



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

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

STRATEGIC APPROACH 2023-2026



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Foreword

I am thrilled to have been re-elected chair of the Association of Ambulance Chief Executives (AACE) by my ambulance service chief executive colleagues for a further three years. I have thoroughly enjoyed my first term in office and am delighted to have the opportunity to build on the progress we've made at AACE since 2020, alongside and on behalf of the sector, for a second term.



Daren Mochrie QAM

Chief Executive,
North West Ambulance
Service NHS Trust (NWAS)
and Chair of AACE

The last three years have been challenging, for the ambulance sector, for its employees, volunteers, patients, and partners. We all faced the continuation of the Covid-19 pandemic and its far-reaching after-effects, and I am proud of the role AACE played in the sector's response to this global pandemic, as well as supporting members to deal with significant system pressures resulting in hugely impactful hospital handover delays to an extent far beyond anything previously experienced. Industrial action, both within the ambulance sector and the wider health system, has placed a considerable additional burden on all of us and, again, AACE played a key role in the sector's planning to manage this. We know that some of these challenges will be ongoing whilst financial pressures over the coming years will be considerable, which we remain committed to supporting our members in navigating

In the past six years, AACE's turnover has increased by £1.73M or 118.9%, which puts us in a very strong position for the future.

Despite the unprecedented pressures faced, alongside AACE colleagues, I have worked tirelessly to strengthen connections with central Government, the Department of Health and Social Care, NHS England, and other key stakeholders, to raise the profile of the ambulance sector. This has been well received and, consequently, I have met with the Prime Minister and the Secretary of State for Health and Social Care on several occasions. I have also been invited to attend the Health Select Committee and House of Lords to discuss the ambulance sector's pivotal role across urgent and emergency care.

Over the past year, I was really pleased to see ambulance services in England secure much needed significant additional investment for urgent and emergency care. This was linked to the work we did in relation to NHS England's urgent and emergency care strategy, which subsequently morphed into the urgent and emergency care recovery plan.

AACE has also led the way in other important areas, such as producing a volunteering strategy for the sector and strengthening the role of the ambulance sector in reducing health inequalities. We have created a space for the sector to consider and discuss difficult issues through our uncomfortable conversations series whilst building comprehensive evidenced-based approaches to employee wellbeing, suicide prevention and violence and aggression. We have also supported His Royal Highness, The Prince of Wales, in his work relating to emergency responder mental health and well-being.

The National Guardian's Office's Freedom to Speak Up Review of Ambulance Trusts (February 2023) brought the cultural challenges the sector faces under the spotlight, as they have been on previous occasions, at trust and national levels. This report, alongside the subsequent NHS-England-commissioned independent review of ambulance service culture, provides us with a real opportunity to double down on our efforts in this space, aspiring to and creating an environment where all our students, employees, volunteers, and patients feel safe and respected.

What is clear, is that the work AACE has already been delivering and supporting means that we are not starting from scratch and have already put many of the building blocks in place; however, we cannot be complacent and know that we have a long way to go.

This three-year strategic approach will be coterminous with my second term as AACE chair. It has been produced following consultation with our members as well as other key stakeholders, using interviews and a survey published in our quarterly newsletter, Keeping P'AACE.

This is as an overarching strategic document, which underpins all the work undertaken by or on behalf of AACE by both its core team and alongside our member organisations.

During the initial months of this strategic approach's time-frame, in response to feedback from its members, AACE will be co-producing a 2035 vision and corresponding strategy for the UK NHS ambulance sector. These will feed into and shape years two and three of this strategic approach's duration and will be founded upon the sector's considerable contribution to and delivery across urgent and emergency care in 999, 111 and non-emergency patient transport services.

I am immensely proud of what the sector has achieved and the care it has delivered to its patients over the last three years, sometimes in the most challenging of circumstances. I am immensely proud of the professionalism of the service, which continues to grow, and the advances we are making in relation to clinical care, diagnostics, the wellbeing offer to our employees and volunteers, partnership-working, particularly in the context of system-working and integrated-care delivery, and our contribution to addressing health inequalities and unwarranted variation across the sector in relation to so many elements of its work.

I look forward to working with colleagues, both within and outside the ambulance sector, in progressing this strategic approach over the coming three years to ensure continual improvement and advancement for our patients and employees and volunteers alike.

Daren Mochrie QAM
Chair, Association of Ambulance Chief Executives
August 2023

Overview

The Association of Ambulance Chief Executives (AACE) was established in 2011 to provide ambulance services with an organisation that can support, co-ordinate and implement policy in a consistent way nationally.

We, AACE, also provide the public and other stakeholders with a central resource of information about NHS ambulance services.

Whether for patient care, operational policy or emergency preparedness, AACE exists to support its members and, where appropriate, to act as an interface between them and their stakeholders.

We provide a structure to co-ordinate, manage, and implement key national work programmes and policies that are fundamental to the ongoing improvement of UK NHS ambulance services and advances in patient care.

We also provide bespoke support to our members in a wide range of areas covering quality improvement and operational development. This is undertaken by a team of senior consultants with extensive experience of working in ambulance services at board or very senior levels within the UK and internationally. Profits generated through this bespoke support are used to fund additional activity within the core AACE team in alignment with the AACE strategy.

The NHS ambulance sector

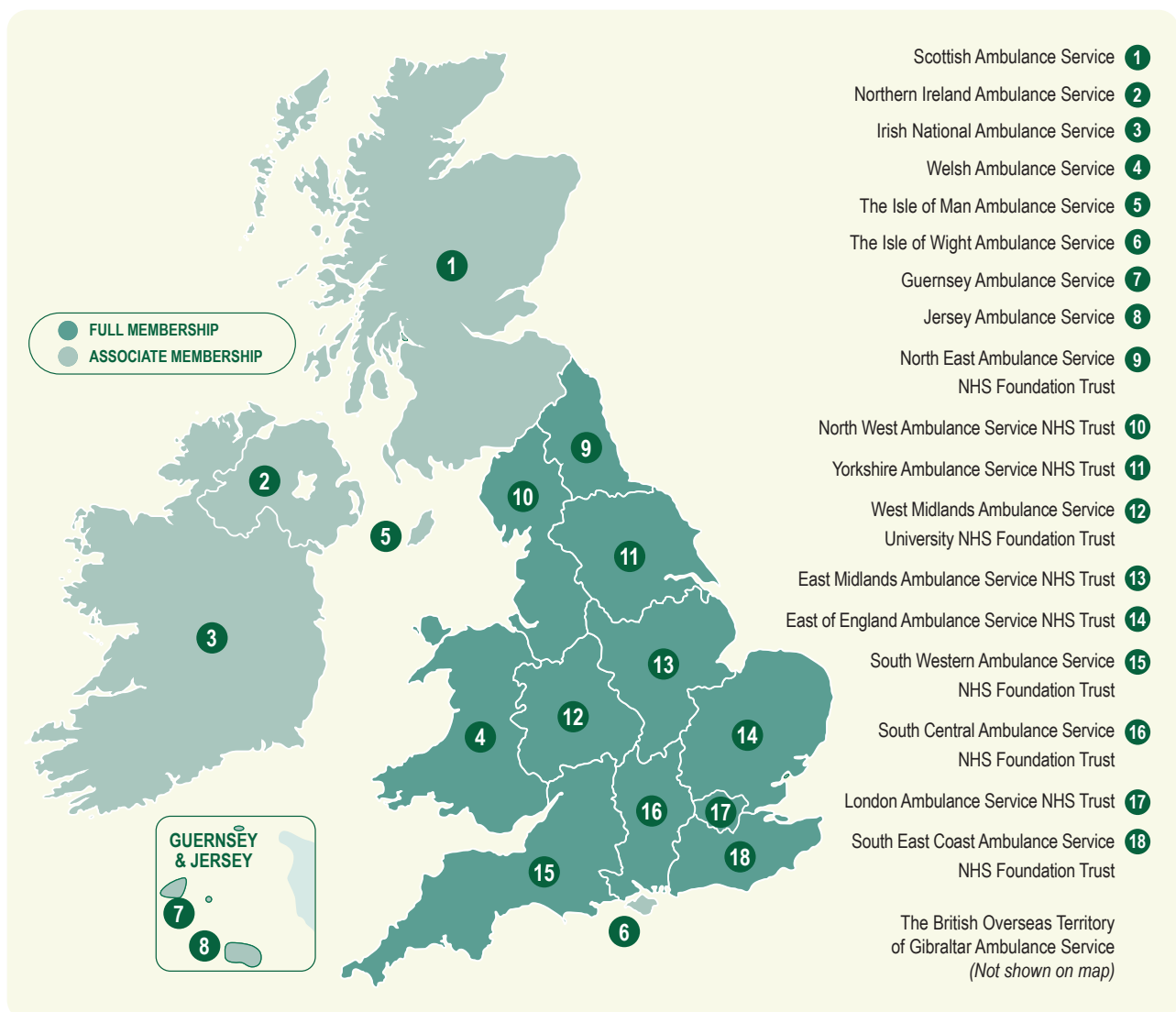


Sources: calls, incidents and conveyance rate: AQI data; staff: NHS workforce stats March 2021; volunteers: AACE volunteer audit 2023; locations and vehicles: trust websites / FOI requests available online; other

Our members

The chief executives of all ten English NHS ambulance trusts and the Welsh Ambulance Service are our full members. Our associate members are chief executives of ambulance services operating in the other devolved administrations, and the Republic of Ireland. The Isle of Wight, the Isle of Man, and the Channel Islands (Guernsey and Jersey), along with the British Overseas Territory of Gibraltar, are also associate members.

English and Welsh ambulance service chief executives have all the rights expressed in the AACE Articles of Association whilst associate members have the right to be present and to speak at general meetings but not the right to vote at any such meetings or to count in the quorum.



Collaboration

As well as working closely with chief executives across the UK NHS ambulance service, we collaborate extensively with ambulance service chairs, directors, and other trust employees and partner organisations.

The latter include both those within the UK, such as the College of Paramedics, NHS Providers, NHS Confederation, National Police Chiefs Council and National Fire Chiefs Council and international organisations, such as the Paramedic Chiefs of Canada, Council of Ambulance Authorities. Determining where there is tangible value in adopting a national approach to risks and opportunities is fundamental to our focus and the work we undertake alongside and on behalf of the sector.



Our strategic approach and purpose

This document articulates to members and external partners what AACE is about, our purpose, and our strategic focus for the next three years. The outlined strategic ambitions have been determined through engagement and discussion with chief executives, chairs, and directors from our member trusts, as well as an engagement exercise conducted through our quarterly newsletter.



To champion and deliver ongoing improvement across the UK NHS ambulance sector to benefit our patients, our people and the wider health and social care system.

The purpose above relates to AACE as an organisation in the context of the role it plays in supporting NHS ambulance services in achieving their respective visions.

Long-term vision for the UK NHS ambulance sector

As part of this 2023-26 strategy commitment, AACE will work with its members to co-produce a 2035 vision and corresponding strategic commitment for the NHS ambulance sector. This will inform the content of our annual strategic plan in 2024 / 25 and 2025 / 26, which will align with national director group delivery plans.

The co-production of a long-term vision will be undertaken during quarter two of 2023 / 24 and will involve, firstly, representatives from across the UK NHS ambulance sector and, secondly, external stakeholders, including other membership organisations, health and social care sectors / organisations, and patient groups.

Factors that will inform this co-production will include:

- **The global context: potential changes that will influence healthcare needs and provision, for example, climate change, pandemics, artificial intelligence and other digital technologies, sustainable energy**
- **The current UK context: legacy of Brexit and COVID-19, consequent recovery plans and financial constraints, the maturation of integrated care systems, green and sustainability agendas**
- **The future UK context: potential changes that will influence healthcare needs and provision, for example, changing demographics, medical advancements, workforce availability / composition / working patterns**

The vision will be built upon the sector's major common denominators. It will be produced for internal consumption i.e., to support and inform strategic development within ambulance services, as well as for external consumption i.e., political stakeholders, other NHS organisations, including integrated care systems, and the wider health and social care system.

Our membership offer

AACE activity can be grouped under the three following functional areas:

Connect, co-ordinate and facilitate

- Co-ordinate and facilitate regular meetings for chief executives, chairs, director groups; facilitate access to representatives from key stakeholder organisations
- Provide administrative support, project management, data collection / analysis, subject matter expertise / input
- Identify and facilitate connections within services, across the sector and with external partners

Produce, deliver and commission

- Commission sector-level research in relation to patients / service delivery and employees / volunteers and specific services; for example: 24/7 crisis line for employees and volunteers
- Oversee and develop the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical guidelines; production of cross-sector guidelines / frameworks / position statements / consultation responses
- Deliver specific pieces of work for members and external partners in areas such as mentoring, operational development, transformation

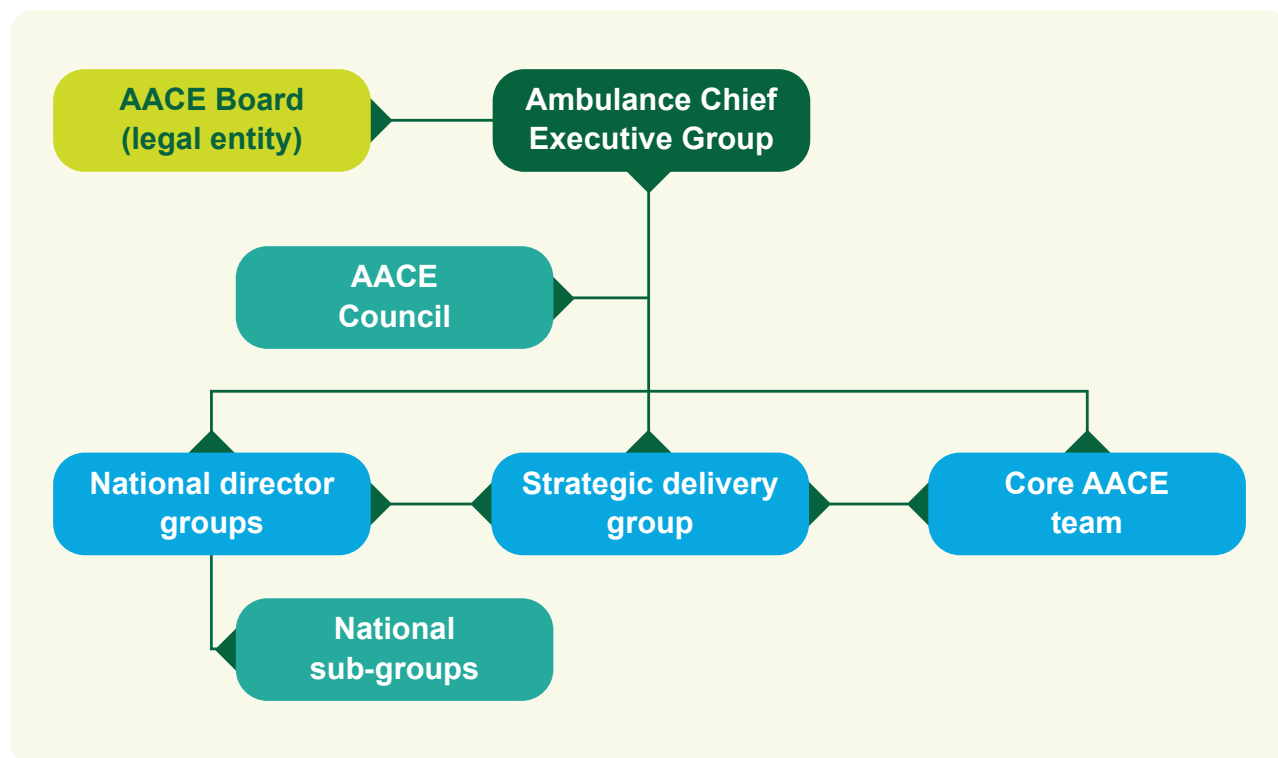
Advocate, influence, engage and communicate

- Manage stakeholders across health and social care, the emergency services landscape, and within political and international spheres
- Develop and deliver campaigns to influence behaviour within the sector and outside; for example: #workwithout fear; safe in the back
- Provide a united, independent voice for the UK NHS ambulance sector in the media
- Engage and liaise with other membership organisations, primarily NHS Providers and NHS Confederation, as well as Colleges and Royal Colleges

Quality improvement

How we work

The diagram below shows how AACE is governed:



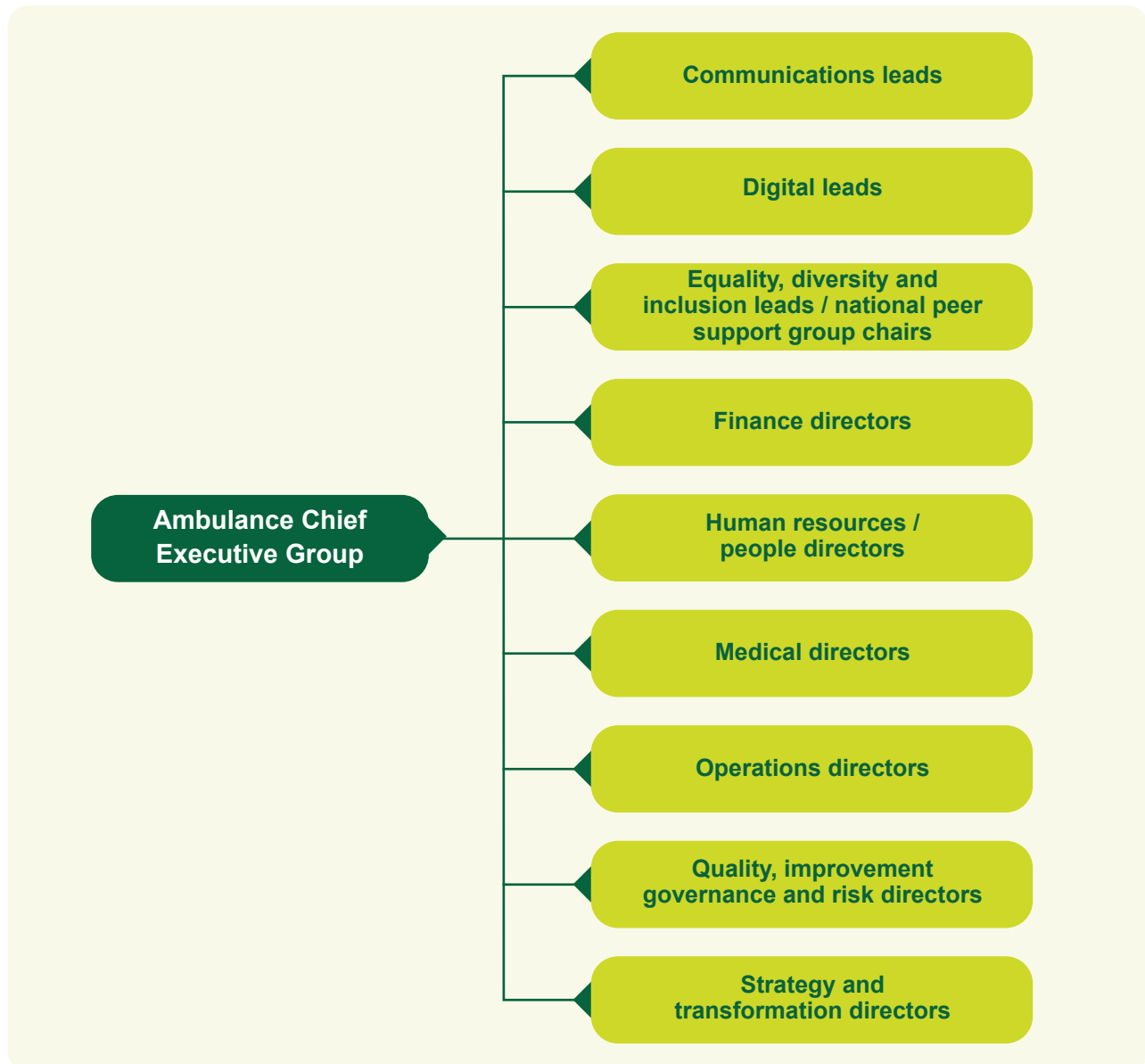
AACE is chaired by a chief executive from a full-member ambulance service elected by other full-member chief executives in line with AACE's Arrangements and Operating Principles. The chair is elected for a term of three years and can stand for one subsequent term if formally re-elected to do so by member chief executives.

The Ambulance Chief Executive Group (ACEG) meets monthly and is chaired by the AACE chair with meetings open to full and associate members. AACE accepts that trusts are autonomous organisations responsible to their respective boards and, as such, must retain the final decision on whether to adopt a national position determined by AACE. That said, AACE is committed to attempting to secure a national position wherever possible on issues where members deem this desirable in line with its Arrangements and Operating Principles.

The Council comprises all English and Welsh ambulance service chief executives and chairs and is a committee established by the AACE. It is not a legal entity. AACE invites other devolved ambulance service chief executives and chairs to attend Council meetings and contribute to discussions. The Council influences AACE's strategic direction and oversees its realisation.

The AACE Council is chaired by a chair from an English or Welsh ambulance service elected by chairs from other full-member trusts in line with AACE's Arrangements and Operating Principles. The Council chair is elected for a term of three years and can stand for one subsequent term if formally re-elected to do so.

National director groups and the national ambulance diversity and inclusion forum (NADIF) report into the ambulance chief executive group. These comprise directors (or representatives in the case of the NADIF) from English and devolved ambulance services from the respective directorate area. The purpose of the groups is twofold: firstly, to provide individuals with an opportunity for networking, peer support and sharing best practice, and; secondly, to progress pieces of work required by AACE to deliver against its strategic ambitions or in their specific discipline area, as agreed by the ACEG on behalf of respective trusts.



A number of sub-groups report into the national director groups. The respective national director group is responsible for ongoing review of its sub-groups' continuation; if a group is no longer adding value or deemed useful, it should no longer continue to meet / operate.

Sub-group priorities and work plans should be informed by the AACE's strategic ambitions in accordance and alignment with the work plan of the respective national director group.

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.

The AACE core team reports to the AACE managing director. The team supports work undertaken on behalf of member trusts across the activity areas outlined: connecting, co-ordinating and facilitating; producing, delivering and commissioning; and advocating, influencing, engaging and communicating. In doing this, the core AACE team engages and works with representatives from all relevant national groups encouraging and facilitating a cross-disciplinary approach.

AACE's senior consultants support bespoke activity commissioned directly by trusts and report to the managing director for these areas of work.

The strategic delivery group is responsible for co-ordinating and delivering AACE's annual strategic plan and is chaired by the AACE chair. It comprises chairs from national director groups as well as representatives from the ambulance chief executive group and the core AACE team, and meets quarterly. The strategic delivery group plays a pivotal role in ensuring that the interdependencies across the national director groups are effectively managed, that AACE's work is not progressed in silos, and that all relevant perspectives are considered.



Challenges, opportunities, priorities

Outlined below is a summary of the feedback received from 104 anonymous respondents to the survey we shared via Keeping P'AACE in winter 2023:

Challenges	Opportunities	Priorities
Workforce retention	Workforce transformation - more rotation / system integration	Employee welfare, safety and wellbeing; fatigue management; cost of living
Retention of newly qualified paramedics (NQPs) beyond NQP period	Digital - regional and national connectivity	Influencing wider system given impact on ambulance service - at national and local levels
Recruitment	Review operating model; more hear and treat; defined alternative pathways; improved triage	Redefinition of what ambulance services are / reform of clinical model / less reliance on private amb service
Handover delays	Be more strategic and proactive; bolder management of risk	Recruitment and retention
Meeting demand - across urgent and emergency care	Change in management culture / investment in leadership and development	Improved levels / quality of patient care
Inadequate patient access to other parts of health and social care system - increasing pressure	Use of remote and tele-healthcare and new technologies; embrace flexible working	Handover delays
Low staff morale; high levels of staff sickness	Opportunities for national collaboration e.g. wellbeing strategies; recruitment; communications; procurement	Leadership, development and training
Ineffective triage	Openness and honesty about culture	Cultural change: sexual safety; bullying; treatment of staff with disabilities; diversity
Culture / leadership	Move to safe, inclusive workplace; embrace just and learning culture	Modernisation, accountability, responsibility in all areas
Major incident preparation	Improved training and development	Respond to changing demographic of workforce ie. more women
Financial constraints	Listen to staff	
Inadequate access to training	Multi-agency response to Manchester Arena Inquiry	
Violence and aggression against workforce	Public education	

A word-cloud capturing feedback from member interviews is displayed below:

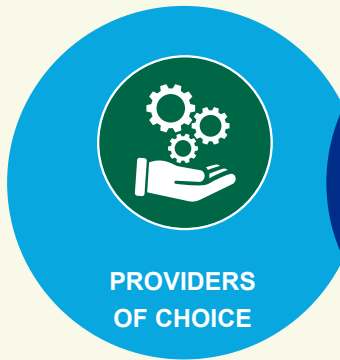


This feedback was given in relation to AACE, its focus during 2020-23, and its focus for 2023-26. The size of the words indicates the frequency with which the word / phrase / subject was raised.

Our strategic ambitions

Based on engagement with our members and other stakeholders, our three high-level strategic ambitions for 2020-2023 will be maintained and enhanced for 2023-2026:

AACE will support its members to be...



PROVIDERS OF CHOICE

AMBITION: the public view ambulance services as reliable, high-quality service providers when they have an urgent or emergency healthcare need

We are committed to supporting continuous advancement and quality improvement in all areas of ambulance service activity and business and nurturing innovative, learning organisations that share best practice to improve care delivery. This is in relation to clinical development, physical and mental health, operational transformation, and digital modernisation with patients having high-quality experiences and interactions with the sector.

Ambulance services work on a regional basis and patients are not able to 'choose' their preferred provider, however, striving to be the preferred provider - in terms of quality, patient experience and effectiveness - is fundamental to our work. Sharing best practice and learning from each other - across 999, 111 and non-emergency patient transport services - is a central element of this.



EMPLOYERS OF CHOICE

AMBITION: people view ambulance services as inclusive organisations that they are / would be proud and wish to work for

People are integral to and at the very heart of the services we provide to patients. It is essential that the sector has enough well-educated and trained, well-equipped, well-led and well-supported staff to meet the care needs of the population we serve.

Key areas of focus include: addressing the sector's cultural challenges, in relation to inappropriate behaviours, equality, diversity and inclusion, and developing compassionate leaders and prioritising the mental health and wellbeing of employees.

Strong operational and clinical leadership is essential alongside prioritising the retention of employees whilst ensuring a sufficient workforce pipeline for registered and non-registered clinical roles.



PARTNERS / COLLABORATORS OF CHOICE

AMBITION: systems view the ambulance service as a key partner or leader in the collaborative delivery of urgent and emergency care

All ambulance trusts provide a 999 service with most also providing some, if not all, 111 and patient transport services, across their region.

To ensure patients get the right care, in the right place at the right time, collaborative working across integrated care systems, as well as with other emergency services, is imperative alongside strong leadership at regional and national levels.

AACE will continue to build a strong voice for the ambulance sector in national discussions advocating the sector's unique positioning as 'connector' or 'navigator' across urgent and emergency care.

How we deliver

Our strategic ambitions inform the AACE core team's activity as well as that of national director groups and sub-groups. Most national director groups will have a contribution to make to all three ambition areas, be it directly or indirectly, with some more aligned to one of our ambitions than another.

AACE's annual strategic plan captures on a page activity that will deliver against our strategic ambitions within and across national director groups and by the core AACE team. For 2024-25 and 2025-26, these plans will be informed by the long-term vision and corresponding strategy for the UK NHS ambulance sector.

Delivery against AACE's annual strategic plan is updated upon and reviewed by the strategic delivery group and overseen by the AACE Council. This is informed by reports produced by national director groups and for key areas of the core AACE team's work captured on the annual strategic plan. These are also shared with ACEG with the intention of alerting, seeking authorisation or action, advising or assuring.

How we manage risk and opportunities

The AACE core team maintains a combined strategic risk register and issue log, which features as a standing item at strategic delivery group and Council meetings.

Opportunities are managed across all elements of AACE business – within national director groups, by the strategic delivery group, by the ACEG and by the AACE Council.

How we communicate and engage with our members

We are acutely aware that if we are to represent our members well, communication and engagement are essential. Furthermore, our members play an intrinsic part in us progressing and achieving our strategic ambitions.

We have an identified link from the core AACE team for each of the national director groups and representation at ACEG, Council and strategic delivery group meetings, all of which the AACE core team co-ordinate.

We promote and facilitate the use of Basecamp – project management and team communication software - as an online communication tool, which is available for all national director groups, sub-groups and chairs. We also use WhatsApp as a fast, secure and reliable messaging service where there is an identified desire amongst member groups.

We have a chief executive lead for each of the national director groups / key areas of AACE business who provides a point of contact for the chair into the ACEG. They are responsible for communicating and engaging with fellow chief executives as required in relation to their respective lead area. A further responsibility of this role is acting as national spokesperson in relation to national media requests (managed by the AACE office) or stakeholder events relating to the remit of the respective national director group / area.

In winter 2021 we produced the first edition of our quarterly newsletter, Keeping P'AACE, which is disseminated across trusts via communications leads. The newsletter features items of relevance to the ambulance sector in its entirety and is purposefully concise and focused on a few items deemed to be the highest priority.

We hold an annual conference, an ambulance leadership forum, which focuses on the sector's priority areas and brings together a diverse representation from our member trusts alongside external representatives to learn, discuss and progress in alignment with our strategic ambitions.

This annual event is complimented by our uncomfortable conversations series, which responds to emergent topical issues, creating a space for discussion, education and reflection, as well as ad-hoc national events, virtual or face-to-face throughout the calendar year and across the range of AACE's activity.

How we report back to our members

On an annual basis, national director groups and their respective sub-groups each update on their delivery over the previous 12 months against our strategic ambitions. They simultaneously update on plans for the following 12 months, again, against our strategic ambitions.

Given the number of sub-groups, national director groups are responsible for approving delivery and plans for their respective reports whilst national director group delivery and plans are reported to the AACE Council. The output from this process informs the annual strategic plan.

Three times a year, progress against the strategic plan is reported back to chief executives and chairs at the AACE Council in alignment with the delivery approach outlined above.

Chief executives are invited to attend the strategic delivery group in their capacity as leads for national director groups. In addition, national director group highlight reports, tabled at the strategic delivery group, are included on the subsequent ACEG meeting agenda for information / discussion / action as required.

How we communicate and engage with external stakeholders

In addition to its members, AACE has a broad range of external stakeholders, as outlined below, with which it engages in relation to most areas of its work using an assortment of approaches. Increasing AACE's influence in the political sphere is a particular priority for the 2023 - 26 period.

STAKEHOLDER TYPE	(PRIMARY) EXAMPLES
Other membership organisations	NHS Providers; NHS Confederation; Independent Ambulance Association; National Police / Fire Chiefs' council
Royal colleges / colleges	College of Paramedics; Royal College of Emergency Medicine
NHS organisations	NHS England; National Guardian's Office
Government departments / political	Department of Health and Social Care; Office for Health Improvement and Disparities
Political	Members of Parliament; All Party-Parliamentary Groups; Care Quality Commission; Healthcare Safety Investigation Branch
Third sector organisations	The Ambulance Staff Charity; British Heart Foundation; St John Ambulance; Helpforce
Patient organisations	Healthwatch
Trade unions	Staff partnership forum; Unison; Unite; GMB
International organisations	AACE equivalents in Canada, America, Australia

We would like to thank our members and stakeholders for their continued commitment and support and look forward to building on this AACE 2023-26 strategy with the co-production of a long-term vision and corresponding strategy for the UK NHS ambulance sector.