standardised process before achieving the status of Paramedic on a Band 6 salary point.

There are still issues to be agreed such as a Fast Track Process and the new Band 6 job description to meet the UEC strategy requirements in the future and this should be completed by Quarter 3 of 2017/18 year.





# COLLABORATIVE WORKING WITH BLUE LIGHT SERVICES

2016/17 saw the introduction of the Policing and Crime Act which came into effect from 3rd April 2017. The Act includes a provision to allow Police and Crime Commissioners to assume governance responsibility for Fire and Rescue Services by local agreement. In addition, the Act includes a high level statutory duty to keep collaboration opportunities under review and to collaborate where it is in the interests of efficiency or effectiveness.



Key points about the duty to collaborate include:

- The duty is broad to allow for local discretion in how it is implemented so that the local service leaders can decide how best to collaborate for the benefit of their communities themselves.
- The duty sets a clear expectation that collaboration opportunities should be fully exploited to provide the best possible service and overall value for money to the taxpayer.
- Whilst the duty is specifically focussed on the police, fire and rescue and emergency ambulance services, it does not preclude other organisations from being party to collaboration agreements.

**AACE Involvement:**

- DH is supportive of any collaboration that supports ambulance services to provide high quality care to patients.
- There is no intention to enforce any particular forms of collaboration on local services. We feel the best way to drive collaborations is through locally led initiatives supported by national emergency services representative bodies.
- The main mechanism to encourage collaboration is through AACE, the National Fire Chiefs Council (NFCC), the National Police Chiefs Council (NPCC) and the Emergency Services Collaboration Working Group (ESCWG). We will be working with these groups to continue to explore new forms of collaboration.



**Co-Responding:** We saw a growth of Fire and Rescue Services Co-Responding Schemes during 16/17 as a consequence of the Fire Brigades Union (FBU) dropping their long-standing opposition to such schemes. This has enabled a number of pilot schemes to be trialled involving the use of full-time, on-duty firefighters which, in some areas, may lead to some patients receiving early defibrillation and cardio-pulmonary resuscitation more quickly. Ambulance trusts have welcomed these schemes and the helpful contribution that they can make when properly targeted. Ambulance trusts have provided training, support and governance oversight for the schemes and AACE have remained closely engaged with the NFCC to maintain national oversight.

In January 2017 the National Joint Council for Local Authority Fire and Rescue Services (NJC) published an evaluation into the effectiveness of these pilot schemes. Unfortunately AACE was not invited to participate and so did not have the opportunity to help contribute to their findings with data that the NJC evaluation did not have access to. Nonetheless AACE supports the broad conclusions and most of the recommendations within the evaluation. At the time of writing the FBU have withdrawn support for Co-Responding Schemes pending pay review but once resolved AACE are prepared to work with the NFCC and ESCWG to realise benefits for patients with models that prove most efficient and effective.





Significantly the ARP has greatly improved the accurate triage of patients with immediately life-threatening conditions which has enabled ambulance trusts to target FRS Co-Responders much more precisely to incidents that are appropriate for their range of skills. This addresses the “most significant” concerns raised by firefighters within the NJC evaluation:

- i. The difficulties experienced with relatives following fatalities. FRS staff sometimes felt unprepared and untrained for this aspect of the work, although some staff were able to respond very well in these circumstances.
- ii. Being dispatched to inappropriate incidents where they did not have the necessary skills to support the patient.
- iii. Waiting for an ambulance to arrive and having to provide care they were untrained for.

**Police and Ambulance Demand Reduction:** AACE have continued to engage closely with the Home Office, NPCC and ESCWG to identify ways in which inappropriate demand between organisations can be reduced and shared demand managed more efficiently. AACE have developed a comprehensive national dataset which now has over two years of data demonstrating clear themes and identifying where action needs to be taken by police forces and ambulance trusts. These themes are summarised within a best practice guide which was co-signed by AACE and NPCC in 2015/16. AACE are reviewing this guide in partnership with the NPCC to identify the schemes that have the greatest potential for realising benefit on a national scale. For instance, there is clear evidence that direct contact between police officers on the scene and a clinician in either the ambulance or police control room, greatly reduces the instances where an ambulance arrives on scene to find there is no-one in need of treatment. These incidents are often able to be resolved over the telephone which reduces wastage of ambulance resources and gives police officers reassurance about being able to leave the scene thereby saving police time.

**Emergency Services Collaboration Working Group:** AACE have co-funded a programme manager for the ESCWG who has recently taken up post. Throughout 2016/17 AACE contributed to the development of a work programme for the programme manager which includes the following key points:

- Developing a shortlist of evidence based best practice schemes.
- Developing an online repository for best practice schemes, evaluation and supporting documentation.
- Improving networking and information sharing.
- Ensuring alignment to national strategic collaborations (ESMCP, JESIP etc.)
- Developing structures to ensure these are considered and adopted as appropriate locally.

AACE will continue to work through the ESCWG to seek opportunities for collaborations where there is the opportunity to reduce costs, improve operational efficiency and, most importantly, improve the service offered to patients. We are fully committed to this programme and will help maintain momentum within the group to ensure that best practice is identified nationally and disseminated locally.





# AREAS OF COLLABORATION/JOINT WORKING WITHIN THE AMBULANCE SECTOR

One of the key functions of AACE is to identify and promote joint working across the UK and between our member organisations. We are probably unique in this sense as a sector within the NHS.

This not only provides greater efficiency in progressing strategic and policy issues, but also facilitates integration of the ambulance service with other parts of the NHS system at both national and regional levels.

Collaborative working has been key during 2016/17 and continues on an ongoing basis for many aspects of day-to-day delivery of ambulance services, some examples of which are:

- Extensive AACE led collaboration as a sector both with NHSE and between Ambulance Trusts on the Ambulance Response programme (ARP) trials and the development of an evidence base for change to existing ambulance response measures and operating regimes.
- Extensive AACE led collaboration as a sector with the NHSI Ambulance Sustainability Review.
- Development and adoption of common Clinical Practice Guidelines for all UK ambulance staff.
- Delivery of the Joint Emergency Services Interoperability Programme (JESIP).





- Delivery of the Hazardous Area Response Teams (HART) capability.
- Delivery of a national coordination centre in the event of major and mass casualty incidents.
- Delivery of National Mutual Aid arrangements.
- Delivery of National Resilience arrangements for Ambulance Control Centres.

- Sharing of lessons from Major Incidents.
- Development of National Major Incident Exercises.
- Collaborative approach to the initial Airwave programme and the current work to replace this going forward.
- Sharing of learning from Serious Incidents and Coroner's inquest 'Preventing Future Deaths' recommendations.
- Development of common approaches to National Industrial Action within the ambulance sector.
- Common Approach to Band 6 Paramedic issues.
- Common approach to the Bear Scotland issues regarding overtime payments.
- Sector wide responses to a range of health consultations,
- Development of some areas of national procurement around uniform provision.
- Some limited collaboration between services on fleet procurement.
- Alliances between ambulance trusts on a regional basis e.g. The Northern Alliance.
- Collaboration with Police and Fire at a national and regional level.
- Collaboration with the voluntary sector on a national and regional level.

# MEDIA RELATIONS

Media interest in the ambulance service has been intense during the past year and AACE has devoted significant time and effort to handling a range of complex and challenging enquiries.

Our overarching aim is always to protect and enhance the reputation of the ambulance service. Against a backdrop of unrelenting scrutiny from all areas of the media, we have continued to support ambulance trusts centrally by handling national media enquiries and providing important statements and press releases that have been used by their regional communications teams to help define their own responses to media enquiries.

Over the course of 2016/17 we updated our document of AACE positions and statements on a range of key national topics, helping our members and key stakeholders to better understand our policy direction and enabling us all to respond to media enquiries more quickly and efficiently.

AACE successfully managed more media enquiries than ever before and we continue to cement our reputation as a central resource for information about UK ambulance services. Working side by side with communications teams from across all member services through the National Communications Group (NACOM) we are now able to ensure that intelligence about national media approaches is shared quickly so that the service as a whole has a better chance of being represented by the media in a fair and proportionate way. We continue to use the AACE-managed Basecamp system as an internal resource, and many communications staff have reported this to be invaluable in their day to day work.

The ARP trials have been a particularly large piece of work during the past year and AACE has played a central role in bringing NHSE and DH together with

NACOM to ensure that communications messages and strategies are shared and discussed. This relationship will continue as the ARP measures are implemented during 2017/18.





# DIGITAL MEDIA – AACE WEBSITE AND SOCIAL MEDIA OUTPUT

## Website

We have also seen a continued growth of AACE's digital activity. Our website [www.aace.org.uk](http://www.aace.org.uk) was revamped in September 2016, incorporating responsive website design so that it performs seamlessly across all devices and delivers a better user experience, at the same time improving both speed and overall performance.

Last year saw a further marked increase in visits to the site with over 130,000 pageviews from upwards of 60,000 visits. In addition, the JRCALC clinical guidelines information was incorporated into a bespoke section of the website, whereby users can view the latest issues raised and subsequently suggest corrections or alterations, which are sent directly to the publishers for consideration with the JRCALC panel.

The new website also served us well as both an information hub and booking portal for the Ambulance Leadership Forum conference in February 2016.

## Social Media

The ongoing volume of web activity was significantly enabled by AACE's Twitter activity, which over the same period saw our numbers of followers rise above 6,000.

As well as AACE's own news, the feed interacts daily with the other ambulance trust feeds as well as other key stakeholders and NHS bodies. You can follow AACE on Twitter at [@AACE\\_Org](https://twitter.com/AACE_Org)



[www.aace.org.uk](http://www.aace.org.uk)



# BBC AMBULANCE DAY, NOVEMBER 2016

A successful event last year was the development of a national BBC 'Ambulance Day' in November which was led by AACE and managed through NACOM.

This presented a whole day of multi-channel BBC media coverage based purely on the UK ambulance service, which was eventually seen by between 14 and 19 million TV viewers and heard by millions of BBC radio listeners – plus hundreds of thousands of social media users too.

NACOM provided the BBC with a detailed background into why the service is facing increased pressures and, in return for assurances that there would be balance and objectivity, agreed to a level of access for the BBC that had previously not been afforded to the media. It was clear that if managed correctly, this would be a significant opportunity for the ambulance service to communicate key messages about the challenges it is facing – as well as the innovative healthcare it is providing – to a wide audience.

The day proved to be a huge success with several features running on local stations as well as the main national news. A range of ambulance stories were covered which would previously have never been publicised in such a high profile way, and the pressures facing ambulance services were dealt with sympathetically and openly, leading to a notable surge in public respect for the work of ambulance staff and hopefully some education on when to use 999, 111 and other avenues for clinical advice.

Ed Campbell, BBC News Editor (special correspondents), said:

***“NACOM helped to persuade individual services that a strategy of engagement and openness was a critical factor in getting beyond a ‘what’***

***story about response times and performance and developing it into a ‘why’ and ‘how’ story, which was able to offer insight into the realities faced by ambulance services and their crews and the significant challenges of providing ambulance services to a changing population. The strong backing given by NACOM to the project was also a key factor in persuading NHS England to engage more openly.”***

Additionally, this project had the important outcome of providing local BBC healthcare correspondents with a much greater insight into the work of the ambulance service, which has already fostered more productive long-term relationships between the BBC and AACE and our members.





ASSOCIATION OF  
AMBULANCE  
CHIEF EXECUTIVES

National Audit Office value for money study on  
NHS ambulance services

Robert White

7 February 2011

Bringing... skills, expertise and shared  
know... ambulance services

# AMBULANCE LEADERSHIP FORUM (ALF) 2017

Our annual conference was held in February at Chesford Grange in Warwickshire. The ALF is well established as the event for executive and senior leaders from across the sector to come together to learn and share. Along with the Gala Awards Dinner the conference delivered a great opportunity to celebrate achievements and take stock of current challenges.

The speaker list was extensive; as well as welcoming back Nigel Edwards (CEO, The Nuffield Trust) and Chris Hopson (CEO, NHSP), Helen Bevan (Chief Transformation Officer, NHSE) was very well received. Her enthusiasm for engagement and change was brilliantly communicated. Equally engaging was Yvonne Coghill (Director, Workforce Race Equality Standard Implementation, NHSE) who really connected with her description of Race Equality and what it means across the NHS and the challenges in Ambulance services.

The evening awards dinner, expertly hosted by author, journalist and broadcaster Anita Anand was attended by 250 delegates and recipients. The award categories spanned Trusts from across the UK and Ireland, winners received high-praise and recognition for their achievements. ALF is generously supported by sponsors and AACE would like to thank ORH, Evolve, Class Professional, Motorola Solutions, EE and FutureQuals for their input.

Day Two of the conference showcased areas of excellence across the sector and included session from the National Director of Clinical Care for Older People, Commissioning leads and Professional development and

mentoring for paramedics. The conference concluded with an update and presentation from David Waters, the CEO of AACE's equivalent body or Australasia who spoke of similar challenges across his region with rising demand, ageing populations and media scrutiny.

Feedback from delegates and commercial sponsors indicated very high satisfaction with the event and their intention to come back for more next year.



ALF 2017 was once again superbly chaired by journalist and broadcaster Liz MacKean. Liz has worked with AACE and NARU on many occasions providing her expertise not only in chairing events, but also in provision of media training for a large number of ambulance personnel and the development of our media resources. Tragically, Liz passed away following a stroke on 18 August 2017. We remain indebted to her for her considerable and always good-humoured contribution to ambulance services over many years.



# 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 healthcare and emergency response solutions against some of the most exacting standards in the world.



AACE has developed a cadre of highly experienced subject matter experts with many years of experience in delivering ambulance services effectively both here in the UK and internationally. AACE is therefore able to deliver a broad range of advice and specialist consultancy services to ambulance services and is increasingly being approached to do so given the immense challenges that these services face.

During 2016/17 this included:

- Ongoing strategic support to the National Ambulance Service (NAS) of the Republic of Ireland and assistance with both tactical operational issues and their overall strategic planning. Specific areas of input included ongoing support and mentoring for the NAS Director and a comprehensive support package for their Head of Control Services. AACE also worked with NAS on some initial scoping work around the introduction of a clinical support desk and the piloting of Hear and Treat within Ireland.
- The AACE MD completed a comprehensive review on all aspects of the ambulance provision provided by Dublin Fire Brigade. The review was jointly commissioned by the Health Services Executive and Dublin City Council.
- AACE commenced a full demand and capacity review for the Northern Ireland Ambulance Service which will be finalised in 2017. The work was led by AACE and included commissioning the modelling work required and fully managing the review on behalf of NIAS. The work also involves

engagement with NIAS commissioners regarding the design, progress and outputs of the review and providing assistance with a review of current ambulance targets within Northern Ireland in a similar way to the approaches taken elsewhere within the UK.

- Strategic support to the Gibraltar Health Authority (GHA) in its transformation programme for the Gibraltar Ambulance Service through an extended contract which now also provides clinical support and mentoring to the GHA Ambulance staff in addition to the senior management team.
- Ongoing strategic support to the London Ambulance Service Director of Operations in dealing with a range of operational challenges. These included Control Services and Field Operations development work and assistance with capacity modelling work associated with the implementation of ARP.
- Strategic support to the Welsh Ambulance Service including input to a demand and capacity review and the implementation of a new CAD system due to go live in 2017, delivering additional high level control expertise coupled with additional technical and project management support.
- Provision of strategic and tactical support to the interim Director of Operations within South East Coast Ambulance Service.
- Ongoing support to the control services function within Yorkshire Ambulance Service including the mentoring of a newly appointed control room manager.

To access our consultancy services go to:  
<https://aace.org.uk/about-aace/consultancy-services/>





# AACE STRUCTURE

The Association has a Board of Directors, a Managing Director, a Chair (a serving ambulance service Chief Executive) and a small administrative team, using specialist external assistance for key pieces of work, where necessary.

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**

AACE Board Members 2016/17

**Anthony Marsh** QAM - CEO West Midlands AS (AACE Chair)

**Sir Graham Meldrum** CBE - Chair West Midlands AS

**Ken Wenman** - CEO South Western AS

**Jennie Kingston** - Deputy CEO & Finance Director South Western AS

**Yvonne Ormston** - CEO North East AS

**Martin Flaherty** OBE - AACE Managing Director

The CEOs of all member organisations meet regularly, as the Ambulance Chief Executives Group (ACEG), face to face or by teleconference alternately on a monthly basis to discuss a wide range of issues and agree common approaches to national issues wherever possible and monitor progress against the AACE Strategic Priorities.

Chairs of all member Trusts meet together with the ACEG three times a year, as the AACE Council, to discuss common strategic challenges and the Sector's approach to resolving them.





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

## NATIONAL GROUPS IN 2016/17

AACE provides a network of National Groups and sub-groups across all disciplines which allows Executive and Senior Leaders to meet, share best practice and agree collaborative initiatives or common approaches to problem solving. They each contribute to delivery against the AACE Strategic Priorities which are agreed annually by the AACE Chief Executives Group. Each National Group is led by a CEO who holds that portfolio and reports progress and outcomes to the ACEG and AACE Council.



## AACE MEMBERSHIP IN 2017

We said farewell to a number of colleagues who led our member organisations last year: Dr Fionna Moore, CEO for London, and Andrew Grimshaw as Interim CEO in London after that; Roisin O'Hara, Interim CEO for Northern Ireland and Geraint Davis, Interim CEO for South East Coast. Chairs Trevor Jones, South Central; Sir Peter Dixon, South East Coast and Heather Strawbridge, South Western who had also represented AACE as Chair of the NHS Confederation Urgent & Emergency Care Forum. AACE is very grateful for their contributions and support during the course of their leadership. In their places we have welcomed Daren Mochrie and Richard Foster as CEO and Chair respectively for South East Coast, Shane Devlin, CEO Northern Ireland, Garrett Emmerson, CEO for London, Lena Samuels, Chair South Central and Tony Fox, Chair South Western.



**Dr Fionna Moore retired after 40 years in the NHS, with 18 years as Medical Director and two as Chief Executive for London Ambulance Service.**

### AACE National Groups in 2016-17

<p><b>National Directors of Operations (NDOG)</b></p> <p>CEO Lead: Ken Wenman, SWASFT</p> <p>Group Chair: Neil Le Chevalier, SWASFT</p>	<p><b>Medical Directors (NASMeD)</b></p> <p>CEO Lead: Dr Fionna Moore, LAS</p> <p>Group Chair: Dr Julian Mark, YAS</p>	<p><b>Human Resources Directors (HRDs)</b></p> <p>CEO Lead: Ken Wenman, SWASFT</p> <p>Group Chair: Michael Forrest, NWAS</p>	<p><b>Communication Leads (NACOM)</b></p> <p>CEO Lead: Martin Flaherty, AACE</p> <p>Group Chair: Melanie Wright, EMAS</p>	<p><b>Directors of Finance (DoFs)</b></p> <p>CEO Lead: Rod Barnes, YAS</p> <p>Group Chair: Jennie Kingston, SWASFT</p>
<p><b>National Ambulance Resilience Unit (NARU)</b></p> <p>CEO Lead: Anthony Marsh WMAS National Director Keith Prior, WMAS</p>	<p><b>Quality, Governance and Risk Group (QGARD)</b></p> <p>CEO Lead: Robert Morton, EEAST</p> <p>Group Chair: Sandy Brown, EEAST</p>	<p><b>National Ambulance Diversity Forum (NADF)</b></p> <p>CEO Lead and Chair: Tracy Myhill, WAST</p>	<p><b>Information Management &amp; Technology Leads (IM&amp;T)</b></p> <p>CEO Lead: Yvonne Ormston, NEAS</p> <p>Group Chair: Vic Wynn, LAS</p>	

### AACE National Sub-Groups in 2016-17

<p><b>NDOG</b></p> <ul style="list-style-type: none"> <li>● Ambulance Control</li> <li>● Ambulance Fleet</li> <li>● CAD Software</li> <li>● Paramedic Qualifications</li> <li>● First Responder Forum</li> <li>● Cycle Response Unit</li> </ul>	<p><b>NASMeD</b></p> <ul style="list-style-type: none"> <li>● Urgent &amp; Emergency Care</li> <li>● Mental Health</li> <li>● Pharmacists' network</li> <li>● Ambulance Research</li> <li>● Clinical Quality</li> <li>● Paramedic Leads</li> <li>● Frequent Caller</li> </ul>	<p><b>QGARD</b></p> <ul style="list-style-type: none"> <li>● Safety</li> <li>● Infection Prevention &amp; Control</li> <li>● Safeguarding</li> <li>● Patient Experience</li> <li>● Security</li> <li>● CQC Learning</li> </ul>	<p><b>HRDs</b></p> <ul style="list-style-type: none"> <li>● Driver Training Advisory</li> <li>● Education Network</li> <li>● HR Deputies</li> <li>● First Aid Training</li> </ul>	<p><b>NADF</b></p> <ul style="list-style-type: none"> <li>● BME Network</li> <li>● LGBT Network</li> </ul>	<p><b>IM&amp;T</b></p> <ul style="list-style-type: none"> <li>● Information Network</li> <li>● Information Technology</li> <li>● Information Governance</li> </ul>	<p><b>DoFs</b></p> <ul style="list-style-type: none"> <li>● Procurement</li> <li>● Vehicle Insurance</li> <li>● Reference Costing</li> <li>● Estates</li> <li>● Green Environment</li> </ul>
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## Current AACE Membership in 2017

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



**Richard Henderson, Interim CEO**  
East Midlands Ambulance Service  
NHS Trust



**Garrett Emmerson, 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



**Heather Lawrence OBE, Chair**  
London Ambulance Service  
NHS Trust



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



**Derek Cartwright** QAM, CEO  
North West Ambulance Service  
NHS Trust



**Will Hancock**, CEO  
South Central Ambulance Service  
NHS Foundation Trust



**Daren Mochrie** QAM, 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



**Lena Samuels**, Chair  
South Central Ambulance Service  
NHS Foundation Trust



**Richard Foster**, Chair  
South East Coast Ambulance Service  
NHS Foundation Trust



**Tony Fox**, Chair  
South Western Ambulance Service  
NHS Foundation Trust

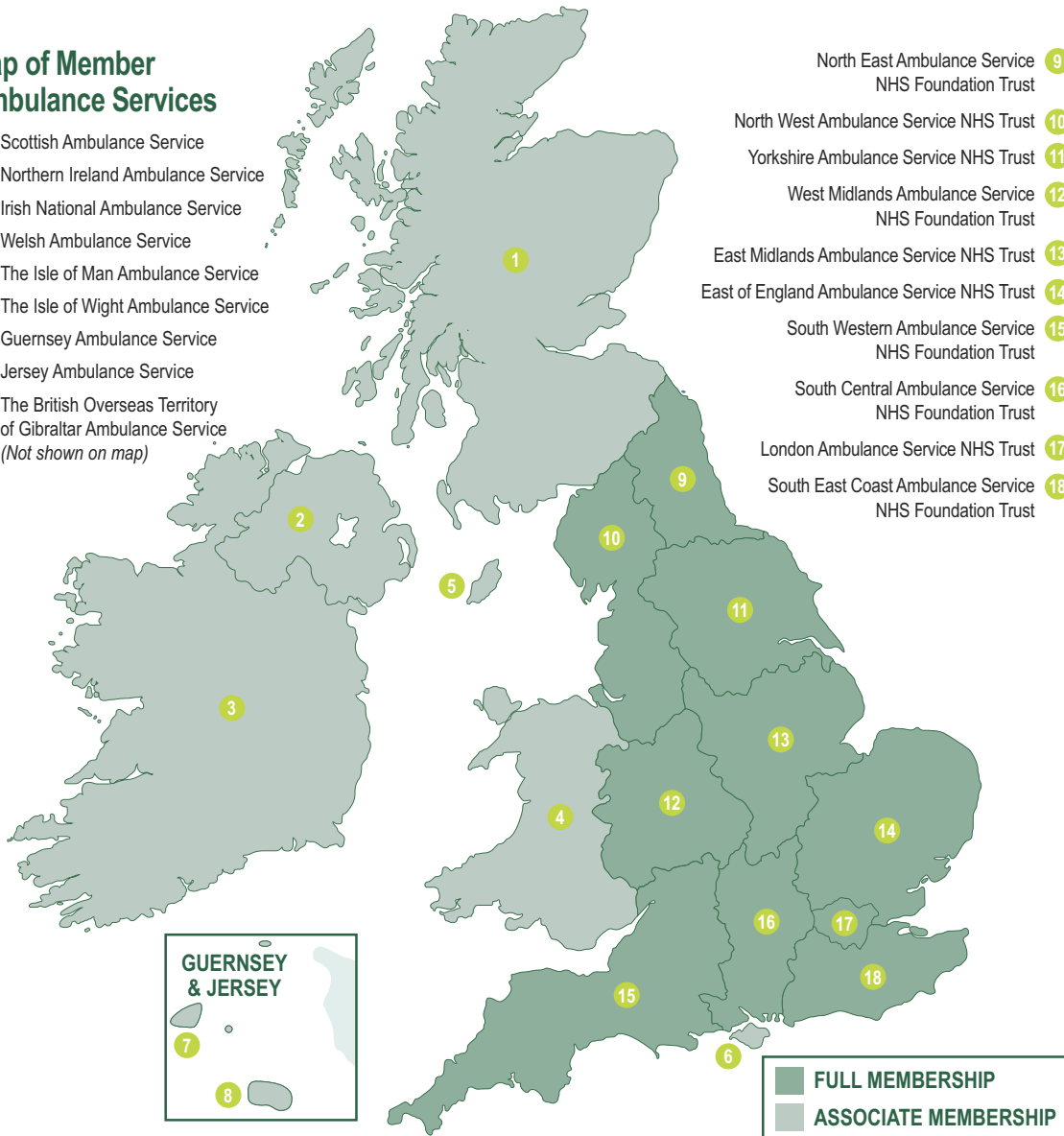


ASSOCIATION OF  
**AMBULANCE**  
CHIEF EXECUTIVES

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)*



- North East Ambulance Service NHS Foundation Trust 9
- North West Ambulance Service NHS Trust 10
- Yorkshire Ambulance Service NHS Trust 11
- West Midlands Ambulance Service NHS Foundation Trust 12
- East Midlands Ambulance Service NHS Trust 13
- East of England Ambulance Service NHS Trust 14
- South Western Ambulance Service NHS Foundation Trust 15
- South Central Ambulance Service NHS Foundation Trust 16
- London Ambulance Service NHS Trust 17
- South East Coast Ambulance Service NHS Foundation Trust 18



**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



**Kathryn Lavery**, Chair  
Yorkshire Ambulance Service  
NHS Trust

## Association of Ambulance Chief Executives (AACE) Annual Report 2016-2017

We also have membership from those 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



**Shane Devlin, CEO**  
Northern Ireland Ambulance Service



**Martin Dunne, Director**  
National Ambulance Service  
Republic of Ireland



**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 QAM, 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. Anthony 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** – Samantha Williams, Executive Assistant – as well as being Martin Flaherty's Executive Assistant, Sam also carries out an Office Manager function, handling administration and providing general support to the whole organisation.

Sam is the first point of contact for all AACE enquiries. Sam spent much of her previous career in the Civil Service especially, in the Department for International Development, in the House of Commons and in the Ministry of Justice. She then spent three years at London Ambulance Service as PA to the Human Resources and Medical Directors providing executive support, before moving full time to AACE in 2012.



**Steve Irving, Executive Officer** – Steve is a Paramedic with over 30 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 Managing

Director across a broad range of AACE related issues, supporting JRCALC and leading on organising the ALF Conference.



**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, laterally 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 James started working for Yorkshire Ambulance Service (YAS) in 1981, originally as an ambulance cadet and became a qualified Paramedic in 1987. She is now an advanced paramedic, working clinically one day per week and another day as Clinical Manager-Pathways, leading on development of alternative patient pathways. She is seconded from YAS to AACE three days per week, providing clinical support to the National Ambulance Medical Directors Group (NASMeD), and the ongoing development of the UK Ambulance Services Clinical Practice Guidelines (JRCALC).

## 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 Kognitive Creative Communications Agency**

Carl's main role is to manage AACE's media relations function on a day-to-day basis, providing the link with all trust communications teams (via NACOM), NHS England, Department of Health (DH) and the media. Carl has provided communications and stakeholder engagement services to a wide range of NHS organisations for 22 years. He has a particular interest in ambulance services and worked with the former Ambulance Service Association from 2005. He was part of the national DH implementation team responsible for rolling out Hazardous Area Response Teams between 2007 and 2011 and has worked extensively with the National Ambulance Resilience Unit since its inception. He is also the founder of the annual Ambition Expo, designed for the international emergency preparedness, resilience and response community.



**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 HRPPS 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 28 years experience in the NHS, in the acute and ambulance sectors, she has led in governance, quality & risk. Having joined Nottinghamshire Ambulance Service in 1996 she was seconded to a national role in 2003, where she produced national guidance on behalf of NHS Employers and also managed 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

Included within the Reserves - Income and Expenditure Account are the profits from the publication of the Ambulance Clinical Guidelines, Consultancy and various other areas of commercial activity. The Association's Board uses these collective profits to fund several areas of development on behalf of its members. Examples of these include:

- Future developments of the JRCALC/AACE Clinical Guidelines
- Dedicated support to specific National Director Groups particularly NASMeD and NDOG
- Supporting specific pieces of research into pre-hospital care
- Dedicated support to the introduction of independent prescribing for paramedics
- Maintenance and development of collective Information Dashboards for the Ambulance Quality Indicators

# Financial Accounts

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

## PROFIT AND LOSS ACCOUNT YEAR ENDED 31 MARCH 2017

	2017 £	2016
<b>Income</b>	1,455,301	1,291,512
Cost of sales	(21,200)	(25,001)
<b>Gross surplus</b>	1,434,101	1,266,511
Administrative expenses	(1,433,197)	(1,074,423)
<b>Operating surplus</b>	904	192,088
Interest receivable and similar income	40	45
Other gains and losses	-	(1,144)
<b>Surplus before taxation</b>	944	190,989
Taxation	(890)	(36,560)
<b>Surplus for the financial year</b>	54	154,429
Retained earnings brought forward	359,025	204,596
Retained earnings carried forward	359,079	359,025

## BALANCE SHEET 31 MARCH 2017

	2017		2016	
	£	£	£	£
<b>Fixed assets</b>				
Tangible assets		9,783		13,291
<b>Current assets</b>				
Debtors	389,545		361,941	
Cash at bank and in hand	374,927		240,206	
	764,472		602,147	
<b>Creditors: Amounts falling due within one year</b>	(415,176)		(256,413)	
<b>Net current assets</b>		349,296		345,734
<b>Total assets less current liabilities</b>		359,079		359,025
<b>Reserves</b>				
Income and expenditure account		359,079		359,025

# Glossary

<b>AACE</b>	Association of Ambulance Chief Executives	<b>HRDs</b>	Human Resources Directors	<b>ScHARR</b>	Sheffield University's School of Health and Related Research
<b>ALF</b>	Ambulance Leadership Forum	<b>H&amp;T</b>	Hear & Treat	<b>SECAMB</b>	South East Coast Ambulance Service (Foundation Trust)
<b>ALPG</b>	Ambulance Lead Paramedic Group	<b>JAIP</b>	Joint Ambulance Improvement Programme (NHSE/NHSI)	<b>S&amp;T</b>	See & Treat
<b>AMPDS</b>	Advanced Medical Prioritisation Dispatch System	<b>JESIP</b>	Joint Emergency Services Interoperability Programme	<b>STP</b>	Sustainability & Transformation Partnerships
<b>AQI</b>	Ambulance Quality Indicator	<b>JRCALC</b>	Joint Royal Colleges Ambulance Liaison Committee	<b>STEMI</b>	ST-Elevation Myocardial Infarction
<b>ARP</b>	Ambulance Response Programme	<b>LAS</b>	London Ambulance Service	<b>SWASFT</b>	South West Ambulance Service (Foundation Trust)
<b>CAD</b>	Computer Aided Dispatch	<b>MECC</b>	Making Every Contact Count	<b>TSA</b>	Industry body for technology enabled care services
<b>CCG</b>	Clinical Commissioning Group	<b>NACOM</b>	National Ambulance Communications Leads Group	<b>ToC</b>	Transfer of Care
<b>CEO</b>	Chief Executive Officer	<b>NAO</b>	National Audit Office	<b>UEC</b>	Urgent & Emergency Care
<b>CoP</b>	College of Paramedics	<b>NARU</b>	National Ambulance Resilience Unit	<b>UECR</b>	Urgent & Emergency Care Review
<b>CPA</b>	Committee for Public Accounts	<b>NASMeD</b>	National Ambulance Service Medical Directors	<b>WRES</b>	Workforce Race Equality Standards
<b>CQC</b>	Care Quality Commission	<b>NASPF</b>	National Ambulance Strategic Partnership Forum	<b>WMAS</b>	West Midlands Ambulance Service (Foundation Trust)
<b>DH</b>	Department of Health	<b>NDOG</b>	National Directors of Operations Group	<b>YAS</b>	Yorkshire Ambulance Service
<b>DOD</b>	Dispatch on Disposition	<b>NEAS</b>	North East Ambulance Service (Foundation Trust)		
<b>DoFs</b>	Directors of Finance	<b>NFCC</b>	National Fire Chiefs Council		
<b>ECIP</b>	Emergency Care Improvement Programme	<b>NHSI</b>	NHS Improvement		
<b>ECPAG</b>	Emergency Call Prioritisation Ambulance Group	<b>NHSC</b>	NHS Confederation		
<b>ED</b>	Emergency Department	<b>NHSE</b>	NHS England		
<b>EEAS</b>	East of England Ambulance Service	<b>NICE</b>	National Institute for Health and Care Excellence		
<b>EMAS</b>	East Midlands Ambulance Service	<b>NJC</b>	National Joint Council for Local Authority FRS		
<b>ePRF</b>	Electronic Patient Report Form	<b>NOC</b>	Nature of Call		
<b>EPRR</b>	Emergency Preparedness, Resilience & Response	<b>NPCC</b>	National Police Chiefs Council		
<b>ESCWG</b>	Emergency Services Collaborative Working Group	<b>NQP</b>	Newly Qualified Paramedic (graduate)		
<b>ESMCP</b>	Emergency Services Mobile Communication Programme	<b>NWAS</b>	North West Ambulance Service		
<b>FBU</b>	Fire Brigades Union	<b>PEEP</b>	Paramedic Evidence-Based Education Project		
<b>FRS</b>	Fire & Rescue Services	<b>PrTS</b>	Pre-Triage Sieve		
<b>FYFV</b>	Five Year Forward View	<b>PTS</b>	Patient Transport Service		
<b>GHA</b>	Gibraltar Health Authority	<b>QGARD</b>	Quality Governance & Risk Group		
<b>HART</b>	Hazardous Area Response Team	<b>ROSC</b>	Return of Spontaneous Circulation		
<b>HEE</b>	Health Education England	<b>SCAS</b>	South Central Ambulance Service (Foundation Trust)		



ASSOCIATION OF  
**AMBULANCE**  
CHIEF EXECUTIVES

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September 2017

# 2016-2017

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