



FIVE-YEAR STRATEGY **2026-2030**





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Document reviewed by: Ambulance Chief Executives Group AACE Council

Document approved by: Ambulance Chief Executives Group



Foreword

As we look ahead to 2030, NHS ambulance services stand at a pivotal moment. The healthcare landscape continues to evolve rapidly, and with it, the expectations placed upon our sector. This five-year strategy charts our course through that evolution, positioning ambulance services not simply as emergency responders, but as integral partners in delivering coordinated, patient-centred urgent and emergency care across the UK.



Anna Parry
Managing Director



Jason Killens, KAM
Chair

Since AACE's establishment in 2011, we have worked alongside our member services to champion continuous improvement, share best practice, and provide a unified voice for the ambulance sector. This strategy builds upon that foundation whilst responding to the transformational shifts outlined in national health plans - from hospital to community, from analogue to digital, and from sickness to prevention. These shifts are not merely aspirational; they represent a practical pathway for ambulance services to deliver even greater value to the patients and communities we serve.

Our three strategic ambitions - to be recognised as reliable providers, respectful employers, and collaborative partners - reflect what we heard through extensive engagement with chief executives, chairs, directors, and wider stakeholders throughout 2025. They speak to the core of what makes ambulance services effective: clinical excellence and operational reliability; a workforce that feels valued, supported, and proud; and genuine partnership working that positions us as system leaders in urgent and emergency care.

The priorities outlined in this strategy are ambitious, yet achievable. From eradicating hospital handover delays to embracing digital transformation, from developing our people to reducing health inequalities, each priority requires collective effort and sustained commitment. AACE exists to support that collective endeavour - connecting expertise, producing guidance and resources, and advocating for the changes our sector needs to thrive.

We are grateful to all our members for their continued collaboration and trust in AACE. The success of this strategy will be measured not in what AACE achieves alone, but in what we accomplish together as a sector. By 2030, we are confident that ambulance services will be firmly established as indispensable system leaders, delivering outstanding care whilst supporting the health and wellbeing of our dedicated workforce.

Thank you for your ongoing commitment to excellence in emergency and urgent care.



Overview

The Association of Ambulance Chief Executives (AACE) was established in 2011 to provide ambulance services with a membership organisation that can advocate for the sector, support members and provide guidance in the implementation of national health policies and plans.

As a representative body, we also provide the public and other stakeholders with a central resource of information about NHS ambulance services.

Whether for patient care, operational delivery or organisational cultural improvement, AACE exists to be a voice for its members and, where appropriate, to act as an interface between them and national policy makers, 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 in adopting advances in patient care, transforming service delivery and improving the workplace experience for our people.

We also offer bespoke support to our members in a wide range of areas covering operational development and quality improvement (ODQI). This is undertaken by a team of senior consultants with extensive experience of working in the NHS and 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 undertaken by the core AACE team on behalf of the sector, in alignment with the AACE strategy.

The UK NHS ambulance sector

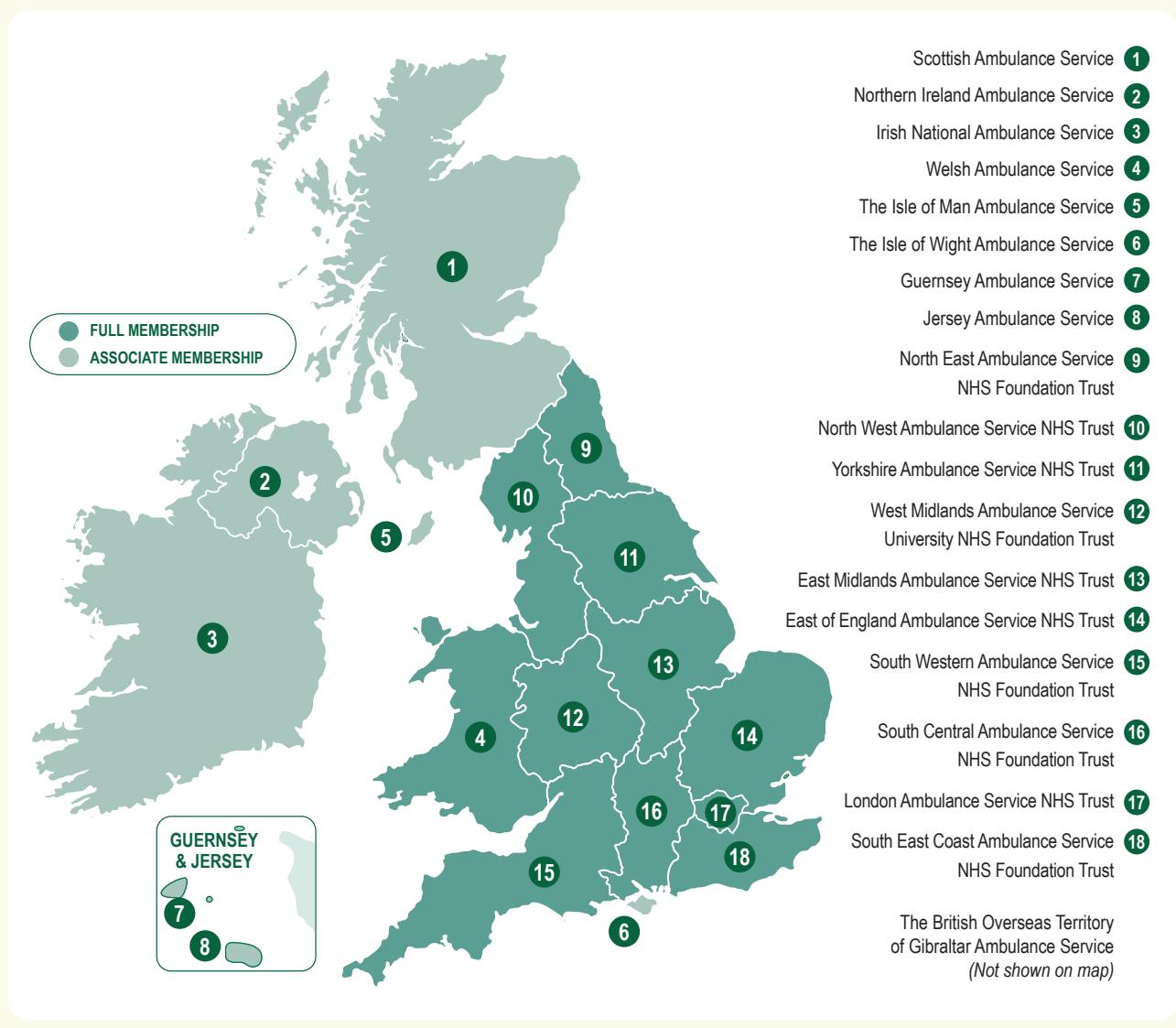




Our members

The chief executives of all ten English NHS ambulance trusts and the Welsh Ambulance Service are full members of AACE. Our associate members are chief executives of ambulance services operating in the other devolved administrations (Scotland and Northern Ireland) and the Republic of Ireland. The ambulance services of 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. Representatives from all our members, whether full or associate, are included and welcome in all of our national director groups and their sub-groups and our staff networks (see page 19).





Collaboration

We work closely with our member chief executives and chairs, and we are well connected with directors and other ambulance service employees through our national director group structure, which brings peers together within and across disciplines and functions.

Determining where there is tangible value in adopting a national approach to opportunities for improvement or strategic risks is fundamental to our focus and the work we undertake alongside and on behalf of the sector.

We also liaise with national leads for respective trade unions through our National Ambulance Staff Partnership Forum (NASPF) and we collaborate with other external partners. In the UK these include government departments, NHS England, the Royal College of Paramedics, NHS Providers & NHS Confederation (their merged successor organisation), Care Quality Commission (CQC), National Police Chiefs Council (NPCC) and National Fire Chiefs Council (NFCC). Internationally we liaise with organisations such as the Paramedic Chiefs of Canada, the Council of Ambulance Authorities (Australia and New Zealand) and the Global Paramedic Leadership Alliance.



Strategic purpose of AACE

This document articulates the remit for AACE, our purpose, and our focus for the next five years. The outlined strategic ambitions and priorities have been determined through engagement and discussion with chief executives, chairs, and directors from our member services, as well as a wider engagement exercise conducted through our quarterly newsletter and social media channels.



To champion NHS ambulance services as responders to emergency and urgent health needs, and as system navigators and coordinators of care, positioning them as essential partners in delivering UK health strategies.

Our purpose relates to AACE as a representative organisation in the role it plays in supporting NHS ambulance services in achieving the objectives laid down in their respective strategies in pursuit of wider NHS goals.



Long-term vision for the UK NHS ambulance sector

The primary remit for NHS ambulance services will always be to provide emergency response to those who have life-threatening health needs, and to major incidents as Category 1 civil contingencies responders. Ambulance services are also part of the national critical infrastructure, requiring a strong focus on resilience.

Emergency response, however, represents a relatively small proportion of what ambulance services do day-to-day, and is delivered alongside a much greater proportion of responses, both remote and face-to-face, to urgent care needs in the out-of-hospital environment. Interfacing with each and every part of health and care systems (including primary care, secondary care, mental health and community services, as well as local authorities, social care, other emergency services, voluntary services, charities, and private providers), places NHS ambulance services both at the start and the heart of urgent and emergency care (UEC) pathways.

Working with all our members, and our partners in NHS Providers and NHS Confederation, AACE produced a long-term vision for the ambulance sector in March 2024. This highlighted the potential to do more for patients and proactively support other sectors, and for there to be greater collaboration in co-designing and co-producing UEC services that are better integrated whether working at regional or neighbourhood level.

Our sector vision aligns strategically well with Fit for the Future: 10-year Health Plan for England (July 2025), providing a practical pathway for implementing key aspects of the NHS plan. The core objectives of the health plan for England also resonate with the ambitions within strategies of the devolved health services and systems¹, and the aspirations we have as a sector.

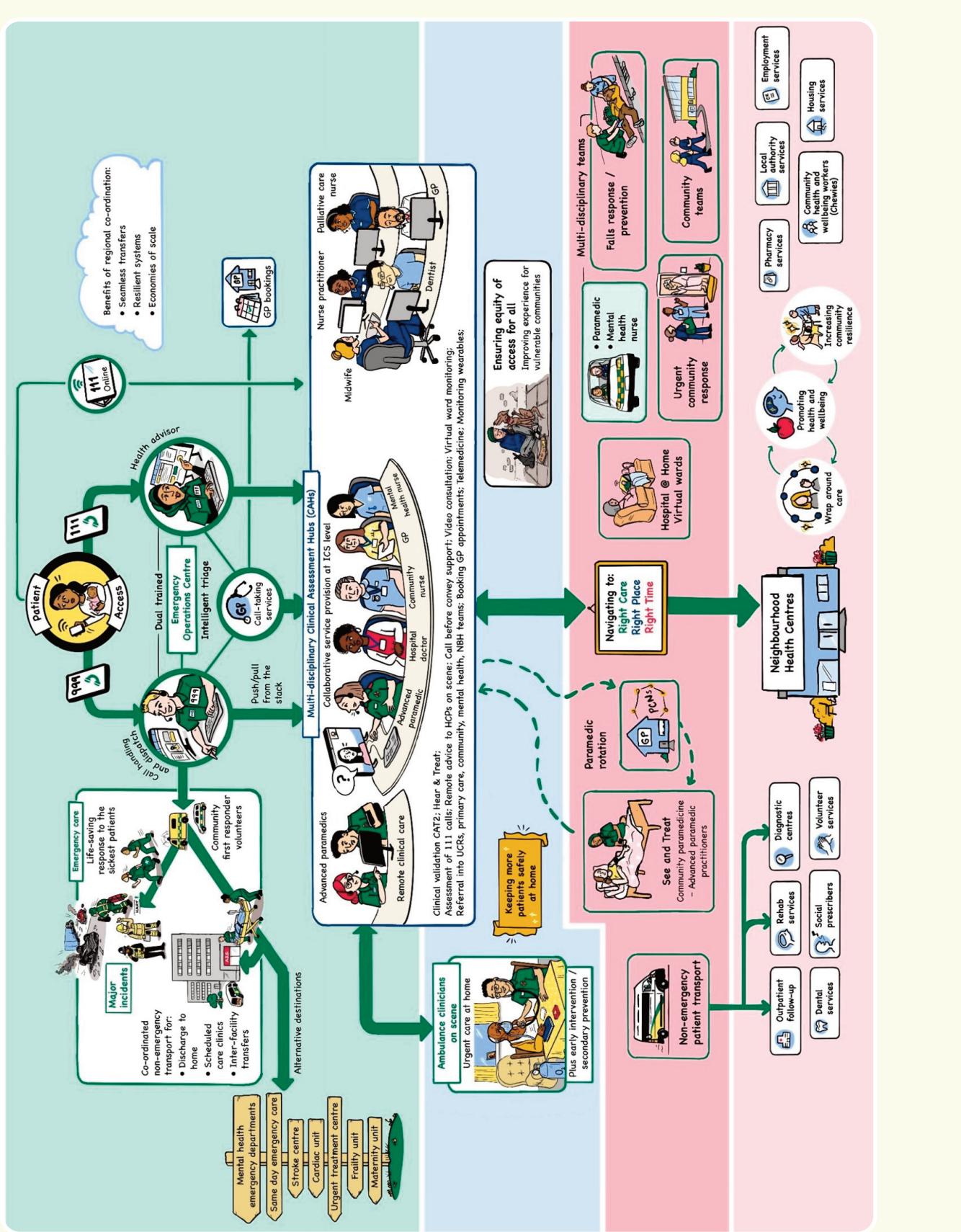
The ambulance sector's vision as integral system leaders in UEC provision and coordination, directly supports three fundamental shifts in healthcare provision: i) hospital to community, ii) analogue to digital, and iii) sickness to prevention.

Both our vision and the plan present a coherent direction for transformation, where ambulance services evolve from being recognised emergency responders, to consolidating their place as mobile urgent healthcare providers, while playing a comprehensive role as UEC coordinators and navigators for patients. This directly supports a more integrated, preventive, and patient-centred NHS, with the ambulance service operating at national, regional, system and local levels.

¹ [A healthier Wales: our plan for health and social care](#);
[Summary of Health and Social Care NI: Three Year Plan](#)
[NHS Scotland Operational Improvement Plan 2025](#)



NHS ambulance services - integration in urgent & emergency care at national, regional and local levels





Our strategic ambitions for ambulance services

Based on engagement with our members and other stakeholders, our three high-level strategic ambitions for 2026-2030 are for our member services to be recognised and regarded as:

Reliable providers

AMBITION: for the public to 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, 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.

Striving for all ambulance services to be a reliable provider in terms of care 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, are central elements in meeting this ambition.

Respectful employers

AMBITION: ambulance services are professional organisations with strong leadership, safe resourcing, and employee wellbeing prioritised, which their people feel proud to be a part of and where they feel respected

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 employees to meet the care needs of the population we serve. We also have a large volunteer cohort that undertakes a wide range of roles in supporting both clinical and non-clinical operations.

Key areas of focus in realising this ambition include improving the sector's culture in relation to embedding respectful behaviours, equality, diversity and inclusion, developing compassionate leaders and prioritising the mental health, safety and wellbeing of employees.

Strong operational and clinical leadership is essential alongside prioritising the retention of employees, whilst ensuring there are attractive development and portfolio opportunities for registered and non-registered clinical roles.



Collaborative partners

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

All ambulance services provide a 999-emergency service, with most also providing 111 (where applicable) and some non-emergency patient transport services (NEPTS) across their regions / countries.

To ensure patients get the right care, in the right place, at the right time, collaborative working across integrated care systems through to neighbourhood health services (which incorporate non-healthcare services such as local authority services, charities and the voluntary sector) 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, particularly advocating their broader roles in urgent care, the benefits of truly integrated 999 and 111 provision (in England), and the sector's unique positioning as 'connector' and 'navigator' for patients across UEC pathways, and in reducing health inequalities and improving population health.



Our membership offer

AACE activity, on behalf of the sector, can be grouped under the three following functional areas:

CONNECT: co-ordinate and facilitate

We co-ordinate and facilitate bringing leaders, expertise and data together as, collectively, we can be more impactful. By listening to our members and working as a sector we can accelerate the roll out of safety critical improvements, cut wasted effort and cost by preventing duplication, and aim to level up capability across services.

Working together as a single, credible forum also secures stronger influence with regulators and system partners, protecting our people, improving care consistency for patients and giving the wider NHS the oversight and information needed to plan and respond effectively.

Core activities:

- *Co-ordinating and facilitating regular meetings for chief executives, chairs, director groups, providing administrative support for key meetings; having a network of peer support groups within our national group structure*
- *Listening to, receiving and sharing input and views from our members (individually or through national groups) on common issues, proposals, sector positions and national guidance*
- *Providing project management, data collection / analysis, subject matter expertise / input to national programmes and conferences*
- *Identifying and facilitating connections within individual services, across the sector (including supporting regional collaboration through the Northern Ambulance Alliance (NAA) and the South Ambulance Services Collaborative (SASC)), and with external partners*

PRODUCE: deliver and commission

We produce clinical guidance, tools and resources for policy implementation, as well as tailored member support. Where possible these are evidence-led, and as nationally co-ordinated outputs, they aim to close the gap between insight and action.

Sector specific guidance helps ensure clinical standards and operational responses are safe, reliable and consistently applied. In doing so, we support cross sector frameworks that inform NHS policy, planning and transformation. These outputs reduce variation, protect our people and patients, and enable ambulance services to contribute reliably to system wide improvement.



PRODUCE: deliver and commission

Core activities:

- *Owning the copyright, maintaining and developing the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) - national clinical guidelines for NHS paramedics*
- *Producing national sector frameworks, position statements and responses to consultations based on feedback and input from members*
- *Supporting sector-level transformation and innovation, research and evaluations in relation to patient care / service delivery and employees / volunteers*
- *Delivering bespoke pieces of work for members and external partners in areas such as mentoring, operational development, organisational strategy, transformation and demand management*

ADVOCATE: influence, engage and communicate

We engage with stakeholders across health and social care, the emergency services landscape, and within political and international spheres. In doing so, we advocate on behalf of the sector because a united, credible national voice helps to secure the policy, funding and cultural change ambulance services cannot achieve alone.

Targeted stakeholder engagement shapes decisions that protect operational capacity, campaigns change behaviour to reduce risk and support our people, and authoritative media engagement ensures ambulance priorities are heard. Working with our key partners and representative bodies amplifies our clinical and workforce perspective, so system reforms reflect operational reality and strengthen patient outcomes.

Core activities:

- *Lobbying on behalf of the sector, influencing public policy and national guidance ensuring it is fit-for-purpose in the ambulance working environment*
- *Liaising with external partners and stakeholders (see page 23)*
- *Working with the NHS Emergency Capabilities Unit (ECU) in relation to national resilience, interoperability and specialist response capabilities*
- *Developing and supporting campaigns to influence culture and behaviour within the sector and outside; for example: #workwithoutfear; #safeinthedback; Re-start a Heart Day*
- *Providing a united, independent voice for the UK NHS ambulance sector in the media*

**Sharing learning and improvement interventions
across the sector and with external partners**

AACE priorities for the next five years

Ambulance services have a significant role to play in implementing shifts within healthcare:

- hospital to community
- analogue to digital
- sickness to prevention

Although specific to England, these shifts are supported and underpin the direction of travel in devolved UK nations too.

Feedback from our stakeholder engagement exercise conducted in Autumn 2025, combined with the aspirations within our vision and what the sector aims to achieve in the coming years, coalesce into the following themes:

1. **Patient care - quality, safety, innovation, outcomes and experience**
2. **Financial and regulatory enablers**
3. **Development of our people**
4. **Digital transformation**
5. **Sector level collaboration and engagement**

AACE will connect, produce and advocate for the following priorities:

1. **Patient care - quality, safety, innovation, outcomes and experience**
 - 1.1. Integration of ambulance services with healthcare delivery at national, regional, system, place and neighbourhood levels
 - 1.2. Collaboration at local levels in co-design and co-production of delivery models, pathways and innovative ways of working that move care from hospital to community, including mental health crisis response
 - 1.3. Evidencing and benchmarking improvements in productivity, clinical quality, outcomes and experiences for patients, our people and partner providers
 - 1.4. Facilitated shared decision-making and risk-sharing within UEC systems with paramedics recognised as trusted assessors
 - 1.5. Seamless care-coordination and navigation for patients, from regional access through to neighbourhood delivery, seeking consistency and simplicity across pathways
 - 1.6. Eradication of hospital handover delays and correlating delays in emergency response
 - 1.7. Contribution to reducing health inequalities, ill health prevention and improving public health outcomes



2. Financial and regulatory enablers

- 2.1. New, fit-for-purpose funding framework / payment mechanism for ambulance services
- 2.2. Strategic, multi-tiered commissioning of ambulance services
- 2.3. Future ambulance service contract specifications, including for shared assets and provider collaboratives
- 2.4. Incentivised payment models to safely keep more people at home
- 2.5. Longer-term planning cycles
- 2.6. Left-shift in funding to support out-of-hospital resourcing and pathways
- 2.7. Outcomes and systems-based performance monitoring
- 2.8. Improving productivity, efficiency and optimisation of support functions
- 2.9. Clarity in oversight and governance frameworks, and consistently applied accountability across providers and systems

3. Development of our people

- 3.1. Evidenced and evaluated leadership and middle-manager development programmes
- 3.2. Safe resourcing levels and retention, especially of experienced and newly qualified paramedics
- 3.3. Career diversification and portfolio options to encompass the range of roles for paramedics, including cross-sector rotation opportunities
- 3.4. Clinical education and training curricula - consistent and fit for developing and future roles e.g. digital competencies, virtual care
- 3.5. Employee wellbeing and welfare, including supporting our people in the later years of their working life
- 3.6. Preventative work in relation to physical and psychological occupational hazards and post-incident support to reduce impact of exposure to traumatic incidents (including medical incidents)
- 3.7. Improvements in organisational behaviours, safety, inclusivity and learning cultures, including reducing variation in application and effectiveness of speaking up policies
- 3.8. Optimising and enhancing the volunteer component of our workforce
- 3.9. Ambulance services as anchor institutions, proactively addressing social determinants of health as employers and adding social value to our communities

4. Digital transformation

- 4.1. Cyber security and business continuity resilience as patient safety imperatives
- 4.2. Adoption of digital and AI enhancements in care provision and organisational functions, moving from analogue to digital where this makes sense
- 4.3. Interoperability of digital platforms and shared access to electronic patient records across systems and providers
- 4.4. Using and appropriately sharing data, including in real-time, to influence practices, service development and population health management
- 4.5. Collaboration in identifying sector-wide digital solutions and common platforms, basing joint procurement on robust evaluations
- 4.6. Enhanced digital inclusion and accessibility for patients and our people
- 4.7. Implementing robust data ethics and governance to manage risks and protect patient information
- 4.8. Green digital sustainability using technology to drive environmental goals

5. Sector level collaboration and engagement

- 5.1. Liaison with government departments and national health teams, supporting consistent and effective ambulance engagement across the UK
- 5.2. National policy frameworks - applicability and fit-for-purpose in ambulance context
- 5.3. Interoperability of platforms and pathways with partner providers in UEC
- 5.4. Partnership working with relevant voluntary and charity sector organisations such as The Ambulance Service Charity, The Air Ambulance Association, NHS Charities Together, British Heart Foundation and Age UK
- 5.5. Multi-agency emergency preparedness, resilience and response – planning and improvement
- 5.6. Community engagement to support public education in UEC response models
- 5.7. UK and international sharing of best practice and learning from major incident responses

Success measures by 2030

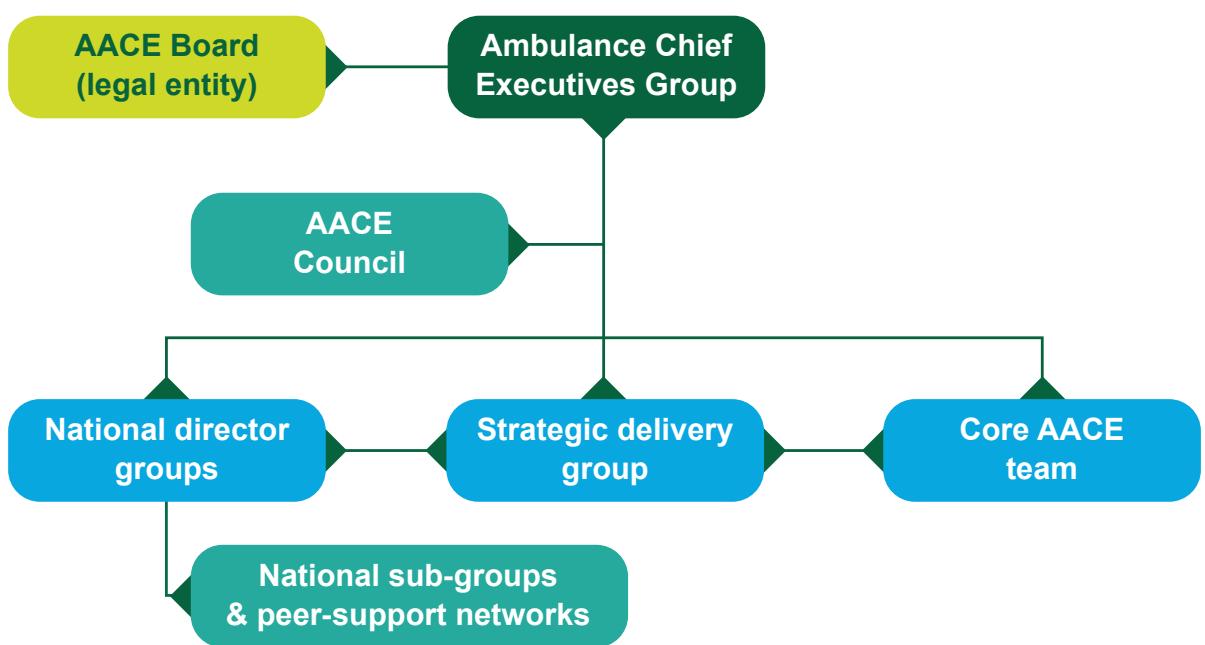
Over the next five years, in focussing on our strategic priorities, we will work with and support our members to achieve the following objectives:

- a) Ambulance services recognised as system leaders in UEC across all integrated care boards / UK health systems**
- b) Eradication of hospital handover delays through greater system integration and collaborative working**
- c) Improvements and reduction in variation across UK in performance against ambulance clinical quality indicators**
- d) A return to constitutional standards for ambulance response times**
- e) Measurable improvement in population health outcomes in ambulance service regions**
- f) Enhanced public and professional perception of ambulance services' role**
- g) Sustainable workforce models with improved retention and satisfaction and reduced absence**
- h) Measurable improvement in culture and employee health and wellbeing metrics as evidenced by NHS staff survey findings**
- i) Evidence of ambulance service's role in reducing health inequalities and contribution to the prevention of ill health**



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.

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. It is made up of elected members: three chief executives, one chair, one director of finance and the AACE managing director. The Board is chaired by the chair of AACE.

The **Ambulance Chief Executives Group (ACEG)** meets monthly and is chaired by the AACE chair. All meetings are open to full and associate members. AACE accepts that ambulance services are autonomous organisations responsible to their respective boards and, as such, they retain the final decision on whether to adopt a national position determined by AACE. We do attempt to secure consensus on a national position wherever possible for issues where members deem this desirable and in line with agreed strategic priorities and challenges.

The **AACE Council** comprises all English and Welsh ambulance service chief executives and chairs and is a committee established by the AACE. The Council 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 the realisation of this. It is chaired by a chair from an English or Welsh ambulance service elected by chairs from other full-members 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 ACEG. These groups comprise directors (or representatives in the case of the NADIF) from all our member services, full or associate, 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 learning, and; secondly, to progress pieces of work required by AACE to deliver against its strategic priorities, or in their specific discipline area as agreed by the ACEG on behalf of respective ambulance services.



The **strategic delivery group (SDG)** is responsible for co-ordinating and delivering AACE's annual strategic plan and is chaired by the AACE chair. It comprises all chairs from the national director groups as well as representatives from the ambulance chief executives group and the core AACE team. The SDG 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, so that all relevant perspectives are considered. Many national issues and objectives require multi-disciplinary input and expertise, and in these circumstances cross-group working is facilitated and progressed. Likewise, the ambulance sector does not work in isolation from other parts of the health and care systems, and where appropriate we co-opt representatives from other sectors, national bodies and patient groups to collaborate in developing system solutions and national guidance.

A number of **sub-groups** report into the national director groups to escalate any common issues relevant to their functions. 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 agreed priorities within this strategy and the corresponding annual strategic plan, in accordance and alignment with the remit of the respective national director group.

AACE has a small **core team** of subject matter experts with extensive the ambulance sector and NHS, plus administration support, reporting to the AACE managing director. The team supports work undertaken on behalf of members across the activity areas outlined in our membership offer (page 12). In doing this, the AACE core 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 ambulance services and other health organisations, and report to the assistant director for operational development and quality improvement for these areas of work.



AACE team values



How we deliver

Our strategic priorities inform the AACE core team's activities as well as the focus issues for national director groups and sub-groups. Most national director groups will have a contribution to make across all of the identified themes, be it directly or indirectly, with some more aligned to one of the themes than another.

Delivery against AACE's annual strategic plan is developed and reviewed by the SDG and overseen by the AACE Council. This review process is informed by quarterly assurance reports produced by national director groups. These are also shared with ACEG with the intention of alerting, seeking authorisation or action, advising or assuring.

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 priorities. They simultaneously update on their areas of focus for the following 12 months, again, aligning with our strategic priorities and ambitions. These are reviewed by the SDG to facilitate cross-group working on specific issues of mutual interest, encouraging engagement with other stakeholders where appropriate e.g. regulators, trade unions, policy leaders, patients.

How we manage risk and opportunities

The AACE core team maintains a register of strategic risks and threats common across the sector, which features as a standing item at SDG and Council meetings.

Assessment and mitigation of risks are discussed and agreed within these meetings. New opportunities are also considered, shared and managed across all elements of AACE business - within national director groups, by the SDG, 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 and priorities.

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

We promote and facilitate the use of Basecamp - a project management and team communication software - as an online sharing tool and repository, which is available for all national director groups, sub-groups and chairs. We also use WhatsApp as a fast, secure and reliable messaging service when appropriate, 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 group 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 in acting as national spokesperson in relation to national media requests (managed by the AACE office) or stakeholder events and conferences relating to the remit of the respective national director group / area.

We continue to share updates with our members through our quarterly newsletter 'Keeping Pace', which is disseminated across services and shared with their people via their communications leads and internal channels. 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 or area of interest each quarter.

We hold an annual conference, the Ambulance Leadership Forum (ALF), which focuses on the sector's priority areas and brings together a diverse representation from our members alongside partners and external representatives to learn, discuss and progress in alignment with our strategic ambitions.

Engagement 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. Representatives from many of our stakeholders are standing members on specific groups or are invited to attend or present at specific meetings and webinars of mutual interest. Much of our work involves liaising with other parts of the health and care system to ensure that care provision is efficiently and effectively delivered for all patients.

Increasing AACE's influence at governmental level and in the political sphere in relation to ambulance policy is a particular priority for the 2026-2030 period.

STAKEHOLDER TYPE	(PRIMARY) EXAMPLES
Other membership organisations	NHS Providers & NHS Confederation (their merged successor organisation); Independent Ambulance Association; NPCC; NFCC, The Air Ambulance Association (AAA)
Royal colleges and professional body networks	Royal College of Paramedics; Royal College of Emergency Medicine; British Geriatrics Society
Government departments	Department of Health and Social Care (DHSC); Office for Health Improvement and Disparities (OHID); UK Health Security Agency (UKHSA); Home Office; equivalent departments in devolved administrations as and when appropriate/required



STAKEHOLDER TYPE	(PRIMARY) EXAMPLES
NHS organisations and regulatory bodies	NHS England; NHS Emergency Capabilities Unit (ECU); Integrated Care Boards (England); Health Boards (Wales); partner providers; local authorities; Care Quality Commission; Healthcare Services Safety Investigation Branch (HSSIB)
Political representatives	Members of Parliament; all party-parliamentary groups and committees
Voluntary and charity sector organisations	The Ambulance Staff Charity; British Heart Foundation; St John Ambulance; Helpforce; The Pears Foundation; NHS Charities Together; Samaritans
Patient organisations	Healthwatch; National Voices; Addisons Support Group; Sickle Cell Society
Trade unions	National Ambulance Staff Partnership Forum – Unison, Unite and GMB
International organisations	AACE equivalents in Canada, USA, Australia and New Zealand

We would like to thank our members and stakeholders for their continued commitment and support and look forward to delivering against the strategic ambitions outlined in our 2026-2030 strategy.

Details of AACE, our remit, vision, work programmes and latest news can be found on our website:
www.aace.org.uk



[More information](#)

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www.aace.org.uk A yellow circular icon with a black computer monitor symbol.

@AACE_org A yellow circular icon with a black Twitter 'X' symbol.