



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES



Becoming Board Ready

The Transition from Operational to Executive Leadership



HULT ASHRIDGE
EXECUTIVE EDUCATION



WHAT?

- Collective of senior leaders from across the sector.







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- Four modules/visits to Ashridge:
 - Module 1 – Leadership Context and Perspective;
 - Module 2 – Leading with Purpose, Impact and Presence;
 - Module 3 – Transition to Board Level Leadership;
 - Module 4 – Leading Inclusively.





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- Four modules/visits to Ashridge:
 - Modules focused on real world leadership challenges;
 - Exposure to lived experience of current ambulance executives;
 - Peer learning/personal reflection.
- Immersive environment – away from the ‘day job’.





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 - Exposure to lived experience of current ambulance executives;
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- Immersive environment – away from the ‘day job’.
- Focus on applying theory in practice, learning from experience, learning from others experience.
- Board/governance readiness – exposure to an experienced chair.
- Real focus on current sector challenges, initiatives, & priorities.





SO WHAT?

- Personal Impact on Participants:
 - Increased self awareness and confidence.
 - Better understanding of leadership shifts required at director level.
 - Realisation of what the role does—and doesn't—require for them personally.
 - Strong national peer network enabling greater collaboration.
 - Ongoing mentorship in/out of the sector.
- Value to the Ambulance Sector & Broader System:
 - Cohort acting as a talent pipeline for future vacancies.
 - AACE Deputy NDOG group working together across regions/initiatives.
 - Strengthened ability to work effectively with execs, non-exec, chairs, and system partners.





NOW WHAT?

- What could be the Programme's Future?
 - Opportunity for a broader director level programme for all ambulance executive roles – “recruitment ready” pipeline to fill key roles.
 - Broaden opportunities to apply learning between modules to add benefit to the sector.
 - Increase diversity of contributors (more from chairs, acute sector/system leaders, other ambulance executive directors).
- Strengthening the Pipeline:
 - Consider accreditation and a formal application/nomination route.
 - Review timing of cohorts to align with realistic turnover of senior roles.
 - Broaden inclusion to widen the talent pool and maximise system benefit.





AND SOME OUTCOMES...

- 1 x transition to a Director of Operations in the acute sector
- 2 x Operations Directors

Overall, a meaningful experience. I learnt more about myself as a leader alongside the lived experience of others in the role and aspiring to the role

I found the course to be really useful for networking and meeting others at a similar level to me from across the sector. Being taken out of the work/NHS environment was really useful as it was a bit of isolation from the daily business.

The course really made me as a participant sit up and reflect on the impact of career progression but in a positive and realistic way. It has made me a more reflective leader as a result

Excellent course. Sufficiently challenging and balance of theory/activity.

The opportunity to build up a peer network was invaluable. The opportunity for us to work collaboratively nationally could be a real game changer

The overall programme content was good, supported by a great setting / environment at Ashridge. Even if I don't end up in a Director of Operations type role, the content helps hone the skills used as a senior leader who interacts with EDs and NEDs on a regular basis.





A call to arms...

- How can you as senior leaders support future programmes?
- Recognition that there is an ambulance talent pool of ‘ready to go’ leaders who can step up to support the sector/wider systems.
- Encouraging nominations from within your organisations for future cohorts. Who do you have ready? How does this support your organisations succession planning?
- Using the learning, and the new Deputy NDOG network, to strengthen national collaboration. Where could this be of use?
- Wider system integration – how could our leaders be ready to work in the ‘system’? Influencing ambulance change from outside as well as within.





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Questions?

