Association of Ambulance Chief Executives (AACE) position statement

Ambulance service culture - environmental elements and improvement enablers

Context

This is an AACE position statement developed on behalf of the NHS ambulance sector with input from several key stakeholders and co-published in conjunction with the College of Paramedics and the University of Cumbria Centre of Excellence in Paramedic Practice.

It has been created to inform national dialogue about cultural change in the ambulance service and aims to provide a reference point for future change.

NHS England published its review of culture in English ambulance services in February 2024[1]. This followed the National Guardian's Office *Listening to Workers* - a report following its Speak Up Review of ambulance trusts in England published in February 2023[2].

"My experience has highlighted to me that the ambulance sector is different to other parts of the wider NHS." Siobhan Melia, author of Culture Review of Ambulance Trusts, February 2024.

This position statement outlines why the ambulance sector is different to other parts of the wider NHS. First, it considers the unique operating environment. Second, how this differs from other parts of the NHS and third, what the enablers would be to achieve delivery against the seven NHS England People Promise[3] elements within the sector.

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[1] NHS England » Culture review of ambulance trusts
[2] Speak Up Review of Ambulance Trusts - National Guardian's Office
[3] NHS England » Our NHS People Promise

	Operating environment element	NHS 'norm'	Enabler	People Promise element
1	Shift working and rota patterns – fatigue / poor health and wellbeing	Comparable	Transition from 12-hour shift norm; adopt greater variety of shift patterns; maintained focus on wellbeing / good mental health – individual responsibility	We are safe and healthy
2	24/7 service (translates to some people working nights for most of their career)	Comparable to some parts of the NHS (acutes); community provision 8am-8pm	Sufficiently sized workforce with diversity of working patterns and contract types to facilitate flexible working requests; learning from other parts of NHS	We work flexibly
3	Isolated location of services from wider NHS (some co-location with other emergency services) and size of some stations	Co-location with the same / multi-disciplinary colleagues	Hub and spoke model / rationalisation of stations	We are a team
4	Limited direct contact with line management due to operating model; high employee to manager ratios	Lower employee to manager ratios generally	Determination of appropriate ratio and realisation; consideration of other distributed models e.g. community services	We are a team / a voice that counts
5	Inconsistent approach to clinical supervision	Consistent, well-established clinical supervision (other allied health professions / clinicians)	Implementation of clinical supervision framework: Clinical-Supervision.docx-Final.pdf; consideration of models of supervision from other established professions e.g. midwifery	We are always learning
6	Persistent handover delays and impact of moral injury – across services / roles	Incomparable example of wasted clinical time / inefficiency	Collaborative working with system partners to reduce / eliminate	We are safe and healthy

	Operating environment element	NHS 'norm'	Enabler	People Promise element
7	Lack of diversity within senior leadership roles – white and male-dominated (recent Workforce Race Equality Scheme data: 92% workforce white[4]) Scope to improve 'inclusivity'[5]	74% of employees in NHS women and 31% from an ethnic minority background	Due consideration given to gender and ethnicity pay gaps and how to address as well as intersectionality e.g. experiences of women of colour; engagement with women's, BME, LGBT+ and disability networks; targeted mentoring, affinity groups, and tailored leadership development programmes	We are compassionate and inclusive
8	Significant influence of trade unions; one predominant clinical profession (paramedicine)	Multiple trade unions representing different parts of workforce	Ongoing engagement / discussion / education – determination of expectations and realisation	We are safe and healthy
9	Strong historic presence of hierarchical leadership	Less hierarchical; greater evidence of team working	Review of communication methods – enhanced engagement / discussion; consideration of preconceived cognitive thinking process and biases which influence behaviours and attitudes	We each have a voice that counts
10	Persistent exposure to high stress environments	Comparable in some other parts of NHS e.g. emergency departments, critical care	Debriefs / check-ins / (consideration of mandatory check-ins apparent in some other safety critical industries) / TRIM / trauma-informed approaches	We are safe and healthy
11	Primacy of / overreliance on target drive performance culture	In some areas e.g. emergency departments but not all	Re-emphasis on provision of high-quality clinical care alongside targets / people metrics; realisation of	We are safe and healthy / we are a team

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[4] _NHS England » NHS Workforce Race Equality Standard (WRES) 2022 data analysis report for NHS trusts_
[5] _Ibid_; _Speak Up Review of Ambulance Trusts - National Guardian's Office_; _NHS England » Culture review of ambulance trusts_

	Operating environment element	NHS 'norm'	Enabler	People Promise element
			culture review recommendation: 'balance operational performance with people performance at all levels'[6]	
12	Paramedicine – relatively recent raising of level of qualification for paramedic registration (2018 – bachelor's degree with honours); co-existence of different cultures	Other healthcare professions more established	Establishment of team working / shared goals / common purpose; enhancement of knowledge of each other's roles within teams / building trust, requiring a relational approach and protected time for clinical supervision and training	We are safe and healthy / we are a team
13	Highest number of AHP HCPC referrals for fitness to practice	Lower for all other healthcare professions	Enhanced training for new line managers – so issues / concerns dealt with immediately rather than left to exacerbate / worsen; clarity re expectations	We are safe and healthy / we are a team
14	Balancing clinical autonomy with organisational constraints - due to operational performance culture people monitored closely i.e. needing to inform control when 'using facilities'	Greater level of oversight in other NHS environments, whilst accountability more evident	Reviewed / revised / updated approach to accountability / responsibility – at personal and team levels; all transactions adult / adult rather than parent / child (transactional analysis) Redefinition and articulation of professional and personal accountability	We are a team / a voice that counts / we are recognised and rewarded
15	Default emergency services mindset: perceived urgency of treatment can impact patient centred care	Incomparable other than in emergency departments – heightened because of on-scene working	Nurture / practice compassion – increase understanding / awareness	We are compassionate and inclusive

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[6] *NHS England » Culture review of ambulance trusts*

	Operating environment element	NHS 'norm'	Enabler	People Promise element
16	Historically, default instructional management approach rather than engagement	Greater levels of engagement	Build on engagement mechanisms / functions in ambulance services - facilitated by team working and compassionate leadership approaches	We each have a voice that counts
17	Prominent rank structure – associated rewards / recognition	Does not feature in other NHS professions	To review in context of inclusivity and counter with more compassionate and open models of leadership; leadership education and mentoring	We are compassionate and inclusive
18	Career structure – lack of progression beyond band 6 for most people	Greater scope for progression in other clinical professions (not always AHPs)	Rotational working (offer of something different); enhanced leadership development; greater clarity about career development pathways	We are always learning
19	Lack of investment in leadership; 'accidental managers'; greater focus on compliance than continuous professional development	Greater investment in leadership	Introduction of deliberate, comprehensive fully funded approach to leadership development	We are always learning
20	Low levels of turnover (after initial years in sector when turnover higher because of associated stresses); can result in lack of cross-fertilisation of views / ideas / approaches	Greater levels of turnover – more than one possible (main) regional employer for most roles	Increase opportunities for and exposure to working with other parts of health and social care system; rotational working	We are always learning
21	Public and patient perspectives of ambulance service: paramedics	Abuse: parallels with community service provision with addition of	Public awareness campaigns, legal protections, and clear messaging re expectations	We are safe and healthy

	Operating environment element	NHS 'norm'	Enabler	People Promise element
	highly trusted whilst simultaneously experiencing high levels of abuse	emergency / unscheduled care connotations		
23	Reported prevalence of bullying and harassment– power imbalance[7]	Parallels with some other areas of NHS, but greater (reported) alignment with emergency services	Stronger whistleblowing protections, leadership development and accountability measures; enhancement of freedom to speak up presence / impact – building of trust	We each have a voice that counts; we are safe and healthy
24	High rate of suicide in ambulance service workforce (link to mental health presentations)[8]	Rate of suicide amongst male paramedics 75% higher than national average (ONS data: 2011-15)	Destigmatisation campaigns, peer-support networks, and easy access to confidential counselling; cultural shift whereby people do not feel ashamed to accept help when they need it; proactive approach to mental wellbeing	We are safe and healthy

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[7] Speak Up Review of Ambulance Trusts - National Guardian's Office; NHS England » Culture review of ambulance trusts
[8] Suicide by occupation, England: 2011 to 2015 - Office for National Statistics