INTRODUCTION

Terrorist attacks, the Grenfell Tower fire and extreme winter weather posed significant challenges for ambulance trusts during 2017 and 2018 in addition to introducing a new response model with revised performance metrics - the biggest substantial change in ambulance operating practice in England for 40 years - and managing the ever increasing demand on services.

The Westminster Bridge, Manchester Arena and London Bridge attacks and the Grenfell fire occurred in quick succession in March, May and June 2017 with tragic outcomes for those caught up in them and their families. Then in March 2018 we had the poisoning of Sergei and Yulia Skripal with the nerve agent Novichok in Salisbury. For ambulance services these were times to put mass casualty, mutual aid, resilience plans and CBRN capabilities into action for real. All of the training, testing of procedures and multiagency exercising came to the fore and the ambulance response in all cases was highly effective and professional. Of course there are always lessons to be learned and ways to improve identified and this too formed a big part of ambulance activities throughout the year – sharing experiences, supporting staff involved and revisiting plans.

The ‘Beast from the East’ hit us in late February 2018, plunging much of the country into unusually low temperatures, strong winds, ice and snow for over a week. For NHS services already under strain this was an added complication and pressure, but the ambulance workforce prevailed, battling their way in to work each day, while everyone else was being told to stay home and not travel; sometimes going above and beyond the call of duty to reach patients in remote areas after walking for hours in sub-zero temperatures.

The cold snap inevitably led to unprecedented demand on 999 services with the ensuing rise of the flu and respiratory conditions, falls and exacerbated poor health conditions for weeks afterwards. With resources stretched well beyond the limit and all too often held up inside and outside hospital emergency departments the pressure on ambulance services and their staff has been immense throughout the year, but especially so in these periods of peak demand.

Key areas of focus for AACE in 2017/18 in responding to these pressures has been to work with NHS England and NHS Improvement on the Joint Ambulance Improvement Programme to look at ways of becoming more effective, efficient and sustainable. In particular, work has been imperative on delivering the Ambulance Response Programme to implement the new operating model; workforce health & wellbeing and development; improving public health; promoting best clinical practice, and learning from each other and through international collaboration.
The Association of Ambulance Chief Executives (AACE) is a membership organisation and represents the NHS ambulance service trusts in England, as well as our associate members in Scotland, Wales, Northern Ireland and Ireland, the crown dependencies and Channel Islands.

AACE provides a key point of contact with the ambulance services’ main partner agencies at national level – the Department of Health, NHS Improvement, NHS England, Health Education England, Public Health England and the respective national bodies for the Emergency Services. We also work closely with NHS Providers and NHS Confederation 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 Department and our regulatory bodies, Care Quality Commission and the Health and Care Professions Council – 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 30
- Our national director groups can be found on page 33
- Our membership can be found on pages 34
- Our central team can be found on page 38
This move was made as a result of the findings of the Ambulance Response Programme (ARP); the largest study of ambulance services in the world. The ARP was initiated following calls from AACE and front line staff for the modernisation of a system dating back to 1974, as well as criticism from the National Audit Office and Health Select Committee. Released by NHS England in July 2017, the new performance standards introduced a measure for every 999 call responded to by ambulance trusts for the first time. Previous national standards focused solely on patients with life-threatening conditions and only measured the response to 75% of those incidents through simple, time-based measures. Standards for lower acuity patients – approximately 50% of ambulance demand – was a matter for local commissioning with no national reporting and significant commissioning variation.

The new national standards apply to all categories of calls and focus on measuring both the average, mean response time and also the 90th percentile response time to ensure that there is appropriate focus on minimising longer delays.

The scale of this national change cannot be underestimated. This has been the biggest substantial change in ambulance operating practice in England for 40 years and has required enormous effort from ambulance services to operationalise the required changes. This has involved not only the complex technical challenges required to support new call triage and dispatch processes but also the wider organisational challenges of new working practices for staff, wholesale review of fleet configurations and staff rostering.
Throughout the ARP we have held three objectives in view:

1. Prioritising the sickest patients, to ensure they receive the fastest response.
2. Enabling clinically and operationally efficient behaviours, so the patient gets the response they need first time and in a clinically appropriate timeframe.
3. Putting an end to unacceptably long waits by ensuring that resources are distributed more equitably amongst all patients contacting the ambulance service.

The achievement of these objectives were tested through the Spring Review, the aims of which were to:

- Review the implementation of the various initiatives within the ARP
- Provide recommendations for further development of the Programme
- Provide oversight, analysis and monitoring of safety and performance of ambulance services operating the ARP
- Provide clinical expertise as to the recommended time and type of response that is appropriate for specific conditions
- Ensure the programme delivers long term, coherent outcomes and benefits to patients, ambulance services and the wider urgent and emergency care system.

The Spring Review followed 13 key lines of enquiry – all with AACE input and some being led directly by AACE. The review is in draft form awaiting NHS England approval, but early findings showed that the ARP was successfully implemented across all ambulance services in England, and this was at a time of extreme winter pressure. As was the case before the introduction of ARP, there remains variation across services in terms of the achievement of expected response standards, and for some ambulance services these levels of performance remain aspirational whilst historic challenges of capacity vs demand are addressed through commissioning negotiations. AACE believe that the new standards serve to shed light on issues which previously, through the absence of consistent national standards, were simply not visible. AACE are hopeful that the ARP will serve to incentivise more consistent commissioning discussions particularly for our lower acuity patients who previously experienced often unacceptably extended delays.

Central to the success of the new model is the ability to more precisely, and at the earliest opportunity, identify patients with life-threatening conditions so that a rapid response could be offered to these patients. This in turn allows control room staff more time to assess patients whose condition is not immediately life-threatening in order to ensure that they receive the most appropriate response for their needs – which might be an advanced or specialist paramedic with extended skills to provide treatment in the home, or a double-crewed ambulance if the patient is likely to require conveyance to hospital, or could entail provision of clinical advice over the telephone.
AACE have remained engaged in the development of the body of evidence that allowed the new response categories to be developed and have led work to improve the speed and accuracy with which the sickest patients are identified.

This AACE led project focussed on sharing the data and call handling best practice of six ambulance trusts. The project objective was to identify the most effective process to predict which patients were most likely to require a Category 1 response. Through three months of collaborative working, AACE was able to recommend an improved process that, with a high degree of accuracy, identified up to 70% of 999 calls requiring a Category 1 response within 28 seconds of commencement of the phone call. It is expected that this process will result in significant benefits in terms of operational performance, patient care and efficient use of resources has been recommended for national roll out through the ARP Spring Review.

In addition AACE has led work to improve the way in which requests for ambulance assistance from other Health Care Professionals (HCPs), for example GPs requesting conveyance of their patient to hospital, are responded to as well as requests from hospitals for assistance with transporting patients between facilities (Inter Facility Transfers – IFTs). These calls represent a high proportion of overall demand on services. AACE has developed new national frameworks for both HCPs and IFTs which have been designed to provide equity of response between calls received through 999 and those received for HCP/IFT assistance. Significantly the framework acknowledges that there are instances where other clinicians in the community or at a facility may require the back-up of immediate clinical assistance from ambulance staff as opposed to just a conveying resource. The frameworks are also designed to ensure that appropriate timeframes are set for other levels of response that broadly equate to response times offered to equivalent 999 calls from the public. Both frameworks have been submitted to NHS England for dissemination through the Spring Review process.

AACE will remain engaged in the governance of the ARP and will work closely with NHS England to ensure that the programme is embedded as “business as usual” over the course of the next year.
THE PhOEBE PROJECT

A key piece of research supporting the ARP continued throughout 2017/18 at the University of Sheffield’s Centre for Urgent and Emergency Care, to develop evidence-based ways of measuring the impact of ambulance service care. AACE members have supported this research working closely with Janette Turner, Director of Health Service Research and her team. https://www.sheffield.ac.uk/scharr/sections/hsr/mcru/phoebe

For many years the main measure used to assess how good an ambulance service is has been how quickly an ambulance gets to a patient. Given that fewer than 10 per cent of ambulance calls are for life threatening and time critical problems, the PhOEBE (Pre-Hospital Outcomes Evidence Based Evaluation) project has played a critical role in identifying better ways to measure how well they are performing that are relevant for everyone who uses the 999 ambulance service.

The #PhoebeProject produced an excellent animation to explain the changes being introduced. https://youtu.be/g2saLhBv9-U

The Phoebe project is funded by the National Institute for Health Research (NIHR) Programme Grant for Applied Research (PGfAR) RP-PG-0609-10195

AMBULANCE ACTIVITY IN 2017/18

The change in operating model and associated performance metrics introduced through the ARP implementation mid-way through 2017/18, has meant that monitoring of activity and performance data is no longer comparable with previous years. There is no doubt however that demand on the 999 service has continued to grow, although the annual rate of growth may have lessened a little at an estimated 3% compared to 4-5% in the previous couple of years. The winter period in particular saw unprecedented levels of activity right across the system which placed extreme pressure on the resources available.

Continuing experience of significant delays in turnaround time at hospital emergency departments added to the strain on the service particularly over the winter months.
WINTER STATISTICS

NHS England published weekly sitrep data for a number of key indicators of NHS performance over the Winter period. The data covered a number of items relating to ambulance and A&E performance, including numbers arriving at A&E departments by ambulance and delays in transfer of between 30 to 60 minutes and delays over 60 minutes.

Between 20th November 2017 and 4th March 2018, in England:

- There were 1,411,768 patients arriving at A&E departments by ambulance
- The average number of daily arrivals was 13,445. Numbers peaked above 14 thousand (14,332) on the 30th December and (14,210) on 26th December and reached the highest daily total of 15,430 on New Year's day.
- There were a total of 144,446 delays in ambulance transfers of between 30-60 minutes. This was a daily average of 1,376 delays in ambulance transfers between 30-60 minutes.
- The highest number of delays in ambulance transfers between 30-60 minutes was recorded on the 2nd January, when there were 2,093 such delays. The 26th November 2017 had the lowest recorded number of delays of 30-60 minutes, with 909 such delays.
- There were a total of 41,879 delays in ambulance transfers of over 60 minutes. This is an average daily total of 399 delays in ambulance transfers of over 60 minutes.
- The highest daily total for ambulances delayed by over 60 minutes was recorded on the 2nd January 2018, with 1,263 such delays. New Year’s Day saw similarly high figures, with 1,238 ambulance transfer delays of over 60 minutes. The lowest number of delayed transfers was on the 21st of January when they went down to 135.
The number of ambulance hours lost due to turnarounds taking longer than 30 minutes has more than doubled over the last five years, rising to nearly 710,000 hours in 2017/18 – a rise of 10,000 hours compared to 2016/17.

Based on an average job cycle time of 75 minutes, this would amount to approximately 568,000 patients in 2017/18 who could have been attended during those periods when ambulances were stuck at hospitals.

The number of patients in 2017/18 waiting more than 2 hours for transfer of care in ED was nearly 36,500 - more than four times than seen in 2013/14. In 2017/18 the number of these delays fell marginally to 34,000 – a welcome reduction of 7% but still the second worst year on record for extended delays.

AACE members and regional NHSE/I leads liaised on a monthly basis, overseen by Pauline Philip and Keith Willett, to monitor turnaround times and agreed how to manage delays. The 40 most challenged acute trusts with unacceptable ambulance handover performance were identified and a collaborative approach has been encouraged to address delays.
During the very demanding winter experienced by all ambulance services and the wider NHS, concerns were expressed about the potential impact of resource pressures on patient safety. This led to a joint workshop held in March to share learning across the sector. The workshop was led by the National Ambulance Service Medical Directors’ group (NASMeD) along with members of the Quality, Governance and Risk Directors (QGARD) and the National Ambulance Urgent and Emergency Care group (NAUECG).

Trusts shared how well, or otherwise, their processes worked when the local health economy was under periods of intense strain. They explored the effectiveness of surge and escalation plans, impact on staff wellbeing, the risks to patients raised by long delays to handover patients at hospitals, and the predominant nature of calls received. They also discussed the positive impact of new models of care, alternative pathways, where available, and new ways of working. The findings are now being analysed with a view to making plans for next winter, improving relationships with other parts of the system to find collaborative solutions, changing or standardising practice and reducing variation so that all can be better placed for future pressures.

Priorities were:

- Having named regional lead for hospital handovers
- Clear communication of zero tolerance of poor handover performance
- Sharing of best practice between ambulance services, hospitals and regions, supported by the Emergency Care Improvement Programme team
- Joint work programme and key milestones agreed with each acute trust
- Improved reporting on delays, supported by weekly performance report including total time lost per ambulance service for all Acute Trusts
- Monthly performance meeting where regions are held to account by Pauline Philip for reductions in handover delays

Improvements were being seen in most sites, and Ambulance CEOs reported changes being made on the ground, with a concerted focus on eliminating delays in the most troubled trusts. Some improvement may have been due to a lessening of demand following the winter period, and the true effectiveness of changes made to address handover delays will be seen during demand peaks throughout the year and again next winter.
Research into suicide within the ambulance sector was commissioned by AACE in 2016/17 because of a perceived increase in its occurrence over recent years. The primary aim of the research was to determine whether staff who work in the UK ambulance services are at higher risk of suicide than staff who work in other professions, and the secondary aim, to investigate the characteristics of staff members who died by suicide (including potential risk factors) and their use of support services in the preceding period.

The Yorkshire Ambulance Service and the University of Bristol undertook this research, which was informed by analysis conducted by the Office of National Statistics. The research received ethical approval from the Health Research Authority and was eligible for National Institute for Health Research Clinical Research Network support.

The research showed that the risk of suicide amongst male paramedics was significantly higher than the national average. The suicide risk for female paramedics or other ambulance staff was not possible to discern due to the low number of deaths. As well as determining the higher than average risk of suicide amongst male paramedics, the research highlighted some commonality in the circumstances relating to the suicides. This has been shared with trusts to inform approaches to health and wellbeing and heightened recognition of risk factors. As a result of the study’s findings, the English ambulance service is implementing a number of recommendations:

1. Develop a mental health strategy for all staff which includes specific emphasis on suicide prevention
2. Review and assess suicide risk at times of increased risk e.g. after returning to work following sick leave, suicide of a colleague, loss of driving license
3. Collect and monitor data on ambulance service suicides
4. Review occupational health, counselling and support services
5. Training for staff in identifying and responding to a colleague in distress
6. Return to work discussions should appropriately and effectively consider and establish the status of an individual’s mental health and wellbeing to enable appropriate support mechanisms to be put in place

These recommendations are being progressed at national and local levels.

AACE’s approach to staff mental health and wellbeing has continued to be holistic and collaborative throughout 2017/2018. We have continued to work closely with trusts, Mind, the mental health charity, TASC, the ambulance staff charity, the College of Paramedics, NHS Employers and unions, and remain committed to the provision and signposting of appropriate support mechanisms that can help staff in times of need.
EQUALITY AND DIVERSITY

Promoting equality and diversity is one of the AACE’s strategic priorities. The National Ambulance Diversity Forum reports directly into the Ambulance Chief Executive Group and in part comprises representatives from the sector’s LGBT Network and BME Forum.

Over the last 12 months, ambulance trusts have held workshops in conjunction with Yvonne Coghill, NHS England Director for the WRES, to consider the Workforce Race Equality Scheme and how to support and advocate its implementation within the ambulance service. WRES data that relates specifically to trusts was examined within the context of the wider sector’s data with trusts producing action plans. In early 2018, the NHS England WRES team offered trusts support in better understanding their WRES data. A BME Conference is planned for October 2018 at which reflections on the process will be presented.

The National Ambulance LGBT Network (https://www.ambulancegbt.org/) held its second conference in Brighton in August 2017 with themes of:

- Promoting diversity and inclusion
- Understanding PTSD
- Making Every Contact Count
- Introduction to Trans Issues
- Being Dementia Friendly

Their new website was launched in January 2018 where details of previous and future conferences can be found: https://www.ambulancegbt.org/
ROTATIONAL PARAMEDIC ROLE

AACE has been collaborating with Health Education England (HEE) to kick off a project piloting a new working model for specialist and advanced paramedics, exploring the feasibility of a rotational model of paramedics in primary care. This aims to maximise the unique skill set of paramedics to improve patient care and relieve pressures on primary care, ambulance services and other parts of the NHS in a sustainable way. A key aim is to attract paramedics back into the ambulance service, improve retention, create clear career pathways and prevent detrimental drift between organisations.

Specialist and advanced paramedics have extended clinical skill sets which enables them to deliver care to patients across a variety of settings, very often keeping them out of hospital – making them a very valuable resource, not only for the ambulance service but also for other parts of the NHS. It has been recognised over a number of years that a large proportion of emergency calls that result in admission to hospital by ambulance could be avoided, if paramedics or community teams were able to deliver patient care at the scene. But this is only happening at relatively small scale in patches across the country so far as these levels of paramedic are currently in short supply. A key aim of the pilots is to demonstrate the benefits of rotating these practitioners across sectors and evaluate the cost effectiveness and wider economic benefits of the rotational model.

Pilots began in January 2018 in East Midlands Ambulance Service (in Derbyshire & Lincolnshire), North East Ambulance Service (in Newcastle), South Central Ambulance Service (in south east Hampshire) and Yorkshire Ambulance Service (in Sheffield and Leeds).

Evaluation reports are due out in 2018/19, from the School of Health and Related Research at the University of Sheffield and the Department of Allied Health Professions and Midwifery at the University of Hertfordshire. The cost effectiveness and wider economic benefits of the rotational model will be evaluated using a population-based approach by York Heath Economic Consortium.
PUBLIC HEALTH

THE AMBULANCE ROLE IN IMPROVING PUBLIC HEALTH

In 2017/18 AACE began to harness ideas from across ambulance trusts, sharing practices that can make a positive impact on improving public health and preventing ill health. This followed on from the joint consensus statement we signed with key partners in the previous year: NHSE, PHE, HEE, RSPH, CoP, LGA, St John Ambulance and the British Red Cross.

AACE produced a series of educational video clips for trust training teams to use which demonstrate how ambulance staff can contribute to ‘Making Every Contact Count’ (MECC) in supporting the public health agenda. The clips act as prompts for the kind of simple and quick conversations staff can have in their interactions with patients – and also with their colleagues – offering basic advice and signposting people to services that can help when a need is identified and advice is sought. Topics covered include alcohol misuse, obesity & physical activity, loneliness & isolation, mental health and falls. The videos have also been shared with other emergency services via the newly created Emergency Services Hub on the Royal Society for Public Health website: https://www.rsphap.org.uk/resources/emergency-services-hub.html

A formal sub-group of the National Ambulance Urgent & Emergency Care Group was established with public health champions from each trust, together with local Public Health England contacts. This group will be delivering a long term programme of work and activities to support ambulance trusts in developing and implementing their strategies to enhance their contribution to the wider public health agenda in the Five Year Forward View.
RSPH LAUNCHES NEW INFORMATION HUB FOR EMERGENCY SERVICES

Linda Hindle, Deputy Chief Allied Health Professional Officer for England and Lead Allied Health Professional and National Engagement Lead for Public health in Police, Fire and Ambulance Services at Public Health England, explains why a new resource for the emergency services will help to share public health best practice.

I have had the pleasure of working with colleagues from fire and rescue services, police forces and ambulance trusts to develop joint plans alongside other national partners such as NHS England, the AACE, NARU and the Local Government Association to use our collective resources and skills to protect prevent harm to vulnerable people.

Examples of some of the joint work we have been undertaking include:

- Development and evaluation of safe and well visits with Fire and Rescue services
- A landscape review of collaborative working between police and health in England and Wales
- Support to embed making every contact count within Ambulance Trusts
- The development of these national partnerships, publication of consensus statements and work to support implementation is at different stages for each of the emergency services. It started with fire and rescue services in 2015 followed by ambulance services in 2017 and the most recent consensus publication was with the police in 2018.

There were good reasons for developing this work separately with each of the emergency services. Each had unique drivers and foci and was starting from different points. Nevertheless the ultimate aim remains the same, which is to keep people safe and well and the path taken to achieve this has been similar. Whilst this work has developed in parallel it has been, and continues to be, important to learn from each other and share approaches where it makes sense to do so.

RSPH launched a new Emergency Services Hub as part of its website to bring together all of the resources linked to public health and emergency services collaborations. This hub collates the information into one place so that members of emergency services, public health professionals and health and social care staff are able to see all of the work being undertaken. We hope this will support shared learning and dissemination of good practice.

The hub includes:

- Blog posts covering the emergency services and public health
- The consensus statements in place for the respective emergency services
- Evaluation reports and research relating to the emergency services and their work in public health
- Guidance materials
- Case studies that provide examples of how interventions from the emergency services have made a positive impact on the public’s health
- Materials and content aimed at the public which relates to the emergency services’ work in public health
- Workforce development within the emergency services around public health

“Over the past few years there has been growing emphasis on the role our emergency services play in improving health and well-being, protecting health and supporting vulnerable members of society as part of the work they do to keep communities safe.”
NATIONAL AMBULANCE DISPATCH DATE SYNDROMIC SURVEILLANCE SYSTEM (ADDSSS)

The ADDSSS project was launched in 2017, led by Professor Gillian Smith, Consultant Epidemiologist at Public Health England (PHE), with AACE collaborating with the Real-time Syndromic Surveillance Team in their National Infection Service. Ambulance Trusts in England will share with PHE anonymised data on chief presenting complaint from the 999 calls they receive to provide a dynamic database of information that can then be triangulated with data from other NHS sources and used to inform public health action.

Syndromic surveillance refers to the detection of health events prior to a formal identification (laboratory or clinical diagnosis). It plays an important public health function and provides an early warning of disease activity (such as the start of the flu season) and gives reassurance and situational awareness to decision makers on an ongoing basis.

The ADDSSS will provide a unique national overview of ambulance trust activity and morbidity for major conditions such as respiratory infections.

The added value lies in its potential ability to complement and augment existing surveillance systems by providing information on infections, heatwaves and extreme cold weather events and chemical/toxicological incidents.

“We are excited to see that the majority of ambulance trusts have signed up to submit data to ADDSSS and we are now in a position to develop the first national ambulance dispatch data syndromic surveillance system in the world!”

Example outputs from NHS 111 Syndromic Surveillance System
PROMOTING BEST CLINICAL PRACTICE

JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE (JRCALC)

A new JRCALC 2017 supplement was launched at the emergency services show in September 17. It was a substantial release, over 200 pages long and included updated and brand-new guidelines to further enhance the 2016 issue. Topics covered include Maternity and Obstetric emergencies, Sepsis, Safeguarding, and Falls in the Older Adult.

Although JRCALC plan to continue with print editions and pocket books, the digital App (iCPG) is seen as the future platform for clinical staff to access up to date guidance, look up medicine dosages and step by step algorithms to guide their practice. AACE is encouraging services to look at the benefits of developing customised content to the JRCALC App (iCPG+) that can encompass a wider range of Trust specific guidance, pathways, and staff communications. Development work through 2017/18 has seen a number of Trusts go live with iCPG+ and there is general agreement that future guidelines will be available in a more timely manner utilising digital platforms. Extensive work continues to review existing JRCALC guidelines, supported by AACE and to develop evidence-based updates where required.

AACE hosted a very successful JRCALC study day in September, attended by over 120 people. This was the first event of its kind and was jointly hosted by College of Paramedics and AACE. The day was to introduce clinicians to the updated and new clinical guidelines for 2017, in particular those relating to Obstetrics & Gynaecology, sepsis and falls in older adults.

The day was supported by sponsorship from Class Publishing, Laerdal UK and Physio Control.
RECOMMENDED SUMMARY PLAN FOR EMERGENCY CARE AND TREATMENT (ReSPECT) PROCESS

AACE continues to be involved and support the ReSPECT process led by the Resuscitation Council UK and the Royal College of Nursing. It has been helpful to ensure pre-hospital and ambulance care is recognised in this sensitive area.

ReSPECT creates personalised recommendations for a person’s clinical care in a future emergency in which they are unable to make or express choices. It can be put in place for anyone, but will have 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. Some people will want to record their care and treatment preferences for other reasons.

The ReSPECT website: www.respectprocess.org.uk was launched and provides updates and information for both patients and professionals on aspects of the process. It contains extensive resources of interest to ambulance clinicians including a useful Q & A section and links to published British Medical Journal articles.

A number of regions are now using ReSPECT with more being planned or in discussions.

A ReSPECT form provides healthcare professionals responding to an emergency with a summary of recommendations to help them to make immediate decisions about that person’s care and treatment. ReSPECT can be complementary to a wider process of advance/anticipatory care planning.

INTUBATION

NASMeD were invited to comment and provide feedback to the College of Paramedics on a revised consensus statement on pre-hospital intubation by paramedics. The draft statement went to wider consultation on the 11th September and was published by the College of Paramedics in April 18.

The statement gives a view on whether all paramedics should intubate, considers the amount of exposure paramedics have in the practice of intubation, the standards of education and training, assessment of competence, equipment and clinical governance.

Ambulance services will be considering this consensus statement and it will be discussed at a future NASMeD meeting.
FLAGGING OF PATIENTS’ ADDRESSES - BEST PRACTICE GUIDANCE

All ambulance trusts have systems in place that places an alert on the Computer Aided Despatch system in ambulance control, against an address, for a variety of patient clinical and safety reasons. A review of the systems in place in English and Welsh ambulance services and the numbers of the flags on addresses revealed much variation and therefore potential risk. A report was presented to NASMed in May 17 and a national position was sought to reduce the variation and come to an agreed safe and national approach to future flagging systems. The numbers of flags varied from one trust having 44,000 flags to one having less than 1,000.

The system of flagging an actual address is not ideal in that the flag is against an address and not the specific patient at that address. If an individual moves house or dies, the validity of the flag is flawed, and there is a risk that the attending ambulance crew are given information about the wrong patient.

A position statement around flagging of addresses was approved and was sent to all ambulance services in August 17.

ADULT CARDIAC ARREST CARE STATEMENTS

These statements were originally developed in 2013 and were revised again following the fourth national cardiac day held in September 2017. At the meeting were all the UK ambulance service paramedic leads in cardiac care. The statements describe a number of aspects of cardiac arrest care, including taking the 999 call and responding, training and competence, management of the cardiac arrest patient, decisions around conveyance and transport, and very importantly the very difficult decisions about when CPR and resuscitation should stop or not even start.

These statements were sent to each Ambulance service, to consider how to implement the best practice in order to continue to improve the chances of survival to discharge for adult cardiac arrest patients.

Evaluation of the well-attended day concluded that the statements are beneficial and further work is being planned to ensure that the statements link to the guidance provided by JRCALC on all aspects of resuscitation and cardiac arrest care.
Ambulance trusts through AACE have contributed to the establishment of a full time, Senior Programme Manager in order to accelerate progress in the field. Working directly to the Chair of the Emergency Services Collaboration Working Group (ESCWG), the programme manager has helped to co-ordinate a range of activities including:

- Conducted a nationwide survey of successful collaboration initiatives
- Evaluation of over 350 responses in order to identify good practice that could form the basis of a core set of endorsed schemes to be replicated and scaled up nationally
- Scoped solutions to provide a web-based platform to act as a live repository of information about successful collaborations, supporting documentation, evaluation and examples of good practice
- Communicated the work of the ESCWG and promotion of the intentions of the duty to collaborate through a series of events, conferences and seminars
- Established a forum for “front line” collaboration leads to network, share ideas and to strengthen linkages with the ESCWG
- Organised and hosted the first sector-led, Collaboration Conference involving a wide range of senior leaders from the emergency services and other agencies

The Policing and Crime Act came into effect from 3rd April 2017. The act included the introduction of a statutory duty for emergency services to keep collaboration opportunities under review where they can improve efficiency and effectiveness. AACE have continued to work closely with partners across a range of agencies in order to pursue opportunities to collaborate.
It is no secret that the past year has been especially difficult for the whole urgent and emergency care system, with demand for ambulance services at its highest ever. However, during this time we have continued to work closely with communications teams across all member services to contain unduly negative and unbalanced coverage of the ambulance service, while working hard to push the many good news stories that are often overlooked when the media pressure is on.

Developing and nurturing close working links with NHS England - in tandem with the National Ambulance Communications Group (NACOM) - ensured that we were able to present clear and consistent messages during the rollout of the Ambulance Response Programme (ARP). This is a significant piece of work that we continue to manage carefully with NACOM in the current financial year.

Negative reports around ARP were extremely limited with the media largely accepting of the new performance standards, suggesting that our communications work in this area was worth the effort.
MANAGING THE MEDIA

During the past year AACE has also devoted significant time to handling a range of other complex and challenging media enquiries which arrive via our phones and website on a daily basis. Our aim is always to provide a professional and efficient response to the media, even if it is not always possible (or in our interests) to provide them with an interviewee. In almost all cases we will provide a statement designed to give an honest, open and transparent answer to the journalist's questions, when they are sensible and valid.

Our ‘AACE positions on key national topics’ document was once again significantly enhanced and updated and continues to prove invaluable in helping our members and other key stakeholders to better understand our overall stance on the main issues affecting the service, helping them in turn to respond to media enquiries more effectively and consistently. This living document is permanently being updated and sets the tone for how AACE is most likely to respond to key issues that affect us.

SOCIAL MEDIA – AACE on Twitter @AACE_Org

The ongoing volume of web activity during the past year was significantly enabled by AACE’s continuous Twitter activity, which over the same period saw our numbers of followers rise to 8,000 engaged members of the emergency care community. As well as AACE’s own news, the feed interacts daily with our member ambulance trust feeds as well as other key stakeholders and NHS bodies.

THE AACE WEBSITE – www.aace.org.uk

During the past year, AACE website and social media activities continued to foster a growing presence within the ambulance and emergency services community and beyond. The year also saw further impressive growth across AACE’s digital outputs. As well as providing daily news updates about the activities of NHS ambulance services, our AACE social media dialogue has continued to support key emergency care partners and wider NHS bodies via the dissemination of relevant Urgent and Emergency Care campaigns, events and supporting resources.

Designed to work seamlessly across desktop, tablet or smartphones, the engaging content and effective functionality of the AACE site has resulted in a further annual jump in activity. The last 12 months has seen over 140,000 page views, from upwards of 79,000 site visits.

The site also serves as both an information hub and booking portal for the annual Ambulance Leadership Forum (ALF), and we have incorporated a new section detailing the work of the Global Paramedic Leadership Alliance (GPLA).

The site also serves as a hub for the JRCALC Clinical Guidelines, where users can view the latest issues raised and provide corrections or alterations online, for consideration by JRCALC.
AMBULANCE LEADERSHIP FORUM (ALF)

Our 14th Ambulance Leadership Forum (ALF), held in March has been reviewed as “the best yet”. The event continues to grow in both reputation and popularity with registrations and attendances up each year.

ALF 2018 saw a significant international contribution with main stage sessions from Tony Walker, CEO Ambulance Victoria and Peter Bradley, CEO St John New Zealand and Randy Mellow, President of Paramedic Chiefs of Canada. AAPC were also delighted to welcome the CEO of the NHS, Simon Stevens to deliver the conference keynote and share his thoughts on the future challenges and opportunities around the ambulance sector. Clear messages were delivered around the importance of staff mental health, the need to reduce incidence of violence against staff and the need to learn from front line staff their ideas for improvements to service delivery and for patient experience.

The Awards dinner saw 250 people come together to celebrate success in organisations and highlight excellence from staff. AAPC hosted 15 winners and their partners, from across the country and across all areas of service delivery, to receive their awards and applause from their colleagues. AAPC gratefully acknowledges the support from its overall ALF sponsor Lightfoot, and the main supporters RDT, Priority Dispatch, ORH, Stryker, Motorola and Class Professional Publishing.
The award winners for ‘Outstanding Service’ from ALF March 2018:

<table>
<thead>
<tr>
<th>Award Winner</th>
<th>Ambulance Service</th>
<th>Category</th>
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</thead>
<tbody>
<tr>
<td>Rebecca Dawson</td>
<td>East of England Ambulance Service</td>
<td>Administration</td>
</tr>
<tr>
<td>Ashley Knights</td>
<td>East Midlands Ambulance Service</td>
<td>Education</td>
</tr>
<tr>
<td>Tom Pullen</td>
<td>South East Coast Ambulance Service</td>
<td>Specialist Paramedic</td>
</tr>
<tr>
<td>Andy Bell</td>
<td>North East Ambulance Service</td>
<td>EOC / Control Services</td>
</tr>
<tr>
<td>David Hankins</td>
<td>West Midlands Ambulance Service</td>
<td>Paramedic</td>
</tr>
<tr>
<td>Dave Hill</td>
<td>Yorkshire Ambulance Service</td>
<td>Support Services</td>
</tr>
<tr>
<td>Joanne Hammond</td>
<td>North West Ambulance Service</td>
<td>Innovation and Change</td>
</tr>
<tr>
<td>Stuart Crichton</td>
<td>London Ambulance Service</td>
<td>Manager</td>
</tr>
<tr>
<td>Kate Searles</td>
<td>South Western Ambulance Service</td>
<td>Welfare and Wellbeing</td>
</tr>
<tr>
<td>Kieran Henry</td>
<td>National Ambulance Service Re1</td>
<td>Paramedic Manager</td>
</tr>
<tr>
<td>Steven Short</td>
<td>Scottish Ambulance Service</td>
<td>Clinician</td>
</tr>
<tr>
<td>Joanne Rees-Thomas</td>
<td>Welsh Ambulance Service</td>
<td>Patient Transport Service</td>
</tr>
<tr>
<td>Emergency Ambulance Control</td>
<td>Northern Ireland Ambulance Service</td>
<td>The Team Award</td>
</tr>
<tr>
<td>Mike Jukes</td>
<td>South Central Ambulance Service</td>
<td>Volunteering</td>
</tr>
<tr>
<td>Alistair Gunn</td>
<td>Yorkshire Ambulance Service</td>
<td>Diversity and Inclusion</td>
</tr>
<tr>
<td>Education Centre</td>
<td>National Ambulance Service Resilience Unit</td>
<td>Special Recognition</td>
</tr>
</tbody>
</table>

The Queen’s Ambulance Medal for Distinguished service (QAM) were awarded to eight recipients in 17/18.

They are:
Diane Scott (WMAS), Kuldeep Bhamrah (EMAS), Neil Le Chevalier (SWASFT), Paul Liversidge (NEAS), Richard Bendall (NIAS), Jason Collins (WAST), Leanne Hawker (WAST) and Pat McGrattan (SAS).

The process and guidance for making a QAM award is currently being reviewed, led by DH and assisted by AACE who continue to act as the focal point for nominations.

Special Recognition Award went to the National Ambulance Resilience Unit’s Education Centre, to acknowledge the work of a team of highly dedicated and committed ambulance staff who are fast becoming known as world-leaders in the training and exercising of special operations front-line ambulance responders and commanders.

Last year the team based at the Winterbourne Gunner military base in Salisbury, delivered 120 highly realistic courses, training events and workshops to 1900 delegates from ambulance services across the UK. This included the initial training for every staff member joining Hazardous Area Response Teams and over 300 commanders.

The Centre’s training modules support the NHS response to major incidents such as incident command and control, marauding terrorist firearms attacks (MTFAs), urban search and rescue (USAR), inland water operations (IWO) and chemical, biological, radiological and nuclear (CBRN) incidents.

The HART manager whose team responded to the Manchester Arena bombings said that they were able to immediately focus on the task at hand and treat patients quickly because they felt it was, ‘just like one of their NARU training exercises’ and this was a key reason why they were fully prepared for what they encountered when they arrived on scene.
INTERNATIONAL COLLABORATION

Throughout 2017/18 AACE has been working more closely with partner associations from overseas. A Global Paramedic Leadership Alliance (GPLA) has been formed and regular telecon meetings are being held to exchange views on common themes and challenges. The participants are AACE, Paramedic Chiefs of Canada; National EMS Management Association of USA; Council of Ambulance Authorities of Australia, including Ambulance New Zealand; and the Chair of the International Roundtable of Community Paramedicine. Agreement has been reached to attend reciprocal conferences and to share best practice.

This year’s ALF was followed by what many hope will be the inaugural conference of the Global Paramedic Leadership Alliance Mental Health Summit, an initiative pulled together by the International Roundtable on Community Paramedicine, and leaders from AACE, the Council of Ambulance Authorities (Australia and New Zealand), National EMS Management Association (USA) and the Paramedic Chiefs of Canada.

Sixty invited guests included at least 10 from each host association, who shared views and expertise over two very full days of discussion. The event was expertly chaired by Suzanne Rastrick (Chief Allied Health Professions Officer, NHS England) and Lena Samuels (Chair, South Central Ambulance Service) who guided debate and ensured shared learning was maximised. With speakers and attendees from the UK, New Zealand, Australia, Canada and the USA it took the vital topic of mental health issues for ambulance staff, which was begun at ALF, to another level.

The participants involved were senior leaders and employee mental health leads who share a strong commitment to follow the example of Ambulance Victoria in recognising that while mental health issues will never go away across the global ambulance community, we can all do considerably more to help our staff and their families deal with them as and when they occur. Feedback has been very positive and planning for a 2019 event is now underway.
CONSULTANCY & SUPPORT SERVICES

As well as acting as a national voice and focal point for UK ambulance services, the AACE organisation delivers a valuable resource of experience and expertise. Our subject matter experts are available to provide extensive advice and consultancy support to ambulance services both home and abroad.

During 2017/18 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. This has included development of the NAS Control Room staff, managers and procedures and implementation and development of a clinical desk in its main control room and the piloting of Hear and Treat within Ireland.

- Strategic support to the Gibraltar Health Authority (GHA) in its transformation programme for the Gibraltar Ambulance Service and to provision of clinical support and mentoring to the GHA Ambulance staff.

- Control Services and Field Operations development work for London Ambulance Service and assistance with some current ORH modelling work including ARP modelling.

- Provision of a support package to the Welsh Ambulance Service to assist with the implementation of a new CAD system and additional high level Control Expertise coupled with additional technical and project management support.

- Support to the newly appointed interim Director of Operations in South East Coast Ambulance Service and advice on control services associated with performance improvement designed to optimise the ARP operating regime.

- AACE continued to provide support to the control services function within Yorkshire Ambulance Service and some modelling with ORH designed to optimise the Trust’s ARP operating regime.

- East Midlands Ambulance Service commissioned AACE to undertake a ‘critical friend’ review of their Emergency Preparedness, Resilience and Response functions, and a review of their call management process in their control rooms with a view to further optimising their ARP response regime.
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 members’ 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 2017/18

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), on a 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.
ARRANGEMENTS AND OPERATING PRINCIPLES

In February 2018 AACE produced an Arrangements and Operating Principles document to supplement the Association of Ambulance Chief Executives’ (AACE) Members’ Agreement and Articles of Association, which are both legally binding. This is not a legally binding document; however, it provides further detail about the arrangements and operating principles of the AACE and its constituent parts.

Considered within the document are the purpose and membership of the AACE. Detail of the role and election of the AACE chair are also provided, in addition to: an overview of the AACE Council, which comprises chief executive and chair members; the ambulance chief executives’ group, which comprises chief executives; and the ambulance chairs’ group, which comprises chairs.

The AACE national director group and sub-group structure is defined. Election and decision-making processes are also outlined for each of the AACE governance elements considered. AACE is a members’ organisation constructed as a company limited by guarantee and regulated by the Companies Act 2006. The AACE Board exists to manage the organisation in accordance with those regulations.
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.

### National Director Groups in 2017/18

- **National Directors of Operations (NDOG)**
  - **CEO Lead:** Ken Wenman, SWASFT
  - **Group Chair:** Craig Cooke, WMAS

- **Medical Directors (NASMed)**
  - **CEO Lead:** Martin Flaherty, AACE
  - **Group Chair:** Julian Mark, YAS

- **Human Resources Directors (HRDs)**
  - **CEO Lead:** Ken Wenman, SWAST
  - **Group Chair:** Michael Forrest, NWAS

- **Communication Leads (NACOM)**
  - **CEO Lead:** Yvonne Ormston, NEAS
  - **Group Chair:** Mark Cotton, NEAS

- **Directors of Finance (DoFs)**
  - **CEO Lead:** Rod Barnes, YAS
  - **Group Chair:** Mark Bradley, YAS

- **Urgent and Emergency Care Group (NAU ECG)**
  - **CEO Lead and Chair:** Derek Cartwright, NWAS

- **Information Management & Technology Leads (IM&T)**
  - **CEO Lead:** Richard Henderson, EEAST
  - **Group Chair:** Vic Wynn, LAS

- **Quality, Governance and Risk Group (QGARD)**
  - **CEO Lead:** Robert Morton, EEAST
  - **Group Chair:** Sandy Brown, EEAST

- **National Ambulance Resilience Unit (NARU)**
  - **CEO Lead:** Anthony Marsh WMAS
  - **National Director:** Keith Prior, WMAS

### AACE National Sub-Groups

<table>
<thead>
<tr>
<th>NDOG</th>
<th>NASMed</th>
<th>HRDs</th>
<th>QGARD</th>
<th>DoFs</th>
<th>IM&amp;T</th>
<th>NAU ECG</th>
<th>NARU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Planning, Response and Recovery Group</td>
<td>Ambulance Research Steering Group</td>
<td>HR Deputies’ Group</td>
<td>Safeguarding Sub-group</td>
<td>Benchmarking Group</td>
<td>Information Governance Sub-group</td>
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<tr>
<td>First Responder Forum</td>
<td>Ambulance Service Clinical Quality Group</td>
<td></td>
<td>Patient Experience Sub-group</td>
<td>Estates Group</td>
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<td></td>
<td>Ambulance Lead Paramedic Group</td>
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<td>Care Quality Commission (CQC) Learning Group</td>
<td>Green Environmental Ambulance Group</td>
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<td>End of Life Leads’ Group</td>
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<td>Ambulance Security Group</td>
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</table>

**Bringing together skills, expertise and shared knowledge in UK ambulance services**
Applications for Associate Membership will also be considered from other statutory ambulance / emergency medical services in other countries, subject to approval from the AACE Board. 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.

AACE MEMBERSHIP IN 2018

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, 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 OBE, Chair
East Midlands Ambulance Service
NHS Trust

Heather Lawrence OBE, Chair
London Ambulance Service
NHS Trust

Peter Strachan, Chair
North East Ambulance Service
NHS Foundation Trust

www.aace.org.uk  @AACE_org
All members of AACE were greatly saddened by the death of Ashley Winter on 30th March 2018 following a diagnosis of pancreatic cancer in January. As in all his other walks of life, Ashley made a significant and lasting contribution to the ambulance service, as Chair of North East Ambulance Service since 2013.

NEAS chief executive, Yvonne Ormston, said: “Ash had a rare gift of being able to talk to every individual across all walks of life in a way that was personal to them and made them feel they had been listened to and valued.”

“He made a point of meeting as many staff as possible – whether that was observing with our crews and emergency operations centre staff, at our annual staff awards where he had the honour of presenting his own award, or marching with staff in the Pride parade with his face painted. He was a true gentleman and will be sorely missed by us all.”
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:
AACE has an experienced senior central team of ambulance experts able to facilitate and support collaboration and communication between the Trusts and lead on key programmes of work.

We have five permanent employees based in our London office on Southwark Bridge Road:

Anthony Marsh OAM, AACE Chair – Anthony started his ambulance service career in Essex in 1987 and has held a number of senior posts since then in Hampshire, Lancashire, Greater Manchester and the West Midlands. He holds 3 Masters Degrees: MSc in Strategic Leadership, Master in Business Administration (MBA) and a Master of Arts. In 2012, Anthony was appointed as Chair of the Association of Ambulance Chief Executives and is the lead for the National Ambulance Resilience Unit, holding a special interest in this area, along with the national portfolio for Emergency Planning, Response and Resilience. He is also the National Ambulance Strategic Lead for Counter-terrorism. Anthony has been awarded the role of Pro Chancellor with the University of Wolverhampton.

Steve Irving, Executive Officer – Steve is a Paramedic with 34 years ambulance experience. Whilst with the LAS he enjoyed secondments on the newly formed Motorcycle Response Unit, London’s air ambulance and as a Training Officer. He assisted his CEO with the DH Ambulance Review and subsequent restructure of services in 2006. Steve obtained a BSc Hons in Paramedic Science in 1999 and worked supporting the Chief Executive on a number of local and national initiatives. His portfolio of work for AACE includes organising and hosting the annual Ambulance Leadership Forum conference, supporting the work of JRCALC, International collaboration and AACE’s publications.

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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.

Anna Parry, Head of Strategy and Programmes – Anna joined AACE 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 master’s degree in public management and leads on the AACE’s strategic priorities overseeing the corresponding national group structure. Anna also leads on other areas for the AACE, such as employee mental health and equality and diversity, as well as directing other programmes and projects working alongside internal and external partners.

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

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. London Ambulance Service NHS Trust
C. National Ambulance Resilience Unit (NARU)
D. North East Ambulance Service NHS Foundation Trust
E. North West Ambulance Service NHS Trust
F. South Central Ambulance Service NHS Foundation Trust
G. South East Coast Ambulance Service NHS Foundation Trust
H. South Western Ambulance Service NHS Foundation Trust
I. Welsh Ambulance Service
J. West Midlands Ambulance Service NHS Foundation Trust
K. © www.dansunphotos.com

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. Seconded from YAS to AACE three days a week, Cathryn provides clinical support to the National Ambulance Medical Directors Group (NASMeD), and the ongoing development of the UK Ambulance Services Clinical Practice Guidelines (JRCALC).

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.

In addition to our staff based in London we have:

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.

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 23 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.
AACE CONSULTANCY TEAM

AACE also receives 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.

Hilary Pillin of HRPPS Ltd – Focusing on the transforming ambulance role in NHS England’s Five Year Forward View and Integrated Urgent & Emergency Care, Hilary provides support to national ambulance groups and to the MD in enhancing key stakeholder relations and promoting the ambulance remit. She also undertakes discrete projects providing advice to trusts in respect of organisational strategy development and Emergency Preparedness, Resilience & Response functions, as one of AACE’s team of consultants. Having more than 29 years with the NHS, in acute and ambulance sectors, she has led at trust and national level in governance, quality & risk. She joined Nottinghamshire Ambulance Service in 1996 and was seconded to a national role in 2003, producing policy guidance on a range of ambulance issues for NHS Employers. In 2005 she went on to manage the 7 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.

Bob Williams of Bob Coaching – Bob completed his 31 year NHS career with three and a half years as the Chief Executive of the second largest and busiest ambulance service in the country. His innovative leadership style and implementation of an organisational wide culture change through coaching at every level was recognised with the Leadership Academy NHS Change Champion award in 2015. He also has 12 years of experience as an executive Director of Operations in the ambulance blue light services leading through interoperability and collaboration with both other emergency services and the wider NHS.
Dan Gore of Daniel G Associates Ltd – Daniel has worked in and around the NHS and Ambulance Services for almost 30 years and has operated at middle and senior management levels. On leaving full time education Daniel joined Essex Ambulance Service in 1989 and developed a passion for the Emergency Control Centre environment. He then spent a number of years in PTS and emergency front line operations before returning to the control room as Head of Department in 2004.

Following the mergers of the English ambulance services in 2006, Daniel joined the West Midlands Ambulance Service where he held senior managerial positions including Director of Operational Service Delivery for Birmingham & Black Country as well as the Emergency Operations Centres before leaving in 2010 to pursue other business interests, including continuing to work with Trusts through NHS IMAS providing direct support to various Trusts, working overseas both in the private sector and in Ambulances services.

Daniel is particularly skilled in tactical and strategic leadership, bringing together the issues experienced on the front line and linking with an organisations strategic direction, he has worked on many assignments with AACE since 2016 both in terms of supporting Trusts as well as providing input and subject matter expertise for the national ambulance sector agenda.

Caron Hitchen Consultant, Human Resources – A highly experienced OD & HR leader with over 20 years NHS experience and 14 years working at Executive Board level in both ambulance and acute sectors within the NHS together with previous management experience within the private sector.

Significant experience of organisational change, transformation and service improvement within large, complex organisations, having worked with London Ambulance Service NHS Trust, Croydon University Hospital NHS Trust (formerly Mayday Healthcare NHS Trust), Ealing Hospital NHS Trust, and Medway NHS Foundation Trust.

Peter Suter Consultant, Information Management and Technology – Peter is an independent IT Consultant with over 25 years’ experience in the public and private sector. He has held senior leadership roles as the Director of Information Management & Technology at the London Ambulance Service (LAS), Head of IT for Sussex Police, and IS Operations Manager at Siemens Nixdorf.

In these roles Peter has been responsible for leading, directing and developing IT Systems and services. He has been the Project Executive for a number of high profile and complex projects, including a command and control system replacement and the implementation of the Airwave radio system. As an independent consultant, Peter has worked on the implementation of an EPR system, supported NHS England as a Project Director, and led a complete IT Infrastructure replacement for a NHS Trust.
FINANCIAL ACCOUNTS
ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES
COMPANY LIMITED BY GUARANTEE (Registered Number 07761209)

Included within the Retained earnings carried forward 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 research to support the mental welfare of ambulance service staff and the prevention of suicide
- Maintenance and development of collective Information Dashboards for the Ambulance Quality Indicators

**PROFIT AND LOSS ACCOUNT**
YEAR ENDED 31 MARCH 2018

<table>
<thead>
<tr>
<th></th>
<th>2018 £</th>
<th>2017 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>1,598,249</td>
<td>1,455,301</td>
</tr>
<tr>
<td>Cost of sales</td>
<td>(7,900)</td>
<td>(21,200)</td>
</tr>
<tr>
<td>Gross surplus</td>
<td>1,590,349</td>
<td>1,434,101</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>(1,569,731)</td>
<td>(1,433,197)</td>
</tr>
<tr>
<td>Operating surplus</td>
<td>20,618</td>
<td>904</td>
</tr>
<tr>
<td>Interest receivable and similar income</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Other gains and losses</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Surplus before taxation</td>
<td>20,638</td>
<td>944</td>
</tr>
<tr>
<td>Taxation</td>
<td>(5,043)</td>
<td>(890)</td>
</tr>
<tr>
<td>Surplus for the financial year</td>
<td>15,595</td>
<td>54</td>
</tr>
<tr>
<td>Retained earnings brought forward</td>
<td>359,079</td>
<td>359,025</td>
</tr>
<tr>
<td>Retained earnings carried forward</td>
<td>374,674</td>
<td>359,079</td>
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**BALANCE SHEET**
31 MARCH 2018

<table>
<thead>
<tr>
<th></th>
<th>2018 £</th>
<th>2017 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets</td>
<td>3,880</td>
<td>9,783</td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>275,498</td>
<td>389,545</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>344,502</td>
<td>374,927</td>
</tr>
<tr>
<td>Creditors: Amounts falling due within one year</td>
<td>(249,206)</td>
<td>(415,176)</td>
</tr>
<tr>
<td>Net current assets</td>
<td>370,794</td>
<td>349,296</td>
</tr>
<tr>
<td>Total assets less current liabilities</td>
<td>374,674</td>
<td>359,079</td>
</tr>
<tr>
<td>Reserves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income and expenditure account</td>
<td>374,674</td>
<td>359,079</td>
</tr>
</tbody>
</table>
Bringing together skills, expertise and shared knowledge in UK ambulance services
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