



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

Annual Report

2018-2019



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



INTRODUCTION

July 2018 marked the 70th anniversary of the NHS, and in recognition of this superb public service that is the envy of much of the world, there were celebrations throughout the year across the UK. Ambulance trusts held events locally and shared experiences of how life in the ambulance service has changed over the decades.

It is sometimes difficult, with the day-to-day pressures and challenges being faced by all parts of the NHS, to forget how much the provision of care and medical treatments have developed and advanced for the better. The NHS has inevitably had to adapt in terms of structures, governance and funding mechanisms over the last 70 years in order to accommodate these advances and the increasing demands on its services. It seems we are always in a state of flux.

The contribution that the ambulance sector makes in delivering NHS services is extensive, often in the most difficult and unpredictable of circumstances, and ambulance clinicians are highly regarded for their skills and resilience in out-of-hospital urgent and emergency care.

Changing response models and better integration of services mean that the ambulance role can increasingly have an impact in improving patient experiences and outcomes, by providing more diagnosis and treatment in the community setting, reducing the number of interactions patients need to make with services for each episode of care, ensuring care is provided closer to home and avoiding hospital attendance and admission when it is not needed. All of this is at the heart of the NHS Long Term Plan (LTP), launched in January 2019.

The Association of Ambulance Chief Executives (AACE) spent much of 2018/19 working with its members to provide input to the development of the LTP and to articulate the strategic direction for the sector to ensure it continues to support

the objectives within it – particularly in relation to ‘Boosting out of hospital care’, ‘Ill health prevention and reducing health inequalities’ and ‘Improving care quality and outcomes’.

At the beginning of the year AACE set out agreed priorities for the NHS ambulance sector for 2018/19 and 2019/20 which encompass how we aim to continue to improve and transform ambulance service delivery and contribute to the ever-changing health and social care landscape.



This report outlines some of the key areas of work and engagement undertaken nationally through our director-led groups and locally at trust level in respect of our strategic priorities throughout 2018/19.





AACE STRATEGIC PRIORITIES FOR 2018/19 AND 2019/20

1

Reduce unwanted variation

2

Develop and instil a clear strategic direction for the sector
in urgent and emergency care

3

Strive to be an employer of choice

4

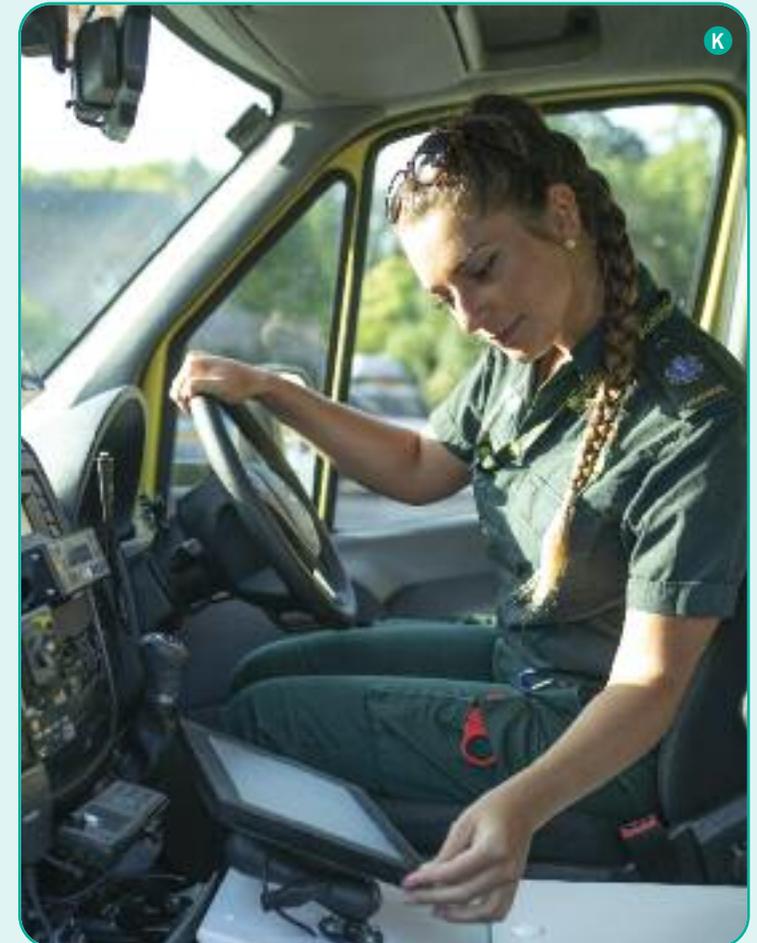
Seek to ensure the optimal safety and experience
for all patients

5

Build strategic alliances with commissioners

6

Promote the reputation of the sector and the
ambulance/AACE brand



THE ROLE OF 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 Channel Islands.

AACE provides a key point of contact with the ambulance services' main partner agencies at national level – the Department of Health and Social Care, 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 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 priorities supporting the national strategy, with a view to continuously bringing improvements to patient care. We have a network of over 40 national groups who meet and converse regularly to share best practice, lessons learned and innovations in patient care.



Details of:

- Our structure can be found on page 40
- Our national director groups can be found on page 41
- Our membership can be found on pages 42-45
- Our central team can be found on page 46-47



AMBULANCE ACTIVITY IN 2018/19

Between 1st April 2018 and 31st March 2019 ambulance service activity included¹:



11.7m CALLS MADE TO EMERGENCY OPERATIONS CENTRES (EOC)

From the public, other emergency services, other healthcare professionals and transfers from NHS 111



Of those calls to 999:

8.73m
were from members of the public

8.4m
were responded to either face-to-face or resolved by telephone
(Only one incident is counted where there are multiple calls for one incident)

1.74m
were transferred from NHS 111

384,800
were from Healthcare Professionals (HCPs) eg GPs

Of the calls that received a response:

8.1%
were Category 1
A time critical life-threatening event requiring immediate intervention or resuscitation.

53.1%
were Category 2
Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.

24.8%
were Category 3
An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe.

2.1%
were Category 4
Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.

6.1%
were Category 5
Patients eligible for initial telephone clinical assessment.

The remainder includes responses supporting HCPs, emergency services and inter-hospital transfers.



Of the incidents dealt with:

7.89m (94%)

received a face-to-face response

4.96M (59%)

of patients were conveyed to an ED

2.5M (29%)

were seen and either discharged or referred to another clinician/specialist team (See & Treat)

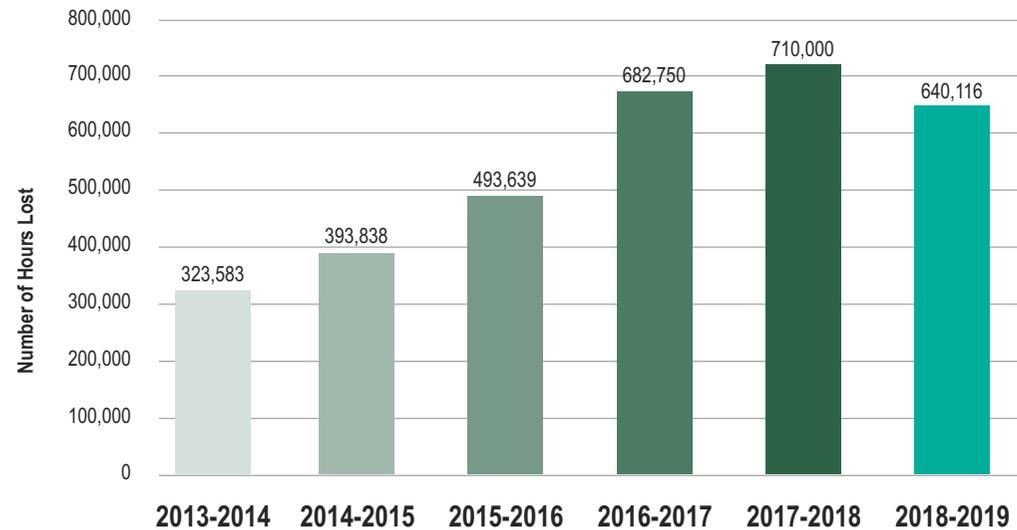
509,000 (6.1%)

were managed over the phone (Hear & Treat)

456,000 (5.4%)

were conveyed to care destination other than an ED

Ambulance Hours Lost at Hospital from Turnaround Delays at Emergency Departments taking >30mins (for England, exc IoW)



2018-19 saw a significant drop in the number of hours lost due to delays at hospital Emergency Departments which is welcome news, however the numbers are still too high. This has been a focus of effort across the Urgent & Emergency Care (UEC) system, with ambulance trusts working closely with their local hospitals, and close monitoring by the regional NHSE/I teams. Whilst the drop is a good indicator of some successful steps having been taken, the impact and risks to patients waiting for ambulances is still very worrying. The expected standard for hospital turnaround is for a patient to be handed over to the ED team within 15 minutes, with the ambulance crew becoming available for their next call within a total of 30 minutes. A loss of 640,000 hours with crews stuck at hospital equates approximately to 512,000 patients who could have been attended to in that time, based on a job cycle time of 75 minutes.

¹Sources:
<https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>
<https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/statistical-work-areas-nhs-111-minimum-data-set-2018-19/>



NHS LONG TERM PLAN

NHS England launched the NHS Long Term Plan (LTP) in January 2019, building on the Five Year Forward View and Urgent & Emergency Care Review of previous years. Describing the ways in which the NHS plans to develop over the next ten years, to take advantage of the advances in healthcare whilst recognising forecasted changes in society and demographics, the LTP sets out to create a service fit for the future. In looking forward, much of the plan however, is designed to tackle the current challenges the system is facing, through ongoing transformation of the way health and social care providers work together in a more integrated way.

The announcement of investment funding for ambulance services to support improvements in provision of mental health care in line with the LTP was particularly welcomed by AACE. Work began immediately on planning with commissioners how this new funding can be put to best use to increase capacity of these services and ease access to pathways for those experiencing mental health crisis.

Ambulance services, with their large regional footprints, cover and interact with multiple service providers, local health systems and structures. This can make planning of services complex and challenging, but also presents opportunities for ambulance trusts in having a wider overview of developing services and population health.

To consider how best ambulance services can embed their role and engage with their local systems, AACE held an event with ambulance Chief Executive Officers in July 2018 to discuss their approaches and aspirations in the changing landscape of Urgent and Emergency Care (UEC), especially with regards to Integrated Urgent Care (IUC). Everyone agreed there would be advantages for patients and local health & care systems if there was greater integration of 999 with NHS 111 and access for patients and clinicians to multidisciplinary advice through the Clinical Assessment Service (CAS). It was felt that ambulance services are well positioned to coordinate access to all these services for patients, and there are benefits if they are all being run by the ambulance service, e.g. dual training of staff for 999 and 111 provides greater resilience and understanding across remits, as well as smoother transfers between them. North East Ambulance Service (NEAS) and South Central Ambulance Service (SCAS) have already made significant progress



in leading on IUC, or being a key partner, within their local health systems. Other ambulance trusts are endeavouring to engage with commissioners, Sustainability and Transformation Partnerships (STP) and Integrated Care Systems (ICS) structures to progress this regional configuration for IUC, but are not always being supported in being the leading player or providing the whole package across their region.

NEAS have described their system in a useful animated video on their website: <https://www.neas.nhs.uk/news/2018/july/17/how-we-are-integrating-urgent-and-emergency-care.aspx>.



All ambulance trusts have been introducing access to a range of clinical disciplines within their clinical support desks, or broader CAS arrangements, with specialist Health Care Professionals (HCP) eg mental health nurses, midwives and GPs, either being onsite or being based remotely where they have them, although the types of specialities available 24/7 varies across trusts. It was clear that where a health economy has a number of different providers of CAS hubs they are often competing for those clinicians in the same pool, and multiple hubs

are an inefficient use of such resources – e.g. in NEAS there were 8-9 palliative care consultants and nurses on call every night across the region for a handful of calls. By accessing palliative care expertise through the single CAS in NEAS less are needed on call.

Several trusts have pointed out the benefits of reconfiguring their non-emergency Patient Transport Services (PTS) to deploy them in a wider range of remits that can relieve pressure on 999 resources and improve patient flow through the system.

All agreed that there is a need to address gaps in mental health care provision and to be able to provide more urgent care closer to home, with more direct referral pathways into community services. It was also commonly recognised that key to integration of services is the interoperability of digital solutions and the harnessing of multi-disciplinary workforce resources to work across boundaries and systems.

AACE continues to work with its member trusts and with national stakeholders in articulating the ambulance offering to the system and the LTP. It is crucial that ambulance trusts are included as leaders in integrating care systems





B

ENGAGING WITH SUSTAINABILITY & TRANSFORMATION PARTNERSHIPS AND INTEGRATED CARE SYSTEMS

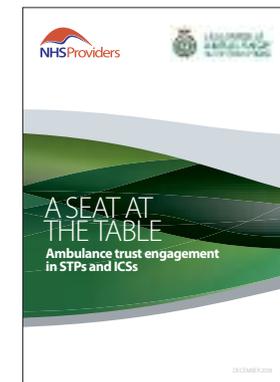
England's ten ambulance trusts occupy a unique position in serving large geographies, each spanning footprints encompassing up to 33 Clinical Commissioning Groups (CCGs) and multiple STPs and ICSSs in their region.

In the context of system working and place-based models of care, ambulance trusts across the country are taking up the challenge of negotiating the complex emerging systems within their geographic remit, engaging with leaders across local and neighbourhood footprints, and adopting new ways of working to meet the needs of diverse systems across the populations that they serve.

In December 2018 AACE co-produced a publication with NHS Providers, to highlight the challenges and opportunities for ambulance trusts engaging with STPs and ICSSs.

Despite some of the challenges, collaborative working is seen as an opportunity by ambulance trusts to improve pathways for patients and shift the balance of care away from hospitals. Where an STP or an ICSS achieves full and in-depth engagement with ambulance trusts, they play a valuable role as a 'front door' and an 'integrator', managing flow for the wider health and care system and ensuring patients get the right care in the right place.

You can see the digital version of the briefing here:
<https://nhsproviders.org/a-seat-at-the-table>





NHS CONFEDERATION PODCAST – ‘THE FUTURE IS OUT THERE’

AACE has corporate membership with NHS Confederation on behalf of all of its member trusts and works closely with them on development of policy briefings, guidance and responses to consultations.



At their annual conference, ‘Confed18’ in Manchester in June 2018, 5 senior health and care leaders, including Lena Samuels, SCAS Chair, sat down together to explore the reality and potential for services closer to home. They set out their thinking on the position of community based services, primary care, social care and ambulance services and their role in the next phase of transformation.

Leading the conversation

- **Matthew Winn**
Chair of the Community Network, NHS Confederation and NHS Providers
- **David Pearson**
STP & ICS lead, Nottingham City and Nottinghamshire
- **Lena Samuels**
Chair, South Central Ambulance Service NHS FT
- **James Sanderson**
Director of Personalised Care, NHS England
- **Nav Chana**
Chair, National Association for Primary Care.

The podcast can be accessed at:
<https://www.nhsconfed.org/resources/2018/10/the-future-is-out-there>

Lena Samuels

Chair South Central Ambulance Service:



“ The future is not out there, it is here, it’s now. We need to encourage the whole system to think differently about the ambulance service.

We are often seen as your ‘Amazon’ delivering people across the system, instead we need to see ambulance services as GPS navigators, helping people move more efficiently and effectively around the system and accessing the most appropriate care for their needs.

Transformation has to be owned and embedded across the whole of the health and care system. This means involving leaders from all parts of the NHS, including ambulance trusts and colleagues across local government. In a number of the most ambitious and inclusive STPs, ambulance service colleagues have a seat at the table and are leading key work strands.

The ambulance service has a crucial role to play in integration and transformation. Having previously been a Non-Executive Director of an acute trust I often heard colleagues say, ‘why don’t they send all these ambulances somewhere else?’ Having taken up the role of Chair of an ambulance trust, I invited former colleagues from the local acute trust to visit one of the ambulance service’s contact centres (control room) and one of my former colleagues experienced an epiphany – ‘I now realise - you manage our demand!’. The ambulance service is able to map activity across the whole system and provide a helicopter view of that system.

Ambulance services are managing flow through actual and virtual clinical hubs, co-producing service offers and channelling people to the right parts of the system. Whenever possible they take only the higher acuity patients to Emergency Departments. Often there may be no alternatives – such as when community or mental health services close down at weekends or night-time. Ambulance services have a wealth of data that could be used well to highlight where there are gaps in services, and what services would make most impact on the system if they were in place. Having ambulance services coordinating care across the region it covers – which encompasses several STPs - is the right direction for us to be heading in.

A pilot scheme in Thames Valley Integrated Urgent Care is using actual and virtual hubs to ensure people are moving across the system quickly and efficiently and are receiving care in the right places. The services include urgent care, dental, nursing, pharmacy, palliative care and mental health. The pilot is being led by South Central Ambulance Services and is a collaboration involving Berkshire Healthcare NHS Foundation Trust, Oxford Health NHS Foundation Trust and Buckinghamshire Healthcare and a range of voluntary sector partners.

The use of single hosted platform, which all partners can access has helped ensure better coordination and handling, increased the number of face-to-face contacts and seen transfers to Emergency Departments being reduced by 5-6%. Increased integration of services ensures people have access to a wider range of choices and services. It has also allowed partners to deliver more personalised care and support people locally to do more for themselves. Partners are now looking to expand this approach to other parts of the region. ”

To learn more see - <http://www.scas.nhs.uk/wp-content/uploads/Working-Together-Autumn-2017.pdf>





THE CARTER REVIEW

Following Lord Carter's 2016 review into the operational productivity of acute trusts, a similar review was conducted into the NHS ambulance trusts to help understand what 'good' service looks like and to identify what improvements could be made to deliver good quality, better value services for patients.

Lord Carter produced the report into ambulance productivity in England in September 2018, with nine recommendations to improve patient care, efficiency and support for frontline staff who have responded to a significant rise in demand for ambulance services in recent years.

The report found that if more patients were treated at the scene by paramedics or were better assessed over the phone when dialling 999 - avoiding the need for an ambulance when it is safe to do so - the NHS could treat patients closer to home and reduce unnecessary pressure on EDs and hospital beds. Offering safe care in the right setting, within an appropriate clinical timeframe could save the NHS £300m a year by 2021, with a further £200m of savings through improvements in ambulance trusts infrastructure and staff productivity.

“ We welcome Lord Carter's report, which emphasises the adoption of new technology and innovation within the ambulance service as a key driver for reducing conveyance rates to hospitals. Whilst we accept there are variabilities in the numbers of patients conveyed to EDs in each region, this is often driven by local geography, patient demographics and the availability of clinically appropriate referral pathways. ”

Martin Flaherty OBE, Managing Director, AAACE



JOINT AMBULANCE IMPROVEMENT PROGRAMME (JAIP)

The NHS England (NHSE) and NHS Improvement (NHSI) Joint Ambulance Improvement Programme (JAIP) takes responsibility for the programme management of national ambulance development work on an integrated basis.

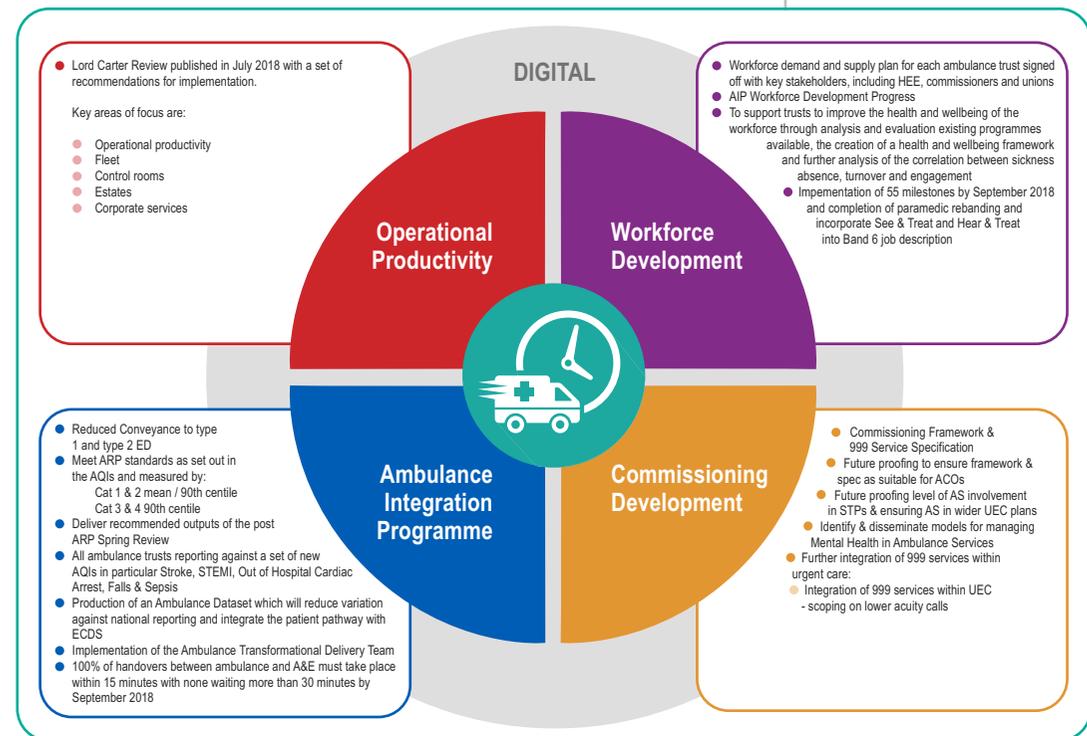
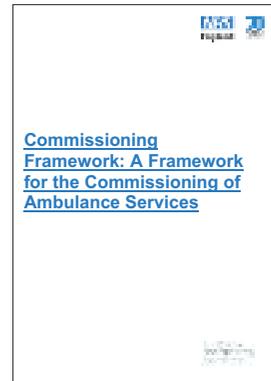
Throughout 2018-19 the JAIP was jointly chaired by Professor Jonathan Bengler, National Clinical Director for Urgent Care in NHSE/I and Emma Hall, Director of Urgent & Emergency Care Transformation in NHSE/I and met on a monthly basis.

The programme has four workstreams: **Operational productivity, Workforce development, Commissioning development and Ambulance integration.** Crossing all of these workstreams is a focus on digital development through a blueprint strategy and expansion of the ambulance Global Digital Exemplar programme.

During the year, a new Framework for the Commissioning of Ambulance Services was signed off by JAIP and published for use by any commissioning body, STP or ICS. It was developed in response to a recommendation from the Public Accounts Committee which specified the need to have a more standardised approach to the operational delivery and commissioning of ambulance services. The framework is designed to support system leaders to work in a collaborative way across the whole UEC system and reduce unwarranted variation in the commissioning and delivery of regional ambulance services, so as to achieve the best outcomes for patients.

The JAIP also conducted a high-level review of ambulance Emergency Operations Centres (EOC) to identify areas of best practice to be shared across ambulance trusts and consider strategic opportunities in the sector long-term.

The review, conducted by Deloitte in April 2018, was useful in highlighting themes within which to prioritise key pieces of work across the AIP workstreams.





AMBULANCE RESPONSE PROGRAMME (ARP) IMPLEMENTATION

Roll out of the ARP clinical response model across England began in 2017. The ARP aims to increase operational efficiency whilst maintaining a clear focus on the clinical need of patients.

Category	Headline Description	Sub Description	Average Response Target	90 th Percentile Response Target
 Category 1	Life Threatening	A time critical life-threatening event requiring immediate intervention or resuscitation.	7 minutes	15 minutes
 Category 2	Emergency	Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.	18 minutes	40 minutes
 Category 3	Urgent	An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe.	None	2 hours
 Category 4	Less-Urgent	Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.	None	3 hours

ARP objectives:

- I. Prioritising the sickest patients, to ensure they receive the fastest response;
- II. Driving clinically and operationally efficient behaviours, so the patient gets the response they need first time and in a clinically appropriate timeframe;
- III. Putting an end to unacceptably long waits by ensuring that resources are distributed more equitably amongst all patients.

The ARP introduced new targets which aim to save lives and remove “hidden” and long waits previously endured by millions of patients, including reducing lengthy waits for the frail and elderly.

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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. It 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. It will take several years for the system to bed-in, subject to investment in workforce capacity over time.

To monitor implementation of the ARP, a review was commissioned in 2018 and developed in conjunction with Sheffield University's School of Health and Related Research (ScHARR) and AACE.

The ARP Review followed 13 key lines of enquiry and the full report can be found here:

<https://www.england.nhs.uk/wp-content/uploads/2018/10/ambulance-response-programme-review.pdf>

The review showed that, as at May 2018, the ARP has been successfully implemented across all ambulance services, and at a time when ambulance trusts were under extreme winter pressure. As before the ARP, there is variation across services in terms of the achievement of expected response standards, and for a small number of ambulance services performance remains a significant challenge.

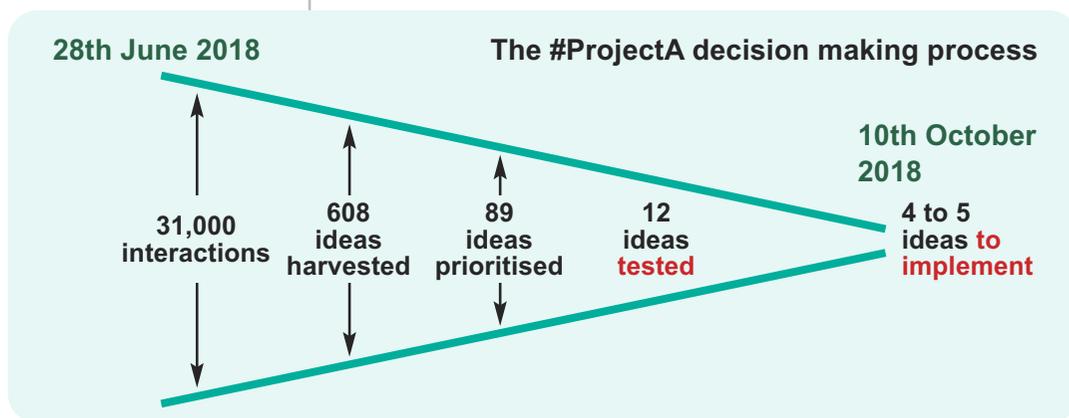
For others, performance for Category 1 and 2 calls has been maintained despite high demand and substantial hospital handover delays. For Category 3 and 4 calls, performance remained outside the expected standard for some services, in part due to historical capacity shortfalls. Work continues to be done to improve performance for patients in these lower acuity categories.





PROJECT A

At the Ambulance Leadership Forum conference in 2018, Simon Stevens, Chief Executive of NHS England, made a commitment to engage frontline staff in improving the ambulance sector for patients and staff.



best practice and guidance from UK services and expertise and knowledge gathered at the event. This drew heavily on the falls framework developed by the Welsh Ambulance Services NHS Trust (WAST) and was shared with trusts to inform thinking and planning around their response to fallers.

The output of a mental health collaboration event in February was ongoing assurance that the paramedic and patient perspectives are heard as part of the national work ongoing with commissioners and AACE around mental health and the ambulance service.

The staff wellbeing collaborative is focused on the development of a national framework for trusts to provide safe spaces for staff to share and discuss experiences. This is to ensure that they're able to decompress and find an outlet for the highs and lows of their work. Exploration of the Schwartz Round model will be undertaken in the context of ambulance services as well as the development of guidelines to help prevent PTSD amongst our staff and promotion of the RUOK campaign. All this will be underpinned by the development and introduction of a wellbeing pledge for the sector.

Project A is also seeking to improve virtual connectivity for the sector. All the collaborations have been driven by frontline staff based on principles of co-creation and virtual connectivity.

You can find out more about Project A here: <http://horizonsnhs.com/projecta/> and dip into its directory of good ideas here: <https://aace.org.uk/news/the-project-a-directory-of-good-ideas-is-launched/>.

PROJECT A



NHS Horizons were commissioned to undertake this work in partnership with AACE. Helen Bevan, Chief Transformation Officer at Horizons, hosted an accelerated design event on 28 June with frontline ambulance staff from across the UK. An 'ideas platform' was then launched, with 608 harvested from across the UK in July and August.



Simon Stevens' intended aim: to identify four or five implementable ideas to improve the experience of ambulance service staff and patients has been achieved. From the original 608 ideas, through the filtering process displayed above, three national collaborations have been convened considering falls, mental health and staff wellbeing.

Following a collaboration event in January attended by 103 ambulance service representatives, Project A pulled together a national falls framework comprising

AVOIDABLE CONVEYANCE

The AIP workstream within JAIP commissioned the Avoidable Conveyance Steering Group in 2018 to undertake the following:

- Explore interventions, opportunities and enablers that would support a safe reduction in conveyance by ambulance services to ED.
- Explore possible initiatives and interventions for improving opportunities for Hear & Treat and See & Treat.

Safe reduction in avoidable conveyance is a system-wide responsibility and challenge; it cannot be achieved by ambulance services working in isolation. This programme has worked on the development of a 2-3 year plan intended to support working in partnership within local health systems to reduce the number of people taken to an Emergency Department (ED) when there is a more suitable care alternative, by:

- using evidence to identify effective interventions already in use across the ambulance system;
- evaluating new opportunities for safely reducing avoidable conveyance;
- developing accessible examples of interventions to inform and support local transformation; exploring the appropriate incentives that are needed to enable the required changes.





RECOMMENDED SUMMARY PLAN FOR EMERGENCY CARE AND TREATMENT

A national conference was held on 1st May 2018 for early implementers of ReSPECT; Cathryn James represented AACE and presented on 'An ambulance and community perspective'. The ReSPECT implementation network continues to grow and a number of organisations and STPs have launched this approach now, including Hull and East Yorkshire, Derbyshire and Royal Surrey County Hospital.

An ambulance specific poster about ReSPECT was developed in conjunction with Resus UK, and shared across ambulance services to help raise awareness and understanding of how the ReSPECT process can help to join up care for patients especially those nearing end of life.

Why ReSPECT?

- A ReSPECT form summarises treatments to be considered and those that would not be wanted or would not work for the patient in an emergency. It might include recommendations of when transfer to hospital would be desirable or not
- ReSPECT is a summary of recommendations to help you make immediate decisions about that person's care and treatment. It contains recommendations about whether CPR should be attempted
- A ReSPECT form contains much more than a CPR decision: it is not just a replacement for a DNACPR form; it is to promote recording an emergency care plan by many people, and may recommend active treatment, including attempted CPR if it should be needed
- ReSPECT is for all the UK: as it is more widely adopted, it should help prevent variation in (DNA)CPR documentation which we currently see

Who is it for?

ReSPECT can be 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.

Where is the form?

It should be with the person, and readily available for ambulance clinicians. The person should take it with them if they go out or travel away from their home, and make sure that their family, friends or carers know about it. The form is a summary - the full care plan sits with/behind it.

How can ReSPECT help us?

- The form may support decisions around use of person-centred care plans and enable the person to remain at home
- The form should highlight circumstances in which the person should be conveyed to hospital
- The form is a summary of recommendations to help us to make immediate decisions about a person's care and treatment



- It should have details of key contact/care providers, community teams and access to pathways
- The form is used to inform decision-making when a person does not have capacity to make or express choices

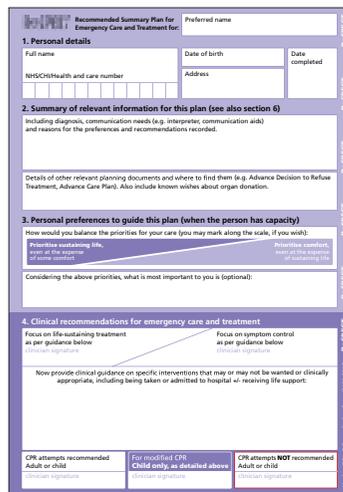
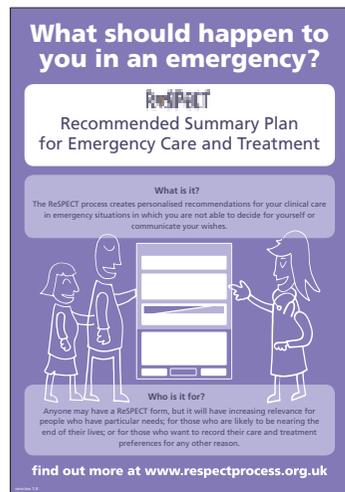
Which areas use ReSPECT?

The intention is that ReSPECT will become UK wide. Many CCGs have introduced it and many more are considering. Over time it may become best practice for all residents in a care home to be offered the opportunity to have a ReSPECT conversation and develop a plan.

Can we use an electronic version of ReSPECT?

Yes. The plan is for it to become digital and work is ongoing to ensure the ReSPECT form data can be shared across any electronic patient record systems (open Electronic Health Records) although this will take time.

Visit www.respectprocess.org.uk for more information.



LEARNING FROM DEATHS REVIEW

A workshop was held in London on 9th November to develop guidance on the application of the learning from deaths review for ambulance trusts. All English ambulance services will be required to follow the new guidance when published, but were pleased to be involved in influencing and co-developing them with NHSI. The workshop was jointly led by the National Ambulance Services Medical Directors Group (NASMeD) and the NHSI patient safety team and supported by members of the Quality Governance and Risk Directors Group (QGARD). It was attended by representatives from all English ambulance services and included a presentation from Jonathan Whelan, Assistant Medical Director from the WAST about their approach. An update was provided on the national Learning from Deaths framework and existing work on mortality review and learning from deaths in ambulance trusts was shared. The guidance is due to be issued in summer of 2019.



LEARNING FROM DEATHS REVIEW



TELECARE SERVICES

Ambulance Medical Directors have supported a proposal to pilot a decision support tool to assist telecare providers (TCPs) when requesting ambulance responses. These requests come through 999 following telecare users pressing their pendant alarm, or a home sensor sending an alert to a call monitoring centre.

Some TCPs have their own response teams, who can go and check on their client if no family or neighbours are available. These teams can help those who have fallen or who may have pressed their alarm by accident. For those TCPs who do not have a response team, calls are often diverted to 999 for an ambulance response.

AACE are working with the TSA which is the representative body for Technology Enabled Care (TEC) services. The ambulance EOC leads are now capturing data to understand the level of demand and types of calls from TEC services to 999. Data from one trust alone suggests they received 13,800 calls from TCPs over seven months, equating to approximately 23,660 calls per year, with approximately 47% as C1 & C2 responses.

The decision support tool aims to help TCPs in deciding when to transfer the call to the ambulance service and ensure the right type and level of patient information is gathered that can be passed to 999, or identify whether there may be other, more appropriate pathways of care.



JRCALC NEW GUIDELINES

The review and development of the Joint Royal Colleges Ambulance Liaison Committee clinical guidelines continued throughout the year and we are on track to deliver a fully revised reference edition in 2019. All ambulance trusts are now either using or will be very soon using the digital app platforms (iCPG or JRCALC+) to access guidance.

Significant updates, minor amendments and new guidance have been published throughout the year. Use of the JRCALC apps improves the ability for front line staff to have access to the most up to date clinical guidance and trust clinical notices as soon as they are approved and released. The use of the app as a wider communications tool for clinical matters is proving a popular development for trusts.

Updates and new guidance this year have included: left ventricular assist device, heart failure, adult convulsions, glycaemic emergencies, overdose and poisoning, end of life care and medicines management of pain at end of life, emergency tracheostomy and laryngectomy. A new guideline on Renal Dialysis Arteriovenous (AV)Fistula/Graft Bleeds was developed following a coroner's report that was reviewed by NASMeD.

The work of many dedicated ambulance clinicians throughout 2017/18 and 18/19 means the new 2019 printed reference book and pocket-book will be published in late Spring 2019.

Another innovation introduced in 18/19 was a video of the Chair of JRCALC introducing and discussing some topical clinical updates. SCAS kindly facilitated the recording and the videocast has been shared on the AACE and JRCALC websites.





PARAMEDIC PRESCRIBING

AACE continued to support proposals for paramedic independent prescribing. The Commission on Human Medicines (CHM) supported the case and recommended implementation by making a submission to Government ministers. On April 1st 2018 new legislation came into force to allow paramedics to prescribe independently. This will enable advanced paramedics who work in appropriate settings to give patients the medicines they need to better manage their care. It is a significant advancement for the paramedic profession and AACE acknowledges the hard work by all including NHS England, the College of Paramedics and the other healthcare organisations who were involved behind the scenes to achieve this important milestone.

Paramedics who successfully complete an approved prescribing programme will have their registration annotated to record their ability to practice as a prescriber.

NHS England are now undertaking phase 2 of their Allied Health Professionals (AHP) Medicines work-stream, which includes a proposal to review the list of medicines available to paramedics under a legal exemption (Schedule 17 of Human Medicines Regulations 2012). The work to date has included preparing a case of need within NHS England which, if approved, will seek to gain agreement from Ministers to launch a public consultation. AACE will continue to be engaged in this further work.

Matt Aiello, National Programme Lead, Urgent and Emergency Care, Health Education England engaged with NASMeD in producing a HEE paper "The road to paramedic prescribing - developing an in-service paramedic independent prescriber workforce".



HEALTH SERVICES INVESTIGATION BRANCH

AACE have been involved in a number of investigations with the HSIB, providing information and advice towards recommendations, relating to a number of tragic cases.

The HSIB published a report into a detailed investigation of the death of a patient from an acute aortic dissection and we are now working on one of the recommendations which is to work with partners to define best practice, standards for the criteria, format, delivery and receipt of ambulance service pre-alerts.

AACE and the ambulance sector welcome the opportunity to learn from instances of where things did not go as planned and we continue to welcome the overall increase in adverse incidence reporting.





M

DEVELOPMENT OF NATIONAL PATIENT GROUP DIRECTIONS

The Specialist Pharmacy Service is supporting ambulance services to develop national Patient Group Directions (PGDs) for administration of specified medicines to pre-defined groups of patients without the need for a prescriber. Groups of doctors, nurses and paramedics are involved in the two short life working groups, to develop standard PGDs that will be used by designated staff and ambulance clinicians. When completed, these will be incorporated into the JRCALC guidance and JRCALC App with the aim of improving efficiency by reducing lengthy processes to ensure staff sign them off. One group is for critical care medicines, the other for urgent care.



N

AMBULANCE RESEARCH

AACE and its member services were involved in significant pieces of research during 18/19 and we welcome publications of this research. The Airways 2 trial found no significant difference between tracheal intubation and the i-gel supraglottic airway device (SGA) in functional outcome at hospital discharge or 30 days after an out of hospital cardiac arrest in adults. The Paramedic 2 study looked at adrenaline use among patients in cardiac arrest. The national guidance for ambulance clinicians will be reviewed in due course, but no immediate changes to practice are planned. We continue to participate in the out of hospital cardiac arrest outcomes project led by a team at Warwick University.



I

AMBULANCE DATASET

AACE contributed to the NHSE Phase 1 scoping project, led by Professor Jonathan Benger, to explore what data could and should be collected by ambulance services and how this could be fed into a data warehouse for a variety of purposes.

The project will enable ambulance data to integrate with a number of other existing and developing data sets, and drive data integration across the wider Urgent and Emergency Care System (UECS). Data such as clinical details, working diagnosis and possible treatments and outcomes will be included. The project is now in Phase 2 and will be funded for the next 3 years, with members of AACE providing clinical and informatics support and being part of the project board and development meetings.

Chiefly it will enable:

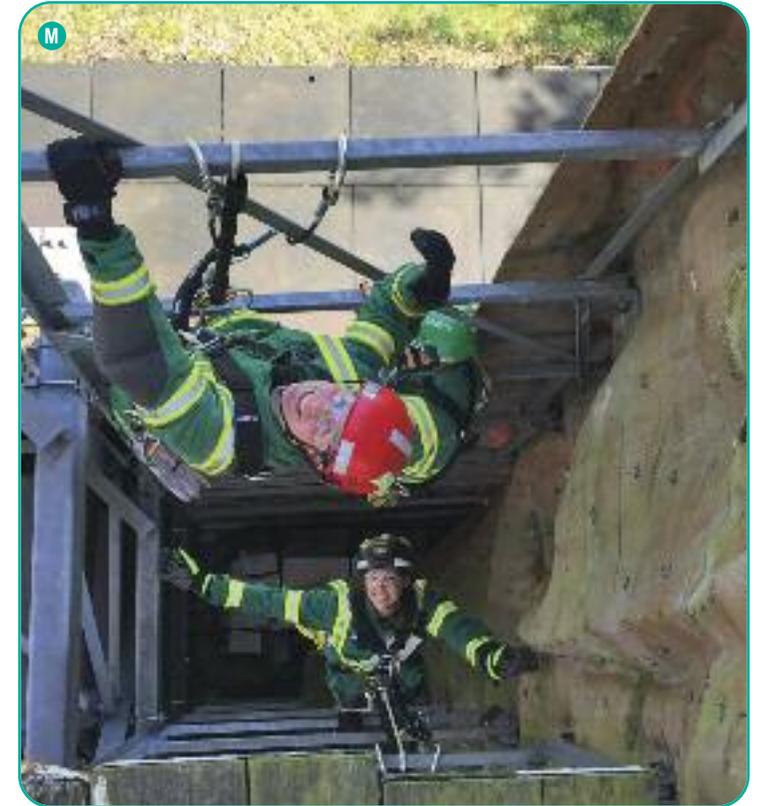
- Monitoring of clinical case details and linkage to outcome data across the healthcare system;
- Access to a full suite of data from the system, including key clinical and operational information;
- A clinical focus on data capture;
- Routine feedback to clinicians and tailored educational development for staff;
- Commissioning of safe and effective ambulance services across England;
- Future opportunities to drive further system-wide patient information integration;
- A reduction in the data burden by minimising duplicate data requests and reporting requirements.





Q-VOLUNTEERING

AACE signed a contract with the Department for Digital, Culture, Media and Sport in 2018 to coordinate and facilitate support to NHS ambulance trusts for Q-Volunteering. This was a three year programme seeking to involve more people in giving their time to help other people with long-term health conditions and encourage people to become more active in respect of their own health. Phase 1 and the beginnings of phase 2 of the programme had already seen ambulance services developing their approaches to volunteering to help moderate pressures on their service. AACE supported trusts in growing and sustaining their volunteer initiatives and in building a 'community of interest'. Initial activities included gaining a comprehensive overview of all volunteering schemes in ambulance trusts; establishing a central repository for sharing experiences and examples; and running a workshop in December, chaired by Rod Barnes, CEO YAS. This was well attended by trusts as well as the Office for Civil Society and NHS Horizons representatives. Speakers included Emma Easton, Head of Voluntary Partnerships at NHS England and Ruth Leonard, Head of Volunteer Development at MacMillan Cancer Support. A second workshop is planned for 2019/20 to continue the momentum gained at this event.



SEARCH & RESCUE

AACE is pleased to contribute to and liaise regarding the essential work of the many groups undertaking search and rescue operations across the UK. The Home Office led strategic group and its reporting committee on medical matters both meet regularly. It is helpful for AACE to hear from key players and emergency service colleagues to develop improved efficiencies and better understand capabilities across the specialist and varied organisations.

DIVERSITY IN THE AMBULANCE SECTOR

The Ambulance BME Forum and LGBT Network both matured considerably and were very active in 2018/19. The sector was delighted to hold its first BAME conference in October, which was extremely well-attended and well-reviewed, whilst the LGBT Network held a third highly successful conference in August.



The Workforce Race Equality Scheme (WRES) was rolled out across the sector with peer support provided to trusts via the National Ambulance Diversity Forum (NADF) and links to the national NHS England WRES team strengthened.

To support the work of the NADF as it moved into 2019/20, the decision was made to appoint an NADF programme manager and Bo Escritt, HR manager from the acute sector, took up this post in April. All UK ambulance trusts agreed to fund this post (on a 12-month secondment basis) and the recruitment process was undertaken by AACE in conjunction with the NHS England WRES team. The intended focus of this role is the provision of support and guidance to the BME Forum and LGBT Network and further progression of the sector's work to date across all the protected characteristics.



Bo Escritt
NADF Programme Manager
Acute Sector HR Manager



**CONFERENCE
2019**

**Our fourth
conference will
take place at the
Tally Ho
Conference
Centre near
Birmingham on
Thursday 10th
October.**





The Office for National Statistics (ONS) analysis of occupational suicide risk between 2011 and 2015 indicated that there were 20 suicide deaths amongst paramedics in England during that period. The risk of suicide amongst male paramedics was 75% higher than the national average. Over a 2 year period, 8 ambulance trusts identified 15 staff suicides (11 male, 4 female), with the mean age of those dying by suicide being 42 years.

MENTAL HEALTH - SUICIDE PREVENTION

The findings from AACE commissioned research into suicide within UK ambulance services were presented at the 2018 999 EMS Conference. The aim of the study was to determine whether staff who work in the UK ambulance services (AS) are at higher risk of suicide than staff who work in other professions.

Following on from this report AACE and its members committed to:

- a) Develop a mental health strategy for all staff which includes specific emphasis on suicide prevention.
- b) Review and assess suicide risk at times of increased vulnerability.
- c) Collect and monitor data on ambulance staff suicides.
- d) Review occupational health, counselling and support services.
- e) Provide training for staff in identifying and responding to a colleague in distress.
- f) Ensure return to work discussions consider and establish the status of an individual's mental health and wellbeing.

The research team at Yorkshire Ambulance Service (YAS), who undertook this study in conjunction with researchers from the University of Bristol, were visited by Sir Keith Pearson, NHS Staff and Learners' Mental Wellbeing Commission Chair. Following this meeting, a further piece of research has been commissioned, this time by Health Education England, to explore the issues arising further. YAS were successful in their submission of a bid for this work and the study has now commenced and will be conducted over a period of 18 months.

The aim of this study is to identify the characteristics of successful employee mental wellbeing services within staff groupings in UK ambulance services and to understand how existing services could be improved. The steering group comprises researchers from YAS, academics and representatives from AACE with close links to the Human Resource Directors' Group. Its objectives are:

- a. To determine the variation in rates of sickness absence across staff groupings.
- b. To understand variation in UK ambulance service policies and strategies for staff wellbeing, focussing on specific mental wellbeing strategies and intervention, and suicide prevention strategies and interventions.
- c. To understand the knowledge and perceptions of UK ambulance staff of wellbeing interventions available through their employer and informal support arrangements.
- d. For different staff groups (e.g. paramedic group, non-registered emergency clinicians, emergency operations call staff), to develop an understanding of the factors which influence their perception of a successful outcome from interacting with a mental wellbeing intervention.



AMBULANCE LEADERSHIP FORUM (ALF) CONFERENCE & EXHIBITION



The Ambulance Leadership Forum (ALF) in March 2018 was again held in the pleasant surroundings of Chesford Grange in Warwickshire. Record attendances from delegates and commercial supporters ensured the conference felt bigger and better than ever. Over 40 speakers shared observations, thoughts and challenges over a busy two days. The variety of sessions highlighted operational stability as being a key requirement for ambulance trusts to truly influence Integrated Care Systems.



Delegates welcomed the theory of compassionate leadership from Professor Michael West and applauded its application within NEAS as highlighted by Yvonne Ormston, Chief Executive Officer at NEAS.

Lord Carter thanked all ambulance delegates attending for their hard work to deliver efficiency savings and describes future initiatives for fleet and purchasing that he hoped to see developed over the next year. It was good to hear from international speakers, Rob Lawrence from the US and from New Zealand, Kris Gagliardi and Daniel Ohs who complimented the UK services and the NHS for providing world class services.

A poignant moment of reflection occurred during the conference when many attendees agreed to form a human 'NZ' to show support for, and solidarity with, their New Zealand colleagues who responded to the deadly terrorist attack in Christchurch in March 2019, and remember the families and friends of the victims.





ALF 2019 CONFERENCE & EXHIBITION

“ We are extremely proud of our colleagues in New Zealand and we wanted to do something highly visible to show our solidarity, express our gratitude to those who responded to this horrific event and send our love to them, as well as the families and friends of the victims. ”

Anthony Marsh QAM, Chair, AACE



A first at ALF this year was a series of short presentations by five staff selected for the quality of their research into topics related to service delivery, management and leadership in ambulance services. Dr Tim Edwards, Consultant Paramedic from London Ambulance Service (LAS), was awarded a prize of £500 for his study investigating 'Variation in ED conveyance by solo advance paramedic practitioners in urgent care, compared with standard ambulance responses'. The prize was presented by Chris Callsen, MD of Optima who kindly sponsored the event.

Research presentations from the other finalists, Peter Eaton-Williams, Liz Harris, Josh Miller and Steven Scholes were all commended.

AACE would like to record thanks to all the supporters of the ALF event and in particular Optima, Working Time Solutions, Babcock, RDT, Priority Dispatch, ORH, Class Professional Publishing, Motorola, Lightfoot and AceTech.



AACE AWARD WINNERS

At the ALF conference evening dinner, it is always a pleasure for AACE to host members of staff who are recognised as giving exemplary service.

AWARD CATEGORY:	AWARD WINNER:	TRUST:
Exceptional Administrators	Admin and Resourcing Team	Isle of Wight Ambulance Service
Exceptional Mentor or Tutor/Educator	Lisa Shennan	London Ambulance Service
Exceptional Volunteer	Lynn Wools	Welsh Ambulance Services
Exceptional Specialist Paramedic	Tracy Cunningham	East Midlands Ambulance Service
Exceptional service in a clinical role	Andrea Atkinson	Yorkshire Ambulance Service
Exceptional Pre-registration Student Paramedic	Tracy Sharp	North West Ambulance Service
Exceptional Paramedic	Glenn O'Rorke	Northern Ireland Ambulance Service
Exceptional Support Services	Lorraine Tough	Scottish Ambulance Service
Excellence in the Field of Diversity	Asmina Islam Chowdhury	South East Coast Ambulance Service
Innovation or Change Champion	David Morgan	North East Ambulance Service
Exceptional Manager	Pat McCreanor	Republic of Ireland National Ambulance Service
Exceptional EOC/Control Services	Tina Ray	West Midlands Ambulance Service
Exceptional Paramedic Manager	Ross Cornett	South Central Ambulance Service
Welfare and Wellbeing Champion	Angela Rayner	South East Coast Ambulance Service
Exceptional PTS Managers	Sally & Stuart Ronayne	East of England Ambulance Service
Exceptional Team Award	Joanne Stonehouse	South Western Ambulance Service

Not only do the recipients come from across the whole of the UK and the Republic of Ireland but they represent a huge range of job roles that contribute to our service provision.



AWARDS PANELS

AACE is instrumental in recognising and rewarding excellence in pre-hospital care. For four years in succession, we have contributed to the judging panel of a variety of awards given by the Council of Ambulance Authorities (CAA) in Australia & New Zealand. Not only does this give an international perspective to the awards, it allows for the sharing of some excellent submissions regarding best practice.

In a similar manner, the UK's Air Ambulance Association also awards exceptional service at its annual conference. Submissions are judged by a panel with representation from not only AACE but a sponsoring Member of Parliament, chair of a third sector organisation and recognised experts in aviation and critical care medicine.



QUEEN'S HONOURS IN 2018/19

Ambulance staff have also been recognised in the Honours awarded by Her Majesty each year. AACE receive nominations throughout the year from its English ambulance trust CEOs for the Queen's Ambulance Medal (QAM) which recognises particularly meritorious and distinguished service and was awarded to:

AWARD WINNER:	JOB ROLE:	TRUST:
Neil Barnes	Deputy Director Quality	NWAS
Ian Walton	Deputy Director Operations (Retd)	YAS
Rob Horton	Community Responder Manager	SWASFT
Pauline Cranmer	Deputy Director Operations (EOC)	LAS
Paul Gowens	Lead Consultant Paramedic	SAS
Richard Bendall	Paramedic	NIAS
Gillian Fleming	Utilisation Manager	WAST
Gregory Lloyd	Head of Clinical Services	WAST



Visit the AACE website www.aace.org.uk and download the Guidance pdf.



COMMUNICATIONS & MEDIA ACTIVITY

Protecting the reputation of the ambulance service and improving engagement with key AACE stakeholders is a vital part of our remit.

Alongside our communications colleagues in UK ambulance services and across our key stakeholder healthcare bodies, AACE has worked hard during the past year to ensure that our messages are consistent and represent the work of our members in a positive and honest way.

During the past year, AACE received and handled some particularly challenging enquiries from journalists that needed careful and consistent management in order to protect the ambulance service's reputation and present a balanced view of the facts.

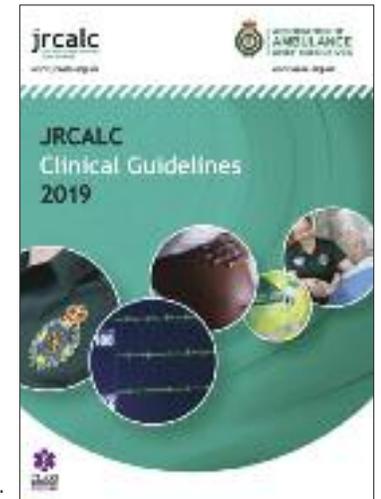
By developing and nurturing ever closer working links with NHS England, the Department of Health and Social Care, NHS Providers and others – especially via the National Ambulance Communications Group (NACOM) – and by using technology effectively to communicate quickly and effectively between a strong and growing network of around 60 communications professionals, we have been able to dilute potentially negative stories that could have unnecessarily affected the reputation of the ambulance service.



AACE PUBLICATIONS

AACE continues to work closely with Class Professional Publishing to produce high quality and sector leading publications to support prehospital care.

The most prestigious titles remain the JRCALC Clinical Guidelines in both reference editions and pocket book formats. In addition, during 2018 we published a stand-alone book extracted from these guidelines regarding emergency birth in the community. This 100 page booklet (with action cards of key algorithms) has proved very popular with a whole range of clinicians who may at some time be faced with maternal emergencies or delivering a baby and need reminders of safe procedures.



Further textbooks from Class and endorsed by AACE include Ambulance Care Essentials, Ambulance Care Practice and Ambulance Care Responder all of which assist pre-registration clinicians gain valuable skills and knowledge. The Emergency Ambulance Response Driver's Handbook provides essential information for safe and courteous driving whilst driving and responding in ambulances vehicles.

THE AACE WEBSITE www.aace.org.uk

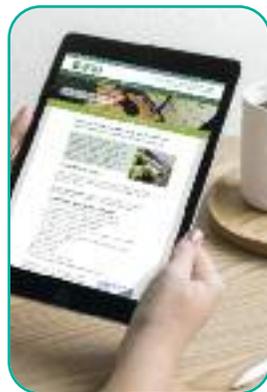
During the past year, AACE website and social media activities continued to foster a growing presence within the ambulance and emergency services community and beyond

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 it receive over 160,000 page views from upwards of 90,000 site visits.

The site also serves as a hub for the vital outputs of JRCALC, recently showcasing the release of the Clinical Guidelines 2019, as well as the other ambulance guidance to which AACE contributes.

In addition, the site provides an information hub and booking portal for the annual ALF conference, alongside a section detailing the work of the GPLA.



AACE SURVEY OF MEMBERS

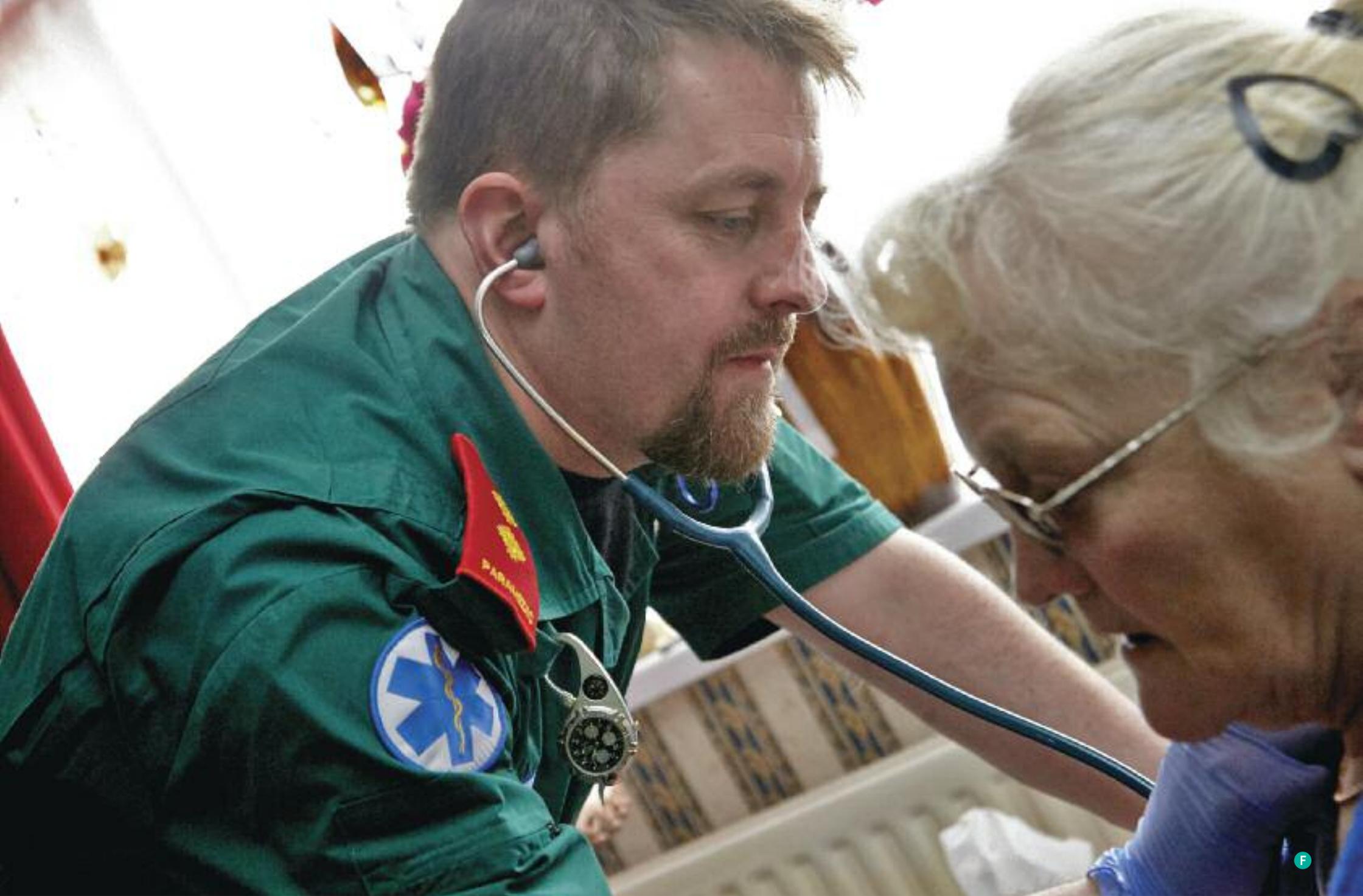
In 2018 AACE conducted a survey of its member organisations to determine whether the organisation is focusing on the right areas of work; what else it could/should be doing; where there is scope for improvement; and whether its strategic priorities are correct and being progressed in an appropriate and timely manner. This was a useful exercise providing valuable feedback on AACE activities and structure, which informed the strategic priorities for the Association in the short, medium and longer-term.

Main benefits of belonging to AACE

- summary of feedback from members:

- **Networking; sharing best practice and tactics; knowledge and advice; shared interest; access to ambulance information circulating in UK**
- **Collective attempt to speak as one voice; sharing of pressures to national bodies; has weight and clout that one trust does not**
- **Co-ordination; 'go to' place for regulators; efficient point of focus; unique in health service**





BESPOKE CONTRACTED AACE SUPPORT TO THE AMBULANCE SECTOR

AACE increasingly provides dedicated support to ambulance services both at home and abroad on a wide range of strategic and tactical issues. AACE now has an extensive and growing compliment of subject matter experts (see pages 48-49) all of whom have many years of experience of working in ambulance services at senior manager, director and CEO level.

During 2018/19 the following ambulance services contracted AACE for specific areas of additional support.

Yorkshire	South Western	Republic of Ireland
North West	Gibraltar	Wales
South East Coast	Jersey	
East Midlands	Northern Ireland	

In addition, NHS England and NHS Improvement also commissioned AACE to support them in designing and implementing several new areas of ambulance policy.

Areas of expertise provided were many and varied, including:

- Mentoring of newly appointed CEOs
- Mentoring and support of newly appointed directors and senior managers
- Strategic planning support
- Designing new clinical response models
- Extensive support to improve and optimise control centres
- Improving operational performance particularly for life-threatened patients
- Managing demand and capacity reviews
- Design and implementation of real time performance dashboards
- Preparedness reviews
- Benchmarking reviews
- Design of national disaster recovery standards for control services
- The provision of technical and operational assurance to NHSE and NHSI
- Human Resources consultancy including attendance management reviews

AACE continues to develop these bespoke services, being the first point of call for the ambulance sector within the UK and internationally, when access to experience and expertise is required. Income generated this way is put back into resourcing the strategic work we undertake on behalf of all our member organisations.



BESPOKE CONTRACTED
AACE SUPPORT TO THE
AMBULANCE SECTOR



AACE STRUCTURE

The Association has a Board of Directors, a Managing Director, a Chair (a serving ambulance service Chief Executive) and a small central team, using specialist external assistance for key pieces of work progressing our strategic priorities.

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**

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

Chairs of all member trusts meet as a group separately, and also jointly with the ACEG three times a year, as the AACE Council, to discuss common strategic challenges and the sector's approach to resolving them.

2018/19

AACE Board Members 2018/19

Anthony Marsh QAM - CEO WMAS (AACE Chair)

Sir Graham Meldrum CBE - Chair WMAS

Ken Wenman - CEO SWASFT

Jennie Kingston - Deputy CEO & Finance Director SWASFT

Yvonne Ormston MBE - CEO NEAS

Martin Flaherty OBE - AACE Managing Director



NATIONAL DIRECTOR GROUPS

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 Executive Group. Each national group is led by a CEO who holds that portfolio and reports progress and outcomes to the ACEG and AACE Council.

In 2018-2019 these groups were led by:

National Directors of Operations (NDOG) CEO Lead: Ken Wenman, SWASFT Group Chair: Craig Cooke, WMAS	Medical Directors (NASMeD) CEO Lead: Daren Mochrie, NWAS Group Chair: Julian Mark, YAS	Human Resources Directors (HRDs) CEO Lead: Ken Wenman, SWASFT Group Chair: Melanie Saunders, SCAS	Communication Leads (NACOM) CEO Lead: Martin Flaherty, AACE Group Chair: Mark Cotton, NEAS	Directors of Finance (DoFs) CEO Lead: Rod Barnes, YAS Group Chair: Mark Bradley, YAS
Urgent and Emergency Care Group (NAUECG) CEO Lead and Group Chair: Pauline Howie, SAS	Information Management & Technology Leads (IM&T) CEO Lead: Richard Henderson, EMAS Group Chair: Steve Bowyer, EMAS	National Ambulance Diversity Forum (NADF) CEO Lead and Group Chair: Jason Killens, WAST	Quality, Governance and Risk Group (QGARD) CEO Lead: Daren Mochrie, NWAS Group Chair: Jenny Winslade, SWASFT	National Ambulance Resilience Unit (NARU) CEO Lead: Anthony Marsh, WMAS National Director Keith Prior, NARU

AACE National Sub-Groups

NDOG <ul style="list-style-type: none"> Heads of Emergency Operations Centres Emergency Planning, Response & Recovery Group National First Responder Forum 	NASMeD <ul style="list-style-type: none"> National Mental Health Leads' Group Ambulance Pharmacists' Network National Ambulance Research Steering Group National Ambulance Service Clinical Quality Group Ambulance Lead Paramedic Group End of Life Leads' Group Frequent Callers' National Ambulance Network 	HRDs <ul style="list-style-type: none"> National Education Network for Ambulance Services National Strategic Health and Wellbeing Group Staff Wellbeing Leads Culture and Leadership Network for Ambulance Services 	QGARD <ul style="list-style-type: none"> Patient Safety Health & Safety Safeguarding Patient Experience CQC Learning Group Security Infection Prevention & Control Quality Improvement Network Freedom to Speak Up Guardians' Network 	DoFs <ul style="list-style-type: none"> National Ambulance Procurement Group Vehicle Insurance Group Benchmarking Group Estates Group Green Environmental Ambulance Group National Strategic Ambulance Fleet Group 	IM&T Leads <ul style="list-style-type: none"> Information Technology National Ambulance Information Group Information Governance 	NAUECG <ul style="list-style-type: none"> Ambulance Public Health Leads 	NADF <ul style="list-style-type: none"> National Ambulance Black Minority Ethnic Forum Lesbian, Gay, Bisexual, Transgender Network
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NATIONAL DIRECTORS GROUPS



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).



Dorothy Hosein, Interim 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 MBE, CEO
North East Ambulance Service
NHS Foundation Trust



Sarah Boulton, Chair
East of England Ambulance Service
NHS Trust



Pauline Tagg MBE, 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



Michael Forrest, Interim 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



Peter White, Chair
North West Ambulance Service
NHS Trust



Lena Samuels, Chair
South Central Ambulance Service
NHS Foundation Trust



Graham Colbert, Chair
South East Coast Ambulance Service
NHS Foundation Trust



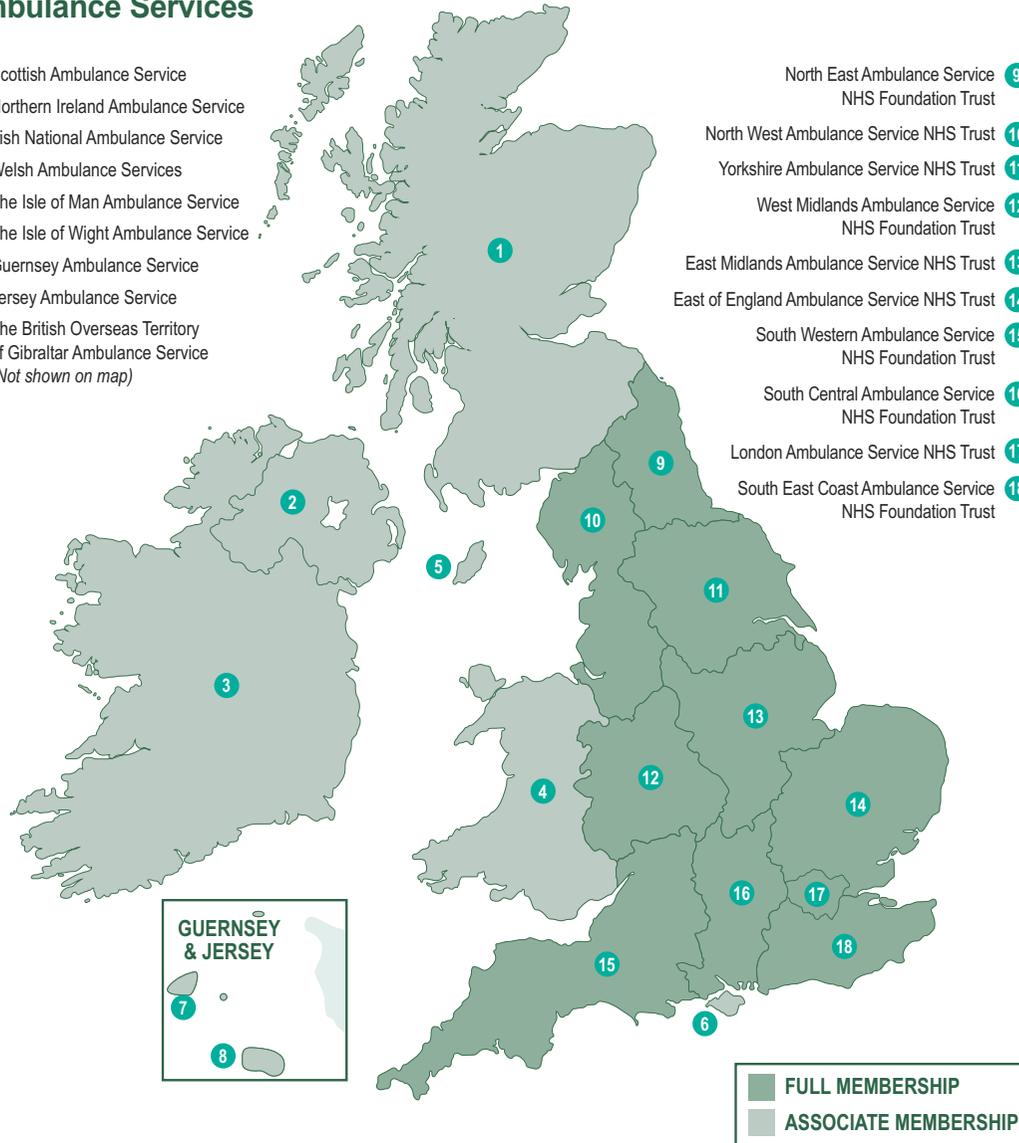
Tony Fox, Chair
South Western Ambulance Service
NHS Foundation Trust



Map of Member Ambulance Services

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

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



MEMBERSHIP 2018
AACE



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



Rod Barnes, CEO
Yorkshire Ambulance Service
NHS Trust



Sir Graham Meldrum KB CBE OStJ. QFSM,
Chair
West Midlands Ambulance Service
NHS Foundation Trust



Kathryn Lavery, Chair
Yorkshire Ambulance Service
NHS Trust

Association of Ambulance Chief Executives (AACE) Annual Report 2018-2019

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 OBE, CEO
Scottish Ambulance Service



Jason Killens, CEO
Welsh Ambulance Services
NHS Trust



Michael Bloomfield, CEO
Northern Ireland Ambulance Service



Martin Dunne, Director
National Ambulance Service
Republic of Ireland



Tom Steele, Chair
Scottish Ambulance Service



Martin Woodford, Interim Chair
Welsh Ambulance Services
NHS Trust



Nicole Lappin, Chair
Northern Ireland Ambulance Service



Maggie Oldham, CEO
The Isle of Wight Ambulance
Service



**Steve Crowe, Head of
Ambulance Services**
The Isle of Man Ambulance Service



Alison Marquis, CO
Guernsey Ambulance Service



Peter Gavey, CAO
Jersey Ambulance Service



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



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.

AACE CENTRAL TEAM



Anthony Marsh QAM, **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 Master's 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.

We have six permanent employees based in our London Bankside 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.



Anna Parry, Deputy Managing Director – Anna worked for the LAS as the Deputy Head of Olympic Planning prior to joining the Association of Ambulance Chief Executives (AACE). Anna previously worked in NHS project and programme management roles for a cardiac network and a primary care trust. Her career in the public sector commenced on the National Graduate Development Programme for Local Government after which she completed a Master's in Public Management at Warwick Business School. Alongside chief executives and chairs, Anna determines and ensures delivery against AACE's strategic priorities whilst overseeing its national programme. She deputises for the Managing Director in all areas of AACE business.



Steve Irving, Executive Officer – Steve is a paramedic with 35 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.



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.

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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 LAS as PA to the Human Resources and Medical Directors providing executive support, before moving full time to AACE in 2012.



Jo Bartlett-Hubbard – is a Personal Assistant and primarily supports the meetings of the National Ambulance Medical Directors (NASMeD), the National Directors of Operations Group (NDOG) and also supports the Executive Assistant in providing general administrative assistance to the whole organisation. Although Jo's background includes a wealth of PA experience from the charity sector and the NHS, she is also a freelance film maker for charities and third sector organisations, working mainly on social and human interest subject matter.

In addition to our staff based in London we have:



Cathryn James, Clinical Support for NASMeD – Cathryn James started working for 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



Carl Rees of Cognitive 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 24 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.

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).

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

- A** East of England Ambulance Service NHS Trust
- B** East Midlands Ambulance Service NHS Trust
- C** London Ambulance Service NHS Trust
- D** National Ambulance Resilience Unit (NARU)
- E** Northern Ireland Ambulance Service
- F** North East Ambulance Service NHS Foundation Trust
- G** North West Ambulance Service NHS Trust
- H** Scottish Ambulance Service
- I** South Central Ambulance Service NHS Foundation Trust
- J** South East Coast Ambulance Service NHS Foundation Trust
- K** South Western Ambulance Service NHS Foundation Trust
- L** Welsh Ambulance Services
- M** West Midlands Ambulance Service NHS Foundation Trust
- N** Yorkshire Ambulance Service NHS Trust

AACE
CENTRAL TEAM



AACE has an experienced central team of ambulance experts with a wealth of NHS experience, able to facilitate and support collaboration between ambulance trusts, and lead on key national programmes of work.

To access our consultancy services go to:

<https://aace.org.uk/about-aace/consultancy-services/>

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.



Bob Williams QAM 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.

Bob provides strategic leadership coaching and mentoring to ambulance service CEO's and Director operations, as well as consultancy to the government ESMCP programme and other executive coaching and consultancy in the private sector.



Hilary Pillin of HRPPS Ltd – Focusing on the transforming ambulance role and contribution to the NHS Long Term Plan, and the integration of urgent and emergency care, Hilary provides strategic support to the ambulance sector, enhancing stakeholder relations and promoting the ambulance remit. She also undertakes bespoke 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 30 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.

Tony Crabtree – Tony spent over 30 years working in a variety of senior HR roles for LAS, working at both strategic and operational level. Having extensive experience within Human Resources, his specialist areas have included employee relations, developing partnership and consultative arrangements with health service trade unions, and staff support arrangements including management of occupational health and counselling services. He has also provided the HR ambulance lead for a number of regional and national projects, including the DH Hazardous Area Response Team programme; national pandemic flu planning; the 2012 London Olympics; planning for national industrial action and the NHS "Working Longer" pensions review.



Peter Suter Consultant, Information Management and Technology – Peter Suter is an independent IT Consultant (Peter Suter Ltd), with over 30 years' experience in the public and private sector. He has held senior leadership roles as the Director of Information Management & Technology at the 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 multi-functional teams and projects with a clear focus on service delivery and performance. This has involved all aspects of infrastructure services including data centres, desktops, networks, telephony, radio, management information, real time and business systems. He has been the Project Executive for high profile and complex projects and has led service improvement programmes to improve the overall delivery of Information Management and Information Technology Services.

Peter now works as an independent IT Consultant and has worked in a number of NHS organisations. This has included supporting the implementation of the eHospital programme at Addenbrookes (Cambridge University Hospital), turning around a major outsource contract at NHS Solent, and supporting St Georges University Hospital IT Delivery Programme.



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 LAS, Croydon University Hospital NHS Trust (formerly Mayday Healthcare NHS Trust), Ealing Hospital NHS Trust, and Medway NHS Foundation Trust.



Caron is an experienced consultant providing a range of HR and OD consultancy services to a wide range of organisations. She is a qualified coach providing executive coaching and a mediator and is also highly experienced in undertaking a wide range of employee case work, especially relating to investigations relating to disciplinary, grievance, bullying & harassment and whistleblowing.

Dan Gore of Daniel G Associates Ltd – Daniel has worked in and around the NHS and Ambulance Services for over 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 WMAS 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 national ambulance sector workstreams led by NHSE/I.



Tracey Garcia – Tracey has a broad skill set in strategic ambulance operations and scrutiny as well as project and programme management, with a track record of delivering transformational change and efficiency programmes across healthcare.

A highly motivated and focused professional with 30 years NHS ambulance experience, Tracey commenced her career with WMAS in 1989 and in 2000 moved into the Operations Directorate and Emergency Control Centre environment. She held a number of senior posts including Regional EOC Commander; leading on service improvement, transformation and Control Room performance. She also undertook a governance and assurance role on behalf of the Trust Board for the implementation of the Make Ready vehicle preparation system and estate reconfiguration. She has also held senior management roles in the EMAS.

Tracey now runs her own consultancy business and works across the wider healthcare sector providing programme and project management for improvement initiatives and service delivery models associated with transformational change.



Included within the Capital and Reserves – Profit and Loss Account are the profits from the publication of the Ambulance Clinical Guidelines, consultancy services and any other areas of commercial activity. The Association's Board uses these collective profits to fund areas of development on behalf of its members. Examples of these include:

- Updates and developments of the JRCALC/AACE Clinical Guidelines
- Dedicated support to specific National 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

FINANCIAL ACCOUNTS

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

PROFIT AND LOSS ACCOUNT YEAR ENDED 31 MARCH 2019

	2019 £	2018 £
Income	1,513,311	1,598,249
Cost of sales	(38,598)	(7,900)
Gross surplus	1,474,7139	1,590,349
Administrative expenses	(1,453,232)	(1,569,731)
Operating surplus	21,481	20,618
Interest receivable and similar income	50	20
Other gains and losses	-	-
Surplus before taxation	21,531	20,638
Taxation	(1,575))	(5,043)
Surplus for the financial year	19,956	15,595
Retained earnings brought forward	374,674	359,079
Retained earnings carried forward	394,630	374,674

BALANCE SHEET 31 MARCH 2019

	2019		2018	
	£	£	£	£
Fixed assets				
Tangible assets		17,321		3,880
Current assets				
Debtors	365,461		275,498	
Cash at bank and in hand	370,144		344,502	
		735,605		620,000
Creditors: Amounts falling due within one year				
	(358,296)		(249,206)	
Net current assets		370,794		370,794
Total assets less current liabilities		394,630		374,674
Reserves				
Income and expenditure account		394,630		374,674

GLOSSARY

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



ASSOCIATION OF
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CHIEF EXECUTIVES

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2018-2019

September 2019

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