



ASSOCIATION OF  
**AMBULANCE**  
CHIEF EXECUTIVES

# Strategic Priorities 2020/21

March 2020



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- These priorities have been developed by AACE in conjunction with chief executives and chairs and have been informed by priority areas identified in individual ambulance services
- They are intended to capture areas of focus for the AACE central team as well as the national director groups and sub-groups, who will develop their plans for 2020/21 on the basis of these priorities
- The priority area headings do not directly align with national director groups or sub-groups and the priorities should subsequently be viewed in their entirety by national groups in the first instance to determine what is of relevance for their group's respective area of focus
- National director group plans will be shared with chief executives and chairs at the AACE Council in April and subsequently with other group leads; where there is overlap across groups, this should be managed by the respective groups with support from the AACE central team as required



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Our people

Our patients

Integration

Collaboration

Strategic  
communication



## Our people

- Influence external stakeholders to create a **diverse paramedic graduate population** and promote ambulance service roles to people from diverse backgrounds; enhance the sector's appeal as **a positive choice** for healthcare professionals and attractive sector for NHS managers
- Cultivate **a culture of care and concern** where incivility is challenged; determine a sectoral approach to **reduce bullying and harassment**
- Support **integrated multi-disciplinary workforce planning** to ensure **an adequate workforce supply** to meet the needs of the ambulance service and wider system
- Maintain a focus on the **health and wellbeing** of our people and **suicide prevention**; support trust action in managing staff fatigue levels
- Support the determination and implementation of an appropriate sector-level response to **leadership development, talent management** and **succession planning**, and the building of **improvement skills capability**



## Our patients

- Support the systematic delivery of **safe, patient-centred care** in accordance with 'right care, right time, right place'
- Advocate for and support **patient safety initiatives** acting upon intelligence from the care quality commission and others
- Learn from incidents and feedback to **improve the quality of care** provided to patients and prevent future deaths
- Advocate for **consistent quality provision of patient transport services** for patients through available mechanisms
- Support **collaborative working with partners**, volunteers, telecare responders, BASICs, doctors and other emergency services in the response provided to patients eg. fallers



# Integration

- Support the aim of **ambulance services being at the heart of urgent and emergency care (UEC)**, building on and expanding best practice examples with ambulance services co-ordinating and providing the gateway to all UEC
- Advocate for **integrated and collaborative delivery** of 999 and 111 call-handling, clinical assessment and triage, out of hours access and ambulance services
- Champion with system leaders the **central role ambulance services must play** in co-producing integrated care systems and solutions
- Enhance and promote the sector's contribution to **public health, prevention** and **population health management**
- Support the building of **relations with general practice** through primary care networks and other available collaborations



# Collaboration

- Support the **reduction of inappropriate variation** in service operating models and procedures to ensure consistency of patient experience
- Collaborate across services and with others to deliver **value for money, efficiencies** and **environmentally-friendly solutions**: determine a carbon and waste reduction intent; collaborate on sector supply chain procurement
- Develop and implement a **sector-wide response to the risks posed by developments in general practice**; advocate the benefits of rotational models of working
- **Embrace digital opportunities**, for example, in relation to unified communications and transfer of referrals between health and social care providers and the voluntary sector
- Support **learning from others and working in partnership** - across services, the wider system and with global colleagues - to enhance knowledge, experience and expertise



## Strategic communication

- **Influence and shape the policy agenda** associated with the ambulance sector and wider system
- **Lobby on behalf of members** when a consensus position is determinable on specific issues
- Consolidate **strategic collaborations** with NHS Providers, NHS Confederation and others to widen the reach of AACE communications and influence
- Work closely with commissioning colleagues to inform and secure required levels of investment with a focus on **collaborative commissioning and co-design**; determine and promote a set of common commissioning values
- **Improve public understanding** of the broad role ambulance services play in urgent and emergency care and patient transport