ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

Annual Report

2015-2016

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


Medtronic

INTRODUCTION

The Association of Ambulance Chief Executives (AACE) had a busy year during 2015-16, as ambulance services across the UK faced unprecedented challenges in terms of demand, funding and expectations from strategic stakeholders and the public alike. Despite these testing times, our members have continued to work together to push forward in making improvements that will benefit patients, better support staff and realise efficiencies within the wider health system in the long run.

With a small central team focusing on strategic priorities, AACE remains dedicated to facilitating continual improvement in the ambulance sector by providing the best possible support for all of our members, while representing them at national and governmental level.

Provision of consultancy advice to individual services continued to increase in 2015-16 generating much needed funds to enable us to expand our range of activities on behalf of members and remain financially viable.

Our membership was maintained throughout the year, although we bade farewell to two of our Chief Executives: Sue Noyes and Bob Williams; and three Chairs: Della Cannings QPM, Richard Hunt CBE and Tony Thorne - we are grateful for their support and input throughout their time as members of AACE, particularly to Della who Chaired the AACE Council and the Chairs group and was a member of the AACE Board for several years. We welcomed one new CEO in 15-16: Robert Morton, as Anthony Marsh QAM stepped down from his interim CEO role in the East of England (see pages 24-27).

Our strategic priorities set by the AACE Council for 2015-16 focused on: i) The Ambulance Service Vision - 2020 & beyond, ii) Workforce, education & development, iii) Operating model and efficiency, iv) Clinical care and patient safety. This report outlines our main achievements in these and other areas of activity during the last financial year.

WHAT IS AACE?

The Association of Ambulance Chief Executives Ltd (AACE) is a membership organisation, with a central body that supports, coordinates and implements nationally agreed policy. It also provides the general public and other stakeholders with a central resource of information about NHS ambulance services. The primary aims of AACE are the on-going development of the NHS ambulance service and the improvement of patient care through shared learning and innovation in the services being provided.

Led by Managing Director Martin Flaherty, OBE, a small central team of people with many years' experience of working for ambulance services, coordinates the day-to-day work of AACE. The central team meets weekly to discuss current issues and discuss progress against our objectives and strategic priorities.

AACE also engages in carefully chosen consultancy activities designed to help improve ambulance services, both at home and abroad.

A series of national work programmes and consultations - engaging expertise from each of our member organisations - are individually led by one of the Chief Executive Officers (CEOs) of our ambulance service members, to ensure support and impact at the highest level. We also have a broad range of national groups and networks linking colleagues across trusts to enable sharing, development and feedback for specific remits of work (see page 23).

AACE Management meetings bring all of the CEOs together each month (alternating face-to-face and telephone conference meetings) to discuss key issues, share approaches and learning, and to agree the national viewpoint on NHS policy relating to delivery of ambulance services.

AACE Council meetings take place three times a year, bringing Chairs and CEOs together to monitor progress against the strategic direction for the NHS ambulance sector and discuss matters that require a joint approach in lobbying government and influencing policy changes at both national and regional level.

The AACE Board is in place to manage the organisation of AACE in accordance with the Companies Act 2006 regulations as a private company limited by guarantee. Its principle functions include:

- **Appointing AACE Managing Director**
- **Agreeing the annual budget and ensuring that full financial controls are in place and working effectively**
- **Approving the final accounts**
- **Ensuring that appropriate regular financial audit is in place**
- **Agreeing and supporting AACE commercial activities**
- **Ensuring the appropriate submissions are made to Companies House**

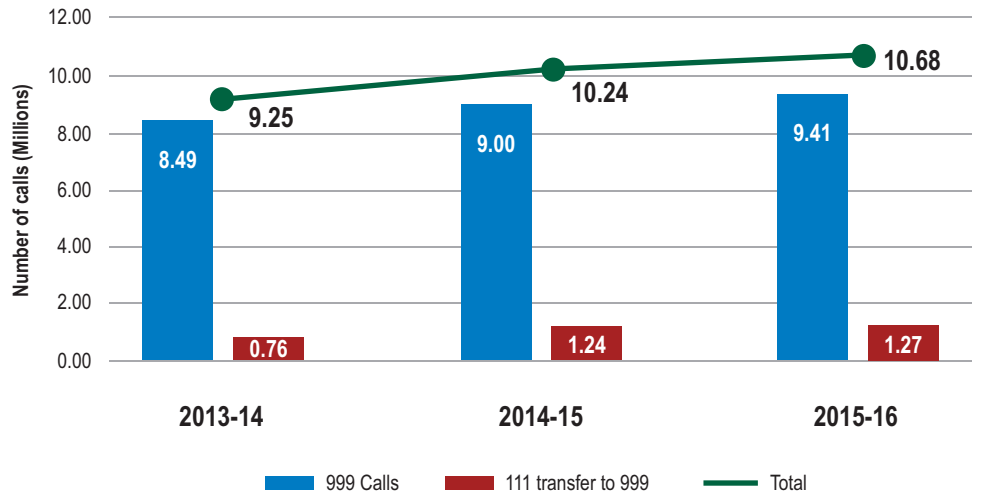
AACE works closely with other health service provider membership bodies including NHS Providers and the NHS Confederation, the latter of which we have again secured corporate membership on behalf of our AACE members. Working together we are able to highlight key ambulance issues across sectors and provide a cohesive viewpoint at national level with our regulators and policy departments.

AACE Board Members 2015-16

Anthony Marsh QAM
CEO West Midlands
(AACE Chairman)
Della Cannings QPM
Chair Yorkshire
Ken Wenman
CEO South Western
Jennie Kingston
Deputy CEO & Finance Director
South Western
Bob Williams
CEO North West
Martin Flaherty OBE
(AACE Managing Director)

NHS AMBULANCE SERVICE PROVISION IN 2015/16

Demand on all ambulance services during 2015/16 continued to grow, and our ten English NHS ambulance trusts have experienced more than a 15% increase over three years, and a 42% increase over the past eight years. Of the 10.68 million 999 calls received last year, 1.27 million were transferred from 111 providers, (a 67% increase since 13/14), resulting in a total of almost 30,000 calls per day.



Source: HSCIC data

Indeed, pressures across the whole NHS system have been more intense than ever over the past three years, and particularly for the acute sector emergency departments (ED).

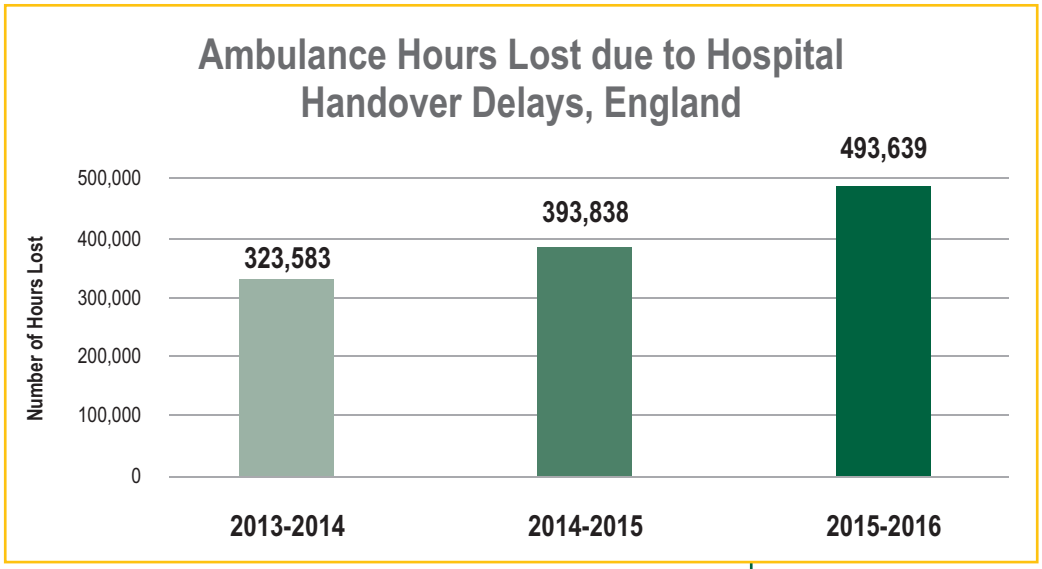
As ambulance trusts gradually move towards new clinically-based operating models in line with NHS strategy, they have been able to **increase the proportion of incidents managed over the telephone through "Hear and Treat" services from 5.9% in 2013/14 to 10.2% in 2015/16, thereby avoiding 391,163 A&E attendances** that would have occurred had the H&T rate remained at 5.9%.

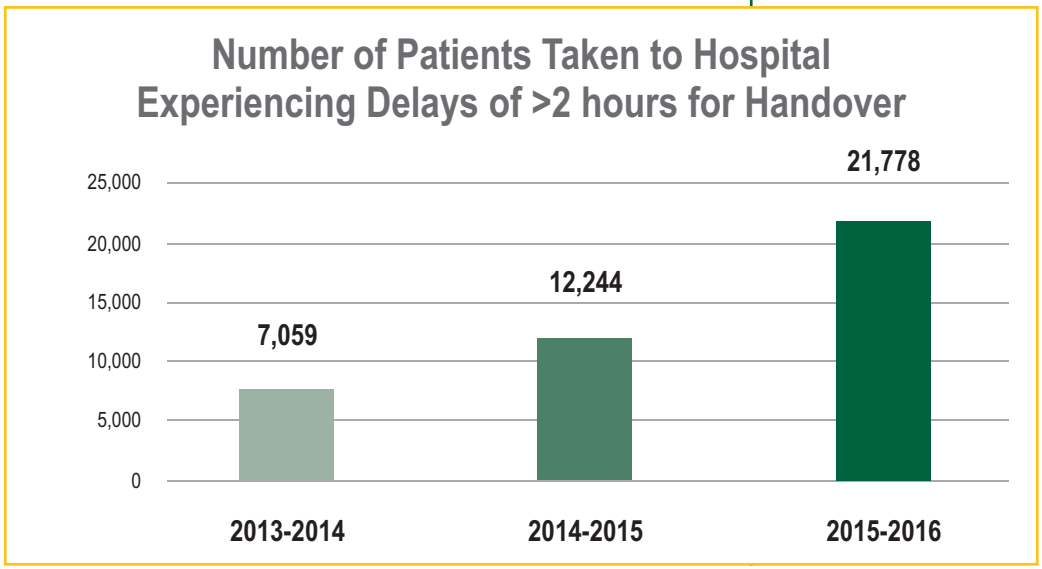
Over the same period ambulance trusts have **increased the proportion of incidents that received a face to face "See and Treat" response without the need to convey the patient to A&E from 36% to 37.9% in 2015/16, thereby avoiding 126,687 A&E attendances** that would have occurred had the S&T rate remained at 36%.

So through improvements to **H&T and S&T rates during 2015/16 over half a million A&E attendances were avoided** that would have occurred under arrangements that were in place in 2013/14. Certainly the ambulance sector is doing what it can to reduce inappropriate conveyances to A&E and it continues to work to improve the position still further.

Despite the number of patients being taken to hospital by ambulance only increasing by circa 1% per year over the last three years, the number of handovers taking longer than 30 minutes in ED has increased by over 4.3%. This leads to queuing of ambulances and patients at hospitals with delays often being measured in hours.

Of the 4.8 million ambulance journeys to A&E in 2015/16, 2.1 million (49%) took longer than 30 minutes from the point that the ambulance arrived at A&E to the point that it was released to respond to subsequent emergency patients. This amounted to 493,639 ambulance hours lost – an increase of 52% compared to 2013/14 – and delays of more than 2 hours have more than tripled.



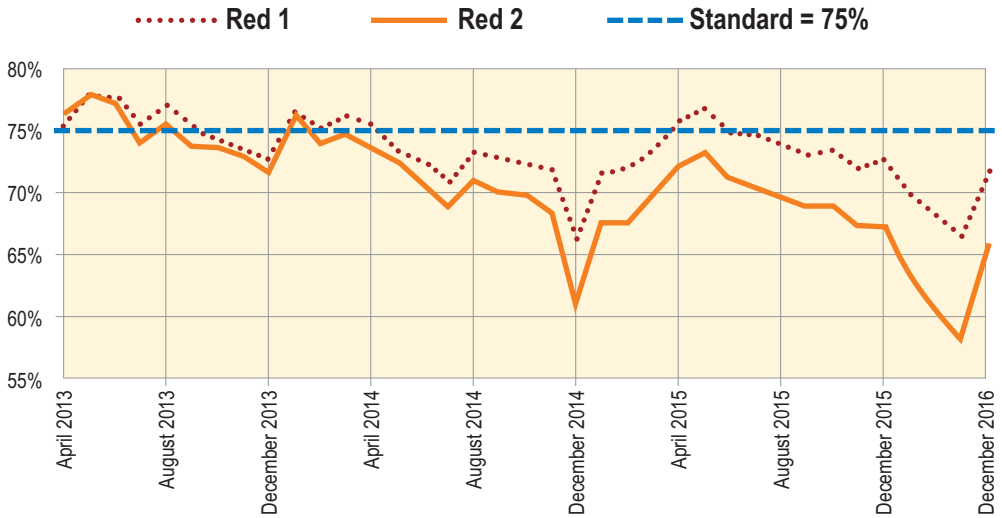


Needless to say, handovers have played a significant factor in affecting operational performance against time-targets, adding to other factors such as commissioned resources not matching increases in demand, and shortages in the paramedic workforce. Lengthy delays leading to retention of ambulances and clinicians at hospital poses significant risks to patients with a life-threatening condition waiting for a response to their 999 call out in the community.

This is a problem across the country that ambulance services continue to endeavour to address with their local providers and commissioners, and AACE continues to raise with stakeholders at a national level.

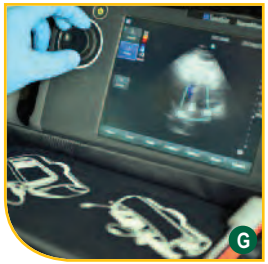
Category A emergency response within 8 minutes

as a percentage of all calls resulting in an emergency response



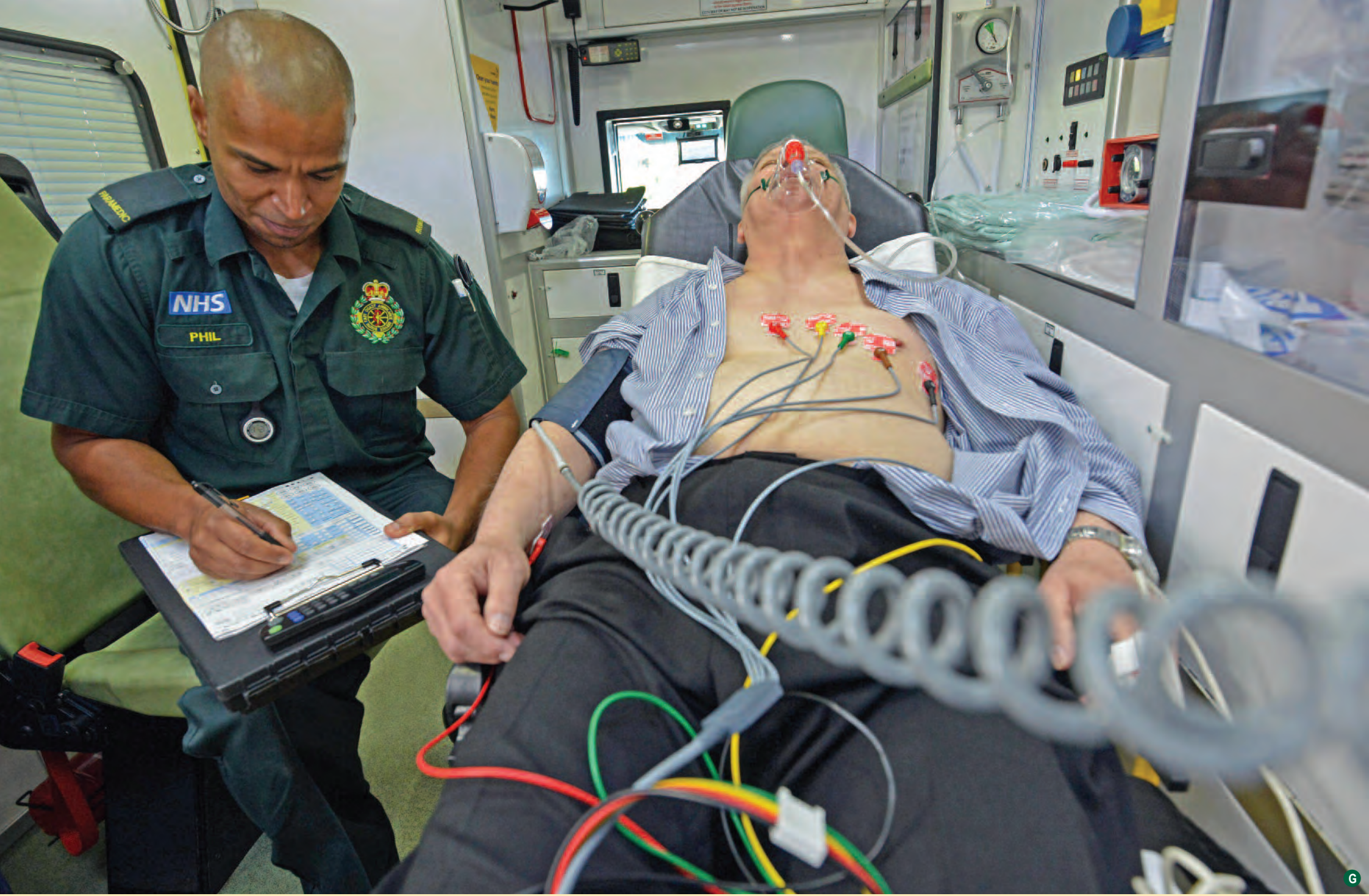
DELIVERING THE FIVE YEAR FORWARD VIEW

The Urgent & Emergency Care Review (UECR) *http://www.nhs.uk/nhsengland/keogh-review/documents/uecr.ph1report.fv.pdf* by Sir Bruce Keogh in late 2013 and the NHS's *Five Year Forward View* (FYFV) *https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf* presented by NHS Chief Executive, Simon Stevens, in October 2014, aim to transform the NHS in ways that will make it sustainable and fit for purpose in managing the ever-increasing demands placed upon it. The principles within the FYFV are focussed on improving access to healthcare as well as improving outcomes for patients.



During 2015, through CEO representation on the NHS England UEC Programme work streams, and in consultation with our network of national director groups, AACE was able to input into their series of publications providing guidance on implementation of the UECR and FYFV strategy:

- **Safer, faster, better: good practice in delivering urgent and emergency care(SFB) – August 2015**
  https://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf
- **Integrated Urgent Care Commissioning Standards (IUCCS) – September 2015**
  https://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf
- **Clinical models for ambulance services (CMAS) – November 2015**
  http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR-ambulance-guidance-FV.PDF
- **Improving referral pathways between urgent & emergency services in England (IRP) – November 2015**
  http://www.nhs.uk/NHSEngland/keogh-review/Documents/improving-referral-pathways-v1-FINAL.PDF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Some of the core messages within the NHS England guidance are shaping the long term direction for ambulance services and the central role they have to play in a transformed and better integrated NHS, working closely with Social Care. There is real potential for ambulance services to reduce the burden on the acute sector and create savings across the system, however this requires investment and support in enabling new models of care to be introduced. Throughout 2015/16 AACE has been working with all of our members and NHS England to share progress on how these objectives are being developed and delivered.

Core messages from the NHS England UECR Programme

"Helping patients get the right care, at the right time, in the right place…" (FYFV)

"Ambulance services empowered to make more decisions, treating patients and making referrals in a more flexible way…" (FYFV)

"Ambulance Services should maintain clinical hubs in their EOCs to ensure appropriateness and timeliness of responses...staffed by range of clinicians" (SFB)

"Ambulance Services & Clinical Commissioning Groups should develop mobile urgent treatment service capable of dealing with more people at scene and avoiding unnecessary journeys to hospital" (SFB)

"Care delivered by senior clinical decision makers (such as specialist or advanced paramedics/nurses) produces better clinical outcomes and can reduce demand for emergency ambulances for non-critical 999 calls through see & treat or referral to community services or other pathways" (SFB)

"For those people with more serious or life-threatening emergency care needs, we should ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery" (SFB)

"The Clinical Hub should serve two purposes: to provide clinical advice to patients contacting the 111 or 999 services, as well as providing clinical support to clinicians (particularly ambulance staff such as paramedics and emergency technicians) to ensure that no decision is made in isolation" (IUCCS)

"Clinicians working in the 999 system – through 'Hear & Treat' or 'See & Treat' models - should have unrestricted referral rights to all other services in the UEC Network, including social care services, with free flow of information and feedback" (CMAS)

"Effective urgent care services will be supported by the immediate availability of relevant patient information" (CMAS)

"All registered health and social care professionals within physical and mental health, following telephone consultation or face-to-face contact with a patient, should be empowered, based on protocols developed and agreed locally, to make direct referrals and/or appointments for patients" (IRP)

"We cannot deliver the necessary change without investing in our current and future workforce" (FYFV)

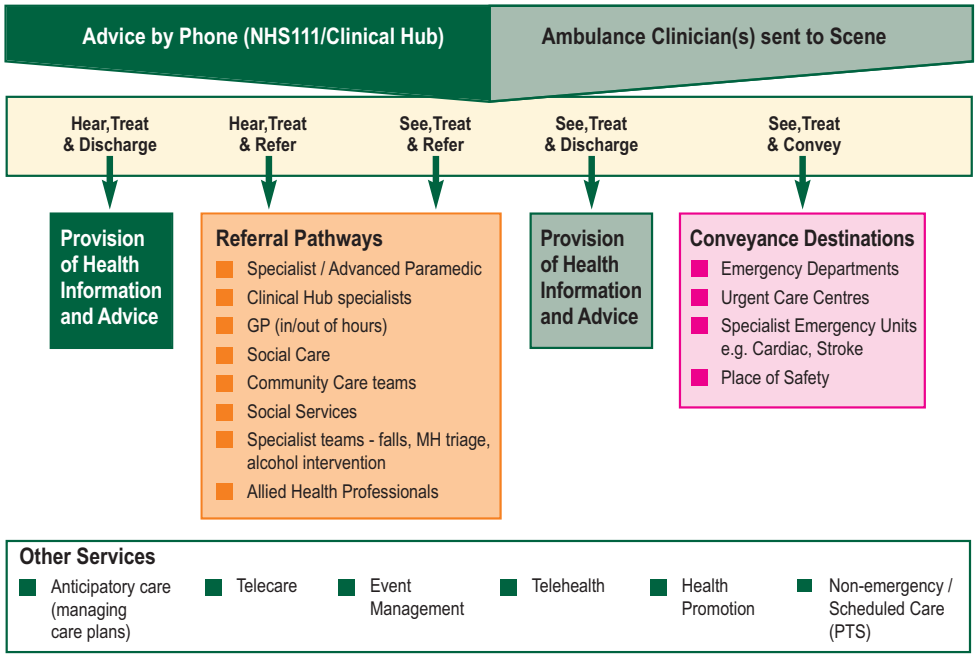
"Commissioning arrangements for the future ambulance workforce will need to recognise a wider range of experience and skills, coupled with clear mechanisms for effective governance from the service in which they work, and support from a wider community of other clinicians" (CMAS)

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

AACE STRATEGIC PRIORITIES IN 2015/16

1. Ambulance service - 2020 and beyond

The implementation of the UECR and FYFV was an ongoing focus for AACE in 2015/16. This included the enhancement of NHS 111 services and reform of paramedic education and training with Health Education England (HEE). AACE sought to provide greater clarity of the vision for the ambulance service's position within the health economy, reflecting new ways of working in response to the UECR that can reduce pressures and create savings in other parts of the NHS. The benefit to patients of close linkages between 999 and 111 services was actively supported and promoted, along with appropriate, enhanced collaborative working with other blue-light services.



The AACE 'NHS Ambulance Services – Leading the Way to Care' publication in August 2015 described the way ambulance services can play a key coordinating role in managing demand on health and social care sectors, both in responding to and signposting patients accessing services via 999 and NHS 111, as well as transforming the range of clinical responses they can provide.

Following on from this, AACE produced the 'Ambulance Service - 2020 and Beyond' report in September 2015, with an informed vision of how the ambulance service should develop over the coming years, including suggestions to the ambulance sector on the steps and actions required to realise this vision. This was shared extensively across the sector and externally with stakeholder organisations, and provided the backdrop for the workshops on day two of the Ambulance Leadership Forum event in February 2016.

2. Workforce, education and development

Standardisation:

The development and articulation of the workforce model required to deliver the future service model for the ambulance sector was a major priority for the AACE in 2015/16 and continues to be so. Ongoing input, working with HEE and the College of Paramedics (CoP) continued to the review, with the aim of standardising paramedic roles, education and training, to create clear career paths for clinicians across the ambulance sector.

Paramedic Prescribing:

The potential for independent paramedic prescribing was subject to a wide consultation process by NHS England. The proposals were presented and discussed at the Commission on Human Medicines (CHM) on 15 and 16 October 2015. The commission at that time was unable to recommend independent prescribing for paramedics at present and released summary notes on 21st December. They highlighted a lack of clarity as to what constituted an advanced paramedic practitioner and how such a practitioner would be trained in the assessment and diagnosis of the conditions and the wide range of conditions for which paramedics may be required to prescribe. Further work is therefore continuing to address this and discussions regarding the best way of taking them forward. It remains as an objective for continued exploration, in order to equip the profession for the ongoing expansion and diversification of the paramedic role.

Leadership Development:

The identification and development of future leaders has been a priority for AACE, to facilitate succession planning and optimise human resource capacity and capability across the ambulance sector. 2015/16 involved much discussion of the opportunities available to the sector in addressing emergent leadership development gaps, with the consensus view that gaps relate to the skills and experience required to facilitate the move of operational managers into more senior roles, particularly director positions. Feedback from the *Aspiring Operations Directors'* Programme run through Ashridge Business School in 2013/14 was extremely positive and the potential to run a second cohort with a slightly revised programme has now been explored and is being progressed. Discussions were also held with the Chief Fire Officers' Association regarding the potential inclusion of ambulance services (in addition to Police) personnel in their leadership development programme, which is delivered at the University of Warwick.

Training Qualifications:

Following the conclusion of the IHCD administering ambulance training awards, CEOs requested our national HR Directors to develop replacement courses. Since the IHCD courses were first developed, ambulance care delivery has changed radically and standards of driver training have also had to be significantly raised to meet new and current requirements. AACE's national education leads (NENAS) and driver training leads group (DTAG) invested significant resources and expertise to the task and delivered a range of training packages tailored to the requirements of NHS ambulance services today. The new awarding body is FutureQual and their rigorous implementation of our standards ensures all staff gaining these awards, irrespective of the training provider, meet our governance requirements.

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

3. Operating model and efficiency

The focus on ambulance operational response in 2015/16 included the development of future performance and clinical measures in light of the UECR, and the facilitation of any required changes to response protocol nationally following the completion of pilots in early 2015/16. The sharing of good practice across trusts in relation to performance improvement and clinical quality indicators also received a renewed emphasis through the AACE national director groups.

This resulted in the revision of ambulance quality indicator (AQI) guidance in light of a peer review process, which was subsequently superseded by a new version of AQIs being issued by NHS England; this version addresses many of the clarifications identified by the National Directors of Operations Group (NDOG).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AACE has been fully engaged throughout 2015/16 in discussions with NHS England relating to new performance standards and clinical measures under the umbrella of the Ambulance Response Programme (ARP). This has resulted in developing appropriate measures for both the Dispatch on Disposition pilot and the Code Set Review trial which may form the basis of improved future performance measures.

Evaluations of models of care in respect of response to mental health incidents have been shared across trusts, including multidisciplinary triage teams, placement of mental health nurses within Emergency Operations Centres (EOCs), having paramedics in Police control rooms, and revised operational practices to improve the response to S136 patients, all of which have had a positive impact on patient care as well as reducing unnecessary conveyance to hospital.

National S136 performance has continued to be monitored and whilst this has improved overall there remains national variation which needs further analysis. A joint statement on managing mental health demand was developed in conjunction with the National Police Chief Council (NPCC) and this was approved by AACE and the NPCC in the summer of 2015.

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4. Clinical care and patient safety

AACE has remained committed to the delivery of the Future National Clinical Priorities for Ambulance Services in England, which was produced by its National Ambulance Service Medical Directors' Group in April 2014. Seven key clinical areas of focus feature: emergency care; urgent care; mental health; the frail, elderly, falls and dementia; long-term conditions; end of life patients; and public health and prevention. Ongoing progress has been evident across all seven areas building on the work undertaken in 2014/15.

Full ambulance service participation in the NHS/Social Services prevention agenda has been a particular priority in 2015/16, with ambulance services becoming leading players in respect of slips, trips and falls prevention. Further enhancement of prevention and public health activity across the sector has been promoted across external stakeholders and AACE has been working closely with other public health bodies, such as Public Health England and the Royal Society of Public Health.

In addition, other objectives achieved during the year include:

- **Development and circulation of best practice guidance across areas of ambulance service activity, for example, cardiac arrest and minimum paediatric kit**
- **A comprehensive AACE response on behalf of members to a high number of national consultations including maternity, end of life, rescheduling of ketamine, inhalers in schools and paramedic prescribing**
- **A year-long study has been underway monitoring the temperature of medicine in vehicles and ambulance premises; this will conclude in summer 2016**
- **Extensive ongoing liaison with organisations such as BASICS, the Resuscitation Council, prisons – with regard to ambulance calls and effective access and egress, the Association of Air Ambulances, and Royal Colleges**
- **Oversight of and response to ambulance-specific prevention of future death (PFD) reports; liaison with NHS England Patient Safety Domain**

Joint Royal Colleges Ambulance Liaison Committee (JRCALC)

The support provided to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) has increased over this year. The committee has built on its previous successful clinical guidelines with further publication of updated guidance for 2016. AACE is pleased to provide a range of paramedic clinical input and managerial oversight to the drafting and publication process. The release of the latest clinical guidance in electronic formats and in a user friendly 'App' (iCPG: UK Ambulance Services Clinical Practice Guidelines) is intended to better meet the needs of front line ambulance clinicians.

Whilst JRCALC meets 3 – 4 times a year, AACE support to the committee and development work on its website, general enquiries and the clinical guidelines continues throughout the year. AACE is pleased that the worldwide recognition of JRCALC as a leading authority on pre-hospital care continues to grow.

Ambulance Response Programme

In terms of operational development 2015/16 has been dominated by the Ambulance Response Programme (ARP). In response to repeated calls from AACE to review the current ambulance performance framework, NHS England launched the ARP in spring of 2015. The programme aims to improve response times to critically ill patients. It is designed to trial new measures to ensure that the best, high quality, most appropriate response is provided for each patient first time.

AACE has driven the inception of the ARP and has remained closely engaged with NHS England both as a key stakeholder and as a provider of operational and clinical expertise. AACE is represented on the programme's Expert Reference Group, Steering Group and Clinical Sub Group and also Chairs the Clinical Coding Trial Operational Sub Group. The evaluation of the programme is being conducted independently by Sheffield University's School of Health And Related Research (ScHARR).

There are three key elements of the programme:

1. **The use of a new pre-triage set of questions to identify those patients in need of the fastest response at the earliest opportunity (Nature of Call; NoC).**

2. **Dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need (Dispatch on Disposition; DoD).**

3. **A new evidence-based set of clinical codes that better describe the patient's presenting condition and response/resource requirement.**

Trials of NoC and DoD were initiated in South Western Ambulance Service and the London Ambulance Service in February 2015 with four further trusts joining the pilot in October 2015 (South Central, North East, Yorkshire and West Midlands Ambulance Services).

DoD involves retaining the existing response time targets and keeping the clock start for the response to immediately life-threatened (Red 1) patients as the point at which BT presents the call to the ambulance trust. The Red 1 grouping was expanded to include some of the more serious codes from the Red 2 group to ensure patient safety. In addition the NoC arrangement means that a higher proportion of Red 1 incidents are successfully identified even earlier in the call which leads to an even quicker response for our most seriously ill patients.

For all other calls ambulance trusts are given an additional 120 seconds over and above the existing 60 seconds before the response time clock starts (a total of 180 seconds). In SWASFT arrangements giving call handlers an additional 240 seconds and subsequently 300 seconds were tested in order to see if further benefits could be realised. DoD gives ambulance call handlers additional time to get all the information that they need from the caller. It had been shown in the initial trial period that this would improve the quality and detail of the initial assessment, leading to:

- **More accurate dispositions; leading to the right type of ambulance resource being allocated to a patient**
- **A reduction in the allocation of multiple vehicles to a single patient;**
- **A potential to increase "hear and treat", to resolve problems over the phone when an ambulance isn't needed at all, with clinical input where necessary**

These benefits have continued to be realised following the addition of the four ambulance trusts in October with no adverse incidents or evidence of harm to patients. It is hoped that NHS England will be recommending the full national roll out of DoD to the Secretary of State.

Stage three of the ARP commenced with a clinically led and evidence-based review of the current call coding systems. The result was a new call coding set to be trialled during the early part of 2016/17 in three sites – SWASFT and Yorkshire Ambulance Service (YAS) and West Midlands Ambulance Service (WMAS).

AACE will continue to assist NHS England in reviewing the efficacy of the current coding system, and explore whether any changes should be made that will improve performance whilst maintaining patient safety. A set of critical review criteria has been agreed, along with a process to stop the trial and revert to the current system if necessary. It is anticipated that NHS England will submit the final evaluation report of the trial to the Secretary of State in the summer of 2016 and that any approved changes will be rolled out before the winter.

Collaboration

2015/16 saw increased Government interest in, and focus on, collaboration culminating in a consultation on enabling closer working between the emergency services in the autumn of 2015. This has since led to responsibility for Fire and Rescue Services (FRS) moving from the Department for Communities and Local Government (DCLG) to the Home Office (HO). In addition, legislation is being prepared which would enable local Police and Crime Commissioners (PCCs) to assume responsibility for FRS from local Fire and Rescue Authorities.

AACE participated fully in the consultation exercise stressing the proactive stance ambulance trusts already maintain in respect of collaboration whilst explaining clearly why it was critical for the ownership and governance of ambulance trusts to remain embedded in the wider NHS and Department of Health. As a consequence of these representations, government recognised that it was not appropriate to include ambulance trusts in any merger of governance arrangements with Police Forces and FRS.

AACE was able to demonstrate that Ambulance Trusts have a well embedded culture of working in close collaboration with a wide range of organisations including Police and FRS. These long standing relationships are rooted in joint response arrangements for Major Incidents and routine operational matters and have matured to include broader collaborations designed to improve patient care, increase operational efficiency, offer better service to the public and to release financial savings.

Whilst AACE is confident that Ambulance Trusts are fully and proactively engaged in appropriate collaborations at a national and local level, any opportunity to strengthen and promote best practice and to develop new collaborative schemes will be welcomed.

Numerous examples of collaborative working at the national and local level are highlighted in the National Collaboration Overview which was initially developed by the Emergency Services Collaboration Working Group (ESCWG) in the summer of 2014 and was refreshed in the Spring of 2016.

Existing national collaborations in which AACE is proactively engaged include, but are not limited to:

a. **The Joint Emergency Services Interoperability Programme (JESIP) – a programme designed to ensure the blue light services are trained and exercised to work together as effectively as possible at all levels of command in response to major or complex incidents in a more co-ordinated, effective and efficient manner.**

b. **The Emergency Service Mobile Communications Programme (ESMCP) - The replacement programme for Airwave which has been developed in close collaboration with the three emergency services.**

c. **The Emergency Service Collaboration Working Group (ESCWG) – a group which has led the collation and dissemination of good practice and academic research linked to successful collaborations.**

d. **Managing Inter-Service Demand Group – a strategic collaboration between AACE and the National Police Chiefs' Council (NPCC) designed to identify ways in which inappropriate demand between organisations can be reduced and shared demand managed more efficiently. This has led to the development of a best practice guide which was co-signed by AACE and NPCC in July. The guide has already led to operational improvements and demand reduction on the ground.**

e. **Mental Health – AACE and NPCC are signatories to the Crisis Care Concordat and have worked closely together to improve the response to patients detained by the Police under Section 136 of the Mental Health Act. This has involved data sharing and the development of new agreed measures to improve shared understanding of the challenge. AACE has introduced special protocols designed to improve the response to these incidents and there is evidence of improvements on the ground as a consequence.**

f. **Co-Responding – AACE has strengthened existing relationships with the Chief Fire Officers' Association (CFOA) to harness the renewed interest within Fire and Rescue Services for Co-Responding Schemes (CRS). These schemes are designed to improve the response to patients suffering cardiac arrest and AACE has developed national guidance and governance arrangements to improve consistency and share best practice. AACE and CFOA have worked together closely to develop a shared consensus statement outlining how we will improve the effectiveness of CRS and to explore other opportunities to improve patient outcomes.**

At a local level numerous examples of good collaborative working were identified in both the National Overview and the subsequent academic research into emergency services collaboration. The examples highlighted included but are not limited to:

- **Arrangements for shared training and joint operational responses**
- **Co-location of estate, control rooms and shared back office functions**
- **Innovative demand management schemes**
- **Development of shared technologies**
- **Consolidation and expansion of Co-Responding Schemes**
- **Placement of a paramedic in Police control rooms in the North West to help triage police requests for ambulance response**
- **Multidisciplinary mental health response cars in the West Midlands (paramedic, police officer and mental health nurse)**

Through these efforts AACE has demonstrated that ambulance trusts are fully committed to seeking opportunities for collaborations where there is the opportunity to reduce costs, improve operational efficiency and improving the service offered to patients. To help maintain momentum and ensure that best practice is identified nationally and disseminated locally, AACE has agreed with CFOA and National Police Chiefs' Council (NPCC) to co-fund a senior emergency services secondee in order to support and drive the work of the ESCWG.


AWARD
Ambulance Leadership Forum
Conference
ASSOCIATION OF
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Other Significant Areas of Work and Related Achievements

Ambulance Leadership Forum 2016

The Ambulance Leadership Forum (ALF) in February 2016 was the 13th such event and “the best yet” according to regular delegates. The event - produced annually by AACE has become the major place for senior ambulance staff and their colleagues from across the wider NHS, industry, academia and overseas to meet, network and discuss the topics that are at the top of the agenda for today's UK ambulance service leaders. Held in Leicestershire, ALF attracted over 250 delegates who enjoyed a range of debate, presentations and workshops over the two days. Chris Hopson, CEO of NHS Providers and Rob Webster, CEO NHS Confederation, both spoke powerfully about strong leadership in times of austerity. This thread was reinforced by other speakers, including Lord Prior of Bampton Under Secretary off Sate for Health who also thanked the ambulance sector for the exceptional work they put in round the clock to meet service demands. The quality of speakers throughout the conference was reported by delegates as excellent and very relevant to practice.

The evening awards dinner was again a very effective way to recognise those staff that represent the exceptional quality of service being delivered every day across the country. This year an auction was held after the dinner with proceeds going to The Ambulance Service Charity. The ALF is very grateful for support from commercial partners with Ferno being the main sponsor this year.

AACE LOOKS FORWARD TO WELCOMING YOU TO THE NEXT ALF ON THE 7TH AND 8TH FEBRUARY 2017

AMBULANCE LEADERSHIP FORUM

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Media Relations - Providing a balanced picture

UK ambulance services and the people who work within them have never faced more intense media scrutiny than they do today. This is why responding professionally to daily enquiries from national, local and online media outlets is a key part of the work of AACE.

Our starting point is always to ensure that we have provided as much information as possible to journalists so they are encouraged to produce stories that are more insightful and balanced, with the aim of giving the ambulance service fair representation at all times.

During the past year the media have largely concentrated their stories around the issue of ambulance service performance in the face of unprecedented demand, focusing on the effect the pressures on urgent and emergency care are having on ambulance staff and their patients. Other key areas of interest have been joint working initiatives between ambulance, fire & rescue and police colleagues and the use of private ambulance services within the NHS.

The AACE Communications Lead provides an invaluable role within the ambulance service's national communications leads group (NACOM), encouraging the sharing of intelligence and information between all ambulance services about key media enquiries, national communications initiatives and liaison with key stakeholders such as the NHS England and Department of Health media teams.

To aid this work, during the past year AACE established an online portal called Basecamp that enables all ambulance service communications staff to share resources, swap information and keep abreast of important media approaches instantly. This innovation has been hugely successful in helping AACE and NACOM members provide a consistent and realistic picture of the modern ambulance service.

Another key area of AACE communications work revolves around the daily management and upkeep of our high quality website (www.aace.org.uk) which received over 54,000 visits and 105,000 page views in the past year.

We also aim to maintain a positive profile of the UK ambulance service by delivering a comprehensive social media programme across platforms including Twitter, where we have 5,000 engaged followers at @AACE_org.

www.aace.org.uk

Consultancy & Support Services

AACE is ideally placed as a focal point and conduit to UK ambulance expertise. The UK is well respected internationally for delivering innovative health care and emergency response solutions and AACE offers the opportunity to collate input from multiple services and subject matter experts to deliver a broad range of advice and specialist consultancy services.

During 2015/16 AACE continued to deliver fully against its contract with the Health Services Executive in the Republic of Ireland to support the National Ambulance Service (NAS) Transformational Programme, providing advice with regard to the development and implementation of its 2020 vision and strategic plan, which encompasses outcomes of all recent reviews.

We have also continued work on the review of emergency medical provision by Dublin Fire Brigade, on behalf of Dublin City Council and the Health Services Executive.

Provision of strategic support to the Gibraltar Health Authority in its transformation programme for the Gibraltar Ambulance Service, one of our associate members, and supporting the Chief Ambulance Officer to implement the recommendations of the review which AACE conducted in 2013 have also been significant activities for AACE over the past year.

In addition, strategic support and advice to TDA London, the London Ambulance Service and the Welsh Ambulance Service and performance reviews of a number of other services have also been programmes of consultancy work throughout the year.

AACE National Groups in 2015-16

National Directors of Operations (NDOG)	Medical Directors (NASMeD)	Human Resources Directors (HRDs)	Communication Leads (NACOM)	Directors of Finance (DoFs)
CEO Lead: Ken Wenman, SWASFT Group Chair: Richard Henderson, EMAS	CEO Lead: Dr Fionna Moore, LAS Group Chair: Dr Julian Mark, YAS	CEO Lead: Ken Wenman, SWASFT Group Chair: Kim Nurse, WMAS	CEO Lead: Martin Flaherty, AACE Group Chair: Claire Warner, SWASFT	CEO Lead: Will Hancock, SCAS Group Chair: Jennie Kingston, SWASFT

National Ambulance Resilience Unit (NARU)	Quality, Governance and Risk Group (QGARD)	Equality, Diversity and Inclusion Group (EDIG)	Information Management & Technology Leads (IM&T)
CEO Lead: Anthony Marsh WMAS & EEAS National Director Keith Prior, WMAS	CEO Lead: Bob Williams, NWAS Group Chair: Sarah Faulkner, NWAS	CEO Lead: Sue Noyes, EMAS Group Chair: Sofia Jabeen, WMAS	CEO Lead: Yvonne Ormston, NEAS Group Chair: Paul Nicholson, NEAS

AACE National Sub-Groups in 2015-16

NDOG	NASMeD	QGARD	HRDs	IM&T	DoFs
Ambulance Control	Urgent & Emergency Care	Safety	Driver Training Advisory	Information	Procurement
Ambulance Fleet	Mental Health	Infection Prevention & Control	Education Network	Information Technology	Vehicle Insurance
CAD Software	Pharmacists' network	Safeguarding	HR Deputies	Information Governance	Benchmarking
Paramedic & Qualifications	Ambulance Research Steering	Patient Experience	First Aid Training		Estates
First Responder Forum	Clinical Quality	Security			Green Environment
Cycle Response Unit	Paramedic Leads	Frequent Caller			

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Current AACE Membership 2016

On behalf of their services the Chief Executives and Chairs of all ten English NHS Ambulance Trusts are full Members of The Association of Ambulance Chief Executives (AACE).

Robert Morton, CEO

East of England Ambulance Service NHS Trust

Richard Henderson, Interim CEO

East Midlands Ambulance Service NHS Trust

Dr Fionna Moore MBE, CEO

London Ambulance Service NHS Trust

Yvonne Ormston, CEO

North East Ambulance Service NHS Foundation Trust

Sarah Boulton, Chair

East of England Ambulance Service NHS Trust

Pauline Tagg, Chair

East Midlands Ambulance Service NHS Trust

Heather Lawrence, Chair

London Ambulance Service NHS Trust

Ashley Winter OBE, Chair

North East Ambulance Service NHS Foundation Trust

Derek Cartwright, CEO
North West Ambulance Service NHS Trust

Will Hancock, CEO
South Central Ambulance Service NHS Foundation Trust

Geraint Davis, Interim CEO
South East Coast Ambulance Service NHS Foundation Trust

Ken Wenman, CEO
South Western Ambulance Service NHS Foundation Trust

Wyn Dignan, Chair
North West Ambulance Service NHS Trust

Trevor Jones, Chair
South Central Ambulance Service NHS Foundation Trust

Sir Peter Dixon, Chair
South East Coast Ambulance Service NHS Foundation Trust

Heather Strawbridge, Chair
South Western Ambulance Service NHS Foundation Trust

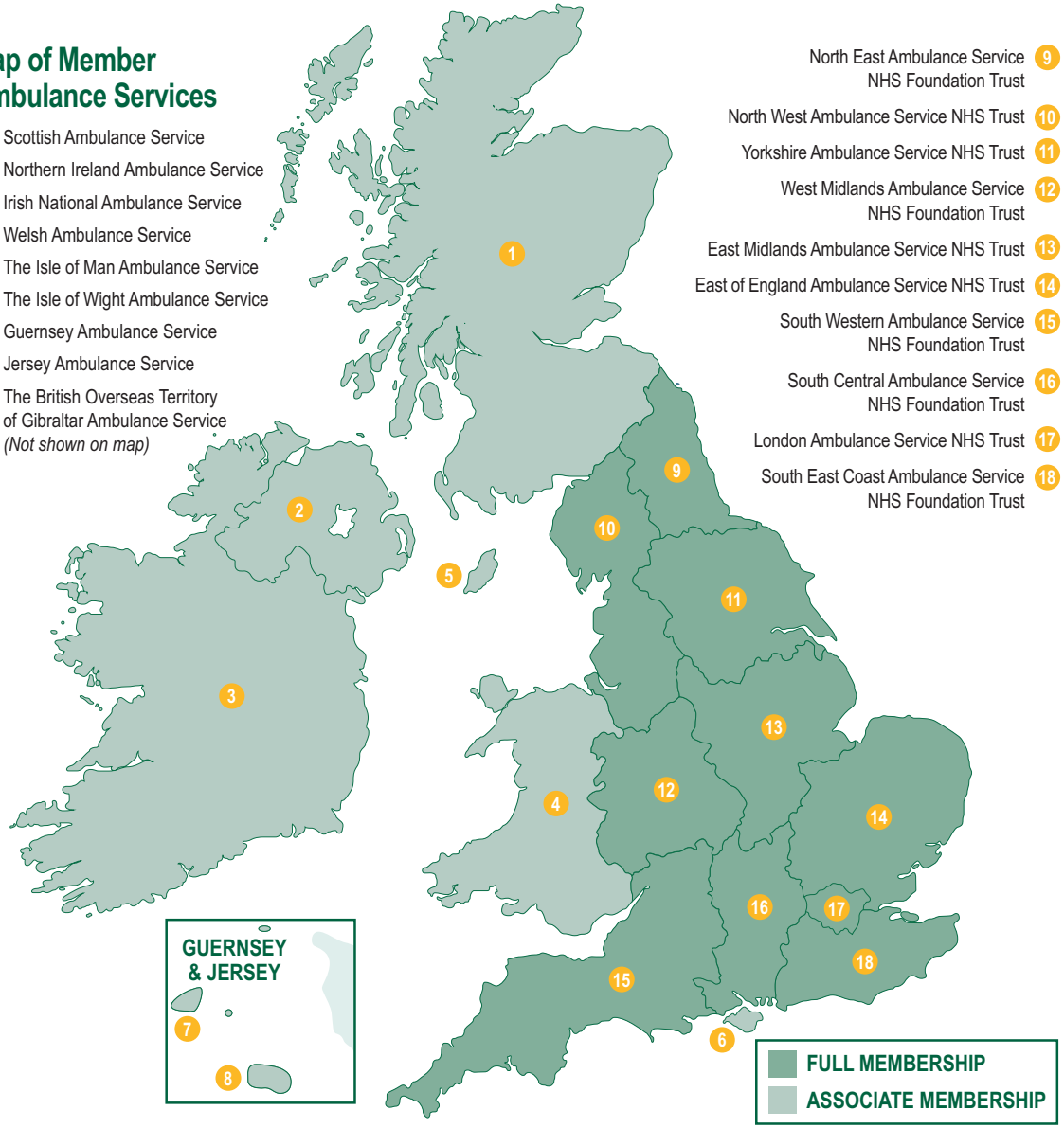
ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Map of Member Ambulance Services

1. Scottish Ambulance Service
2. Northern Ireland Ambulance Service
3. Irish National Ambulance Service
4. Welsh Ambulance Service
5. The Isle of Man Ambulance Service
6. The Isle of Wight Ambulance Service
7. Guernsey Ambulance Service
8. Jersey Ambulance Service

The British Overseas Territory of Gibraltar Ambulance Service *(Not shown on map)*

9. North East Ambulance Service NHS Foundation Trust
10. North West Ambulance Service NHS Trust
11. Yorkshire Ambulance Service NHS Trust
12. West Midlands Ambulance Service NHS Foundation Trust
13. East Midlands Ambulance Service NHS Trust
14. East of England Ambulance Service NHS Trust
15. South Western Ambulance Service NHS Foundation Trust
16. South Central Ambulance Service NHS Foundation Trust
17. London Ambulance Service NHS Trust
18. South East Coast Ambulance Service NHS Foundation Trust



Anthony Marsh QAM, **CEO**
West Midlands Ambulance Service NHS Foundation Trust

Rod Barnes, CEO
Yorkshire Ambulance Service NHS Trust

Sir Graham Meldrum CBE, **Chair**
West Midlands Ambulance Service NHS Foundation Trust

Kathryn Lavery, Chair
Yorkshire Ambulance Service NHS Trust

We also have membership from those ambulance services operating in the devolved administrations as Associate Members including Scotland, Wales and Northern Ireland as well as those in Republic of Ireland, The Isle of Wight, The Isle of Man, Guernsey, Jersey and The British Overseas Territory of Gibraltar:

Pauline Howie, CEO
Scottish Ambulance Service

Tracy Myhill, CEO
Welsh Ambulance Services NHS Trust

Roisin O'Hara, Interim CEO
Northern Ireland Ambulance Service

Martin Dunne, Director
National Ambulance Service Republic of Ireland

David Garbutt QPM, Chair
Scottish Ambulance Service

Mick Giannasi, Chair
Welsh Ambulance Services NHS Trust

Paul Archer, Chair
Northern Ireland Ambulance Service

Chris Smith, CEO
The Isle of Wight Ambulance Service

Applications for Associate Membership will also be considered from other statutory ambulance / emergency medical services in other countries, subject to approval from the AACE Council. For a reduced full membership subscription, Associate members benefit from the various activities of the Association, observing at AACE meetings and participating in national benchmarking exercises for instance. Where applicable, they also receive the same preferential rates as full members e.g. for attendance at the Ambulance Leadership Forum; and when purchasing the National Ambulance Clinical Guidelines or Driving Manual these will be charged at the same rate, by the publisher, as the full Members.

Russell Thornhill, CEO
The Isle of Man Ambulance Service

Jon Beausire, CEO
Guernsey Ambulance Service

Peter Gavey, CEO
Jersey Ambulance Service

Adrian Gerada, CAO
The British Overseas Territory of Gibraltar Ambulance Service

AMBULANCE LEADERS

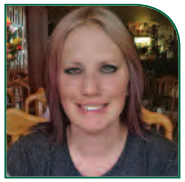
ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

The AACE Team

Anthony Marsh QAM, AACE Chair – Anthony Marsh started his Ambulance Service career in Essex in 1987. Anthony has held a number of senior posts with the Ambulance Service in Hampshire, Lancashire, Greater Manchester and West Midlands. Anthony holds 3 Masters Degrees. MSc in Strategic Leadership, Master in Business Administration (MBA) and Master of Arts. Anthony was appointed Chair of the Association of Ambulance Chief Executives in 2012 and is the lead for the National Ambulance Resilience Unit, Anthony holds a special interest in this area. Anthony also holds the National Portfolio for Emergency Planning, Response and Resilience. He is also the National Ambulance Strategic Lead for Counter Terrorism. Anthony is a Regional and National Cadre Major Incident Gold Commander. Dr Marsh has been awarded the role of Pro Chancellor with the University of Wolverhampton.

We now have five employees based in our London office:

Martin Flaherty OBE, Managing Director – Martin joined LAS in 1979 as a front line ambulance technician and paramedic and followed this with 25 years as a manager and executive director in a variety of positions. He was responsible for coordinating the emergency medical response to the 7th July bombings in 2005 and became Deputy Chief Executive of LAS in May 2009. Following secondments with the Irish Ambulance Service/HSE as Strategic Ambulance Advisor and at Great Western Ambulance Service as Interim Chief Executive, Martin was also the Senior Responsible Officer for the LAS Olympic and Paralympic Programme. Martin ended his career with LAS in January 2013 as interim CEO before taking up his role as MD for AACE, which he undertakes 4 days/week.



Samantha Williams, Executive Assistant – Samantha Williams, Executive Assistant – as well as being Martin Flaherty's Executive Assistant, Sam also carries out an Office Manager function, handling administration and providing general support to the whole organisation. Sam is the first point of contact for all AACE enquiries. Sam spent much of her previous career in the Civil Service especially, in the Department for International Development, in the House of Commons and in the Ministry of Justice. She then spent three years at London Ambulance Service as PA to the Human Resources and Medical Directors providing executive support, before moving full time to AACE in 2012.

Steve Irving, Executive Officer – Steve is a Paramedic and Manager with over thirty years' experience at the London Ambulance Service. Now working full time for AACE, Steve has a general portfolio supporting the MD and the Joint Royal Colleges Ambulance Committee (JRCALC). Steve is the lead for planning and hosting the Ambulance Leadership Forum (ALF) each year.

Anna Parry, National Programme Manager – Anna joined AACE on a part-time basis following her role in LAS as Deputy Head of Olympic Planning. Anna previously worked in NHS project management roles for a cardiac network and a primary care trust. She has a Masters in Public Management and is responsible for coordinating the AACE's national programme, which is comprised of the ten national director group work programmes and AACE - specific projects.

AACE

Martyn Salter, Finance Manager – Martyn is a qualified accountant (FCCA) and joined the NHS more than 40 years ago. He worked in LAS for 20 years, initially as deputy director of finance and managing an efficiency team before retiring in 2014. Martyn works two days a week for AACE and is responsible for all financial management, as well as being the Company Secretary.

In addition to our staff based in London we have:

Cathryn James, Clinical Support for NASMeD – Cathryn James started working for Yorkshire Ambulance Service (YAS) in 1981, originally as an ambulance cadet and became a qualified Paramedic in 1987. She is now an advanced paramedic, working clinically one day per week and another day as Clinical Manager-Pathways, leading on development of alternative patient pathways. She is seconded from YAS to AACE three days per week, providing clinical support to the National Ambulance Medical Directors Group (NASMeD), and the ongoing development of the UK Ambulance Services Clinical Practice Guidelines (JRCALC).

plus part-time contracted professional support from:

Mike Boyne of C3 Solutions Ltd – Providing assistance in the delivery of AACE projects and support to the NDOG work programme. He has previously completed work programmes on behalf of ambulance trusts and the DH in relation to emergency preparedness, flu pandemic planning and performance improvement initiatives. Mike is a former army officer who in the latter stages of his career developed a specialism in urban counter terrorism operations and major incident management. On leaving the army Mike worked for LAS in a variety of senior management roles leading departments responsible for health emergency preparedness and logistics before being appointed as Assistant Director of Operations with responsibility for South London, leaving the NHS in 2007 in order to relocate to Cornwall and pursue other business interests.

Carl Rees of Rees Professional Services Ltd
Carl's main role is to manage AACE's media relations function on a day-to-day basis, providing the link with all trust communications teams (via NACOM), NHS England, Department of Health (DH) and the media. Carl has provided communications and stakeholder engagement services to a wide range of NHS organisations for 21 years. He has a particular interest in ambulance services and worked with the former Ambulance Service Association from 2005. He was part of the national DH implementation team responsible for rolling out Hazardous Area Response Teams between 2007 and 2011 and has worked extensively with the National Ambulance Resilience Unit since its inception. He is also the founder of the annual Ambition Expo, designed for the international emergency preparedness, resilience and response community.

John McNeil of McNeil Creatives Ltd – Providing our daily electronic media services and maintaining the AACE website, constantly finding ways to grow and improve our online presence. This is achieved both through regular website updates and by building links with stakeholder websites and via social media activity at @AACE_Org.

Hilary Pillin of HRP Professional Services Ltd – Focusing on enhancing key stakeholder relations, coordinating our input to the Urgent & Emergency Care Review and providing support to the MD in AACE's commercial and consultancy activities. With more than 25 years experience in the NHS, in the acute and ambulance sectors, she has led in governance, quality & risk. Having joined Nottinghamshire Ambulance Service in 1996 she was seconded to a national role in 2003, where she produced national guidance on behalf of NHS Employers and also managed the seven year DH/NARU programme to establish Hazardous Area Response Teams (HART) across the UK. She holds a Masters degree in Terrorism Studies and provides consultancy to healthcare and emergency services in UK and internationally.

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Martyn Salter
Finance Manager

Included within the Capital and Reserves - Profit and Loss Account are the profits from the publication of the Ambulance Clinical Guidelines, Consultancy and various other areas of commercial activity. The Association's Board uses these collective profits to fund several areas of development on behalf of its members. Examples of these include:

- Future developments of the JRCALC/AACE Clinical Guidelines
- Dedicated support to specific National Director Groups particularly NASMeD and NDOG
- Supporting specific pieces of research into pre-hospital care
- Dedicated support to the introduction of independent prescribing for paramedics
- Maintenance and development of collective Information Dashboards for the Ambulance Quality Indicators

Financial Accounts

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES
COMPANY LIMITED BY GUARANTEE (Registered Number 07761209)

PROFIT AND LOSS ACCOUNT
YEAR ENDED 31 MARCH 2016

	Note	2016 £	2015
Turnover		1,291,512	1,222,613
Cost of sales		(25,000)	(22,917)
Gross profit		1,266,512	1,199,696
Administrative expenses		(1,074,424)	(1,126,677)
Operating profit		192,088	73,019
Losses on the disposal of fixed assets of existing operations		(1,144)	-
Profit on ordinary activities before interest		190,944	73,019
Interest receivable and similar income		45	27
Profit on ordinary activities before taxation	2	190,989	73,046
Tax on profit on ordinary activities	4	(36,560)	(15,527)
Profit for the financial year	**9**	**154,429**	**57,419**

BALANCE SHEET
31 MARCH 2016

	Note	2016 £	2016 £	2015 £	2015 £
Fixed assets					
Tangible assets	5		13,291		5,301
Current assets					
Debtors	6	361,941		200,703	
Cash at bank and in hand		240,206		159,017	
		602,147		359,720	
Creditors: Amounts falling due within one year	7	(256,413)		(160,425)	
Net current assets			345,734		199,295
Total assets less current liabilities			359,025		204,596
Capital and reserves					
Profit and loss account	9		359,025		204,596
Shareholders' funds			359,025		204,596

Glossary

AACE	Association of Ambulance Chief Executives
ACPO	Association of Chief Police Officers
AED	Automated External Defibrillator
ALF	Ambulance Leadership Forum
ALPG	Ambulance Lead Paramedic Group
AMPDS	Ambulance Medical Prioritisation Dispatch System
AQI	Ambulance Quality Indicator
ARP	Ambulance Radio Programme
ASA	Ambulance Services Association
BASICS	British Association for Immediate Care (Doctors)
BHF	British Heart Foundation
CAD	Computer Aided Dispatch
CFOA	Chief Fire Officers Association
CoP	College of Policing
CQC	Care Quality Commission
CSR	Central Spending Review
DCLG	Department of Communities & Local Government
DH	Department of Health
DoFs	Directors of Finance
DfT	Department for Transport
ECPAG	Emergency Call Prioritisation Ambulance Group
EEAS	East of England Ambulance Service
EMAS	East Midlands Ambulance Service
EMS	Emergency Medical Services
ePRF	Electronic Patient Report Form
EPRR	Emergency Preparedness, Resilience & Response
ERC	European Resuscitation Council
ESMCP	Emergency Services Mobile Communication Programme
GHA	Gibraltar Health Authority
HART	Hazardous Area Response Team
HEE	Health Education England
HES	Hospital Episode Statistics
HRDs	Human Resources Directors
IOR	Initial Operational Response
JESIP	Joint Emergency Services Interoperability Programme
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
LAS	London Ambulance Service
MERIT	Medical Emergency Response Incident Team
MTFA	Marauding Terrorist Firearms Attack
NARU	National Ambulance Resilience Unit
NASMeD	National Ambulance Service Medical Directors
NDOG	National Directors of Operations Group
NEAS	North East Ambulance Service (Foundation Trust)
NHSC	NHS Confederation
NHSE	NHS England
NICE	National Institute for Heath and Care Excellence
NWAS	North West Ambulance Service
ORH	Operational Research in Health Ltd
PEEP	Paramedic Evidence-Based Education Project
PRPS	Powered Respirator Protective Suit
PTS	Patient Transport Service
QGARD	Quality Governance & Risk Group
ROSC	Return of Spontaneous Circulation
SCAS	South Central Ambulance Service (Foundation Trust)
SECAMB	South East Coast Ambulance Service (Foundation Trust)
SWASFT	South West Ambulance Service Foundation Trust
UEC	Urgent & Emergency Care
WMAS	West Midlands Ambulance Service (Foundation Trust)
YAS	Yorkshire Ambulance Service

The Association of Ambulance Chief Executives would like to thank the following Trusts and organisations for allowing reproduction of their images within this publication:

- **A** East Midlands Ambulance Service NHS Trust
- **B** East of England Ambulance Service NHS Trust
- **C** London Ambulance Service NHS Trust
- **D** North West Ambulance Service NHS Trust
- **E** Scottish Ambulance Service
- **F** South Central Ambulance Service NHS Foundation Trust
- **G** South East Coast Ambulance Service NHS Foundation Trust
- **H** South Western Ambulance Service NHS Foundation Trust
- **I** Welsh Ambulance Service
- **J** West Midlands Ambulance Service NHS Foundation Trust

ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

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September 2016

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