



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

Annual Report

2019-2020



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



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FOREWORD

The financial year of 2019/20 was a year of three-quarters and a quarter. From April to December, life continued as 'normal' for ambulance trusts – steadily increasing demand on services, implementation of strategies to improve performance and transform clinical responses; efforts to reduce variation in service provision across the country, increase resilience and build integration across local systems continued. Then in January, the imminent threat of a new virus beginning to spread across the globe became increasingly real.

The ambulance sector began receiving its first COVID-19 related NHS111 and 999 calls towards the end of February 2020 and attended its first COVID-19 incidents in March. Throughout March and April, demand on services across the country escalated out of all known proportion, particularly for our NHS111 services.

These were evidently unprecedented times, not just for the ambulance service but for the whole of the NHS, Government, and life in general. So, the end of 2019/20, for everyone across the world, was far from 'normal'.

Ambulance services, at the forefront of caring for patients within the pandemic setting, had to take rapid and significant steps in order to manage the extreme levels of demand placed on the 999 service, NHS111 and Patient Transport Services as the crisis unfolded. Operating models were transformed, digital solutions were implemented, workforce numbers were temporarily swelled, and processes and pathways that had once seemed frustratingly unattainable, suddenly became achievable – all at great speed. Many of the changes that were implemented were already identified as objectives in ambulance trusts' strategies for delivering against the NHS Long Term Plan (LTP). Most of them comprise solutions that are not just about ambulance operations, but form co-designed, integrated models working with partner providers in the NHS and in other sectors.

Members of the Association of Ambulance Chief Executives (AACE) swiftly worked together to provide national coordination and consistency in the response to COVID-19, supported by the central AACE team.

Our annual report for 2019/20 focuses mostly on our 'business as usual' activities in Q1 – Q3. Much of the work underway in Q4 was put on hold while we prioritise our response to COVID-19. Details of our Q4 activities and learning will be captured in our report for 2020/21 as the global effort to control the pandemic continues and we adjust to a 'new normal'.



Professor Anthony Marsh QAM,
AACE chair



Martin Flaherty OBE,
AACE managing director



THE ROLE OF THE ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

AACE is a membership organisation and represents the ten NHS ambulance service trusts in England, as well as our associate members in Scotland, Wales, Northern Ireland and Ireland, the crown dependencies, and Channel Islands.

AACE provides a key point of contact with the ambulance services' main partner agencies at national level – the Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSEI), Health Education England (HEE), Public Health England (PHE) and the respective national bodies for the emergency services. We also work closely with NHS Providers (NHSP) and NHS Confederation (NHSC) who represent all sectors of the NHS and facilitate the sharing of knowledge and experience across disciplines. The Association liaises and negotiates with all stakeholders to ensure that the voices of the ambulance services, on behalf of patients and staff, are heard more clearly.

AACE is the first point of call for a range of enquiries and consultations about ambulance service provision from many sources, including politicians, the Department and our regulatory bodies, Care Quality Commission (CQC) and the Health and Care Professions Council – as well as international colleagues, the general public and media.

Our member trusts work closely together on a broad range of national work programmes, to deliver against strategic priorities supporting the national strategy, with a view to continuously bringing improvements to patient care. We have a network of over 40 national groups that meet and converse regularly to share best practice, lessons learned and innovations in patient care.



Details of:

- Our strategic priorities can be found on pages 11-25
- Our staff award winners can be found on page 26
- Our structure can be found on page 28
- Our financial accounts can be found on pages 30



AMBULANCE ACTIVITY IN 2019/20

Between 1 April 2019 and 31 March 2020 ambulance service activity included¹:



12.4M TOTAL CONTACTS TO AMBULANCE EMERGENCY OPERATIONS CENTRES

(from the public, other emergency services, other healthcare professionals and transfers from NHS 111)



Of those calls to 999:

9.2M

were from members of the public

8.8m

were responded to either face-to-face or resolved by telephone

(Only one incident is counted where there are multiple calls for one incident)

1.83m

were transferred from NHS 111

728,289

were calls from other healthcare professionals (e.g. GPs) and requests for Inter-Facility Transfers

Of the calls that received a response:

8.2%

were Category 1

A time critical life-threatening event requiring immediate intervention or resuscitation.

54.3%

were Category 2

Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.

22.2%

were Category 3

An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe.

1.9%

were Category 4

Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.

The remainder includes responses supporting HCPs, emergency services and inter-hospital transfers.



Of the incidents dealt with in 2019/20:

8.2m (93%)

received a face-to-face response

5.0m (57%)

of patients were conveyed to an ED

2.7m (31%)

were seen and either discharged or referred to another clinician/specialist team (**See & Treat**)

612k (7%)






were managed over the phone (**Hear & Treat**)

473k (5.4%)

were conveyed to care destination other than an ED

AMBULANCE RESPONSE PROGRAMME (ARP) IMPLEMENTATION

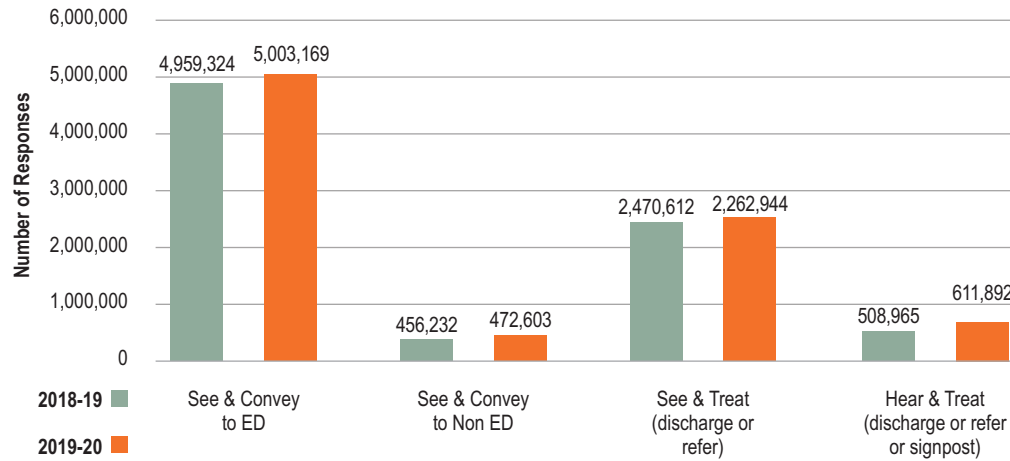
¹Sources:
<https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>
<https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/statistical-work-areas-nhs-111-minimum-data-set-nhs-111-minimum-data-set-2018-19/>

Category	Headline Description	Sub Description	Average Response Target	90 th Percentile Response Target
 Category 1	Life Threatening	A time critical life-threatening event requiring immediate intervention or resuscitation.	7 minutes	15 minutes
 Category 2	Emergency	Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.	18 minutes	40 minutes
 Category 3	Urgent	An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe.	None	2 hours
 Category 4	Less-Urgent	Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.	None	3 hours
 Category 5	Non-Urgent	Problems that have been pre-determined should have a high probability of being managed through hear & treat processes.	None	None

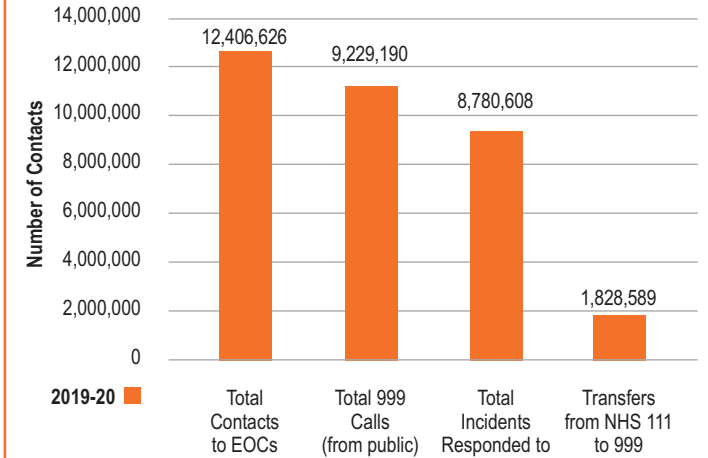
AMBULANCE ACTIVITY IN 2019/20



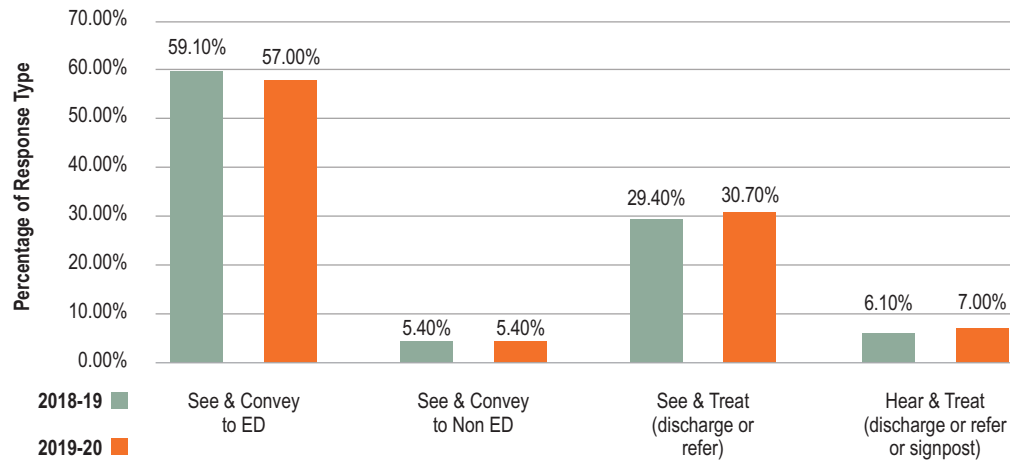
Ambulance Response Type 2018/19 and 2019/20



Demand on NHS Ambulance Services Emergency Operations Centres 2018/19 and 2019/20

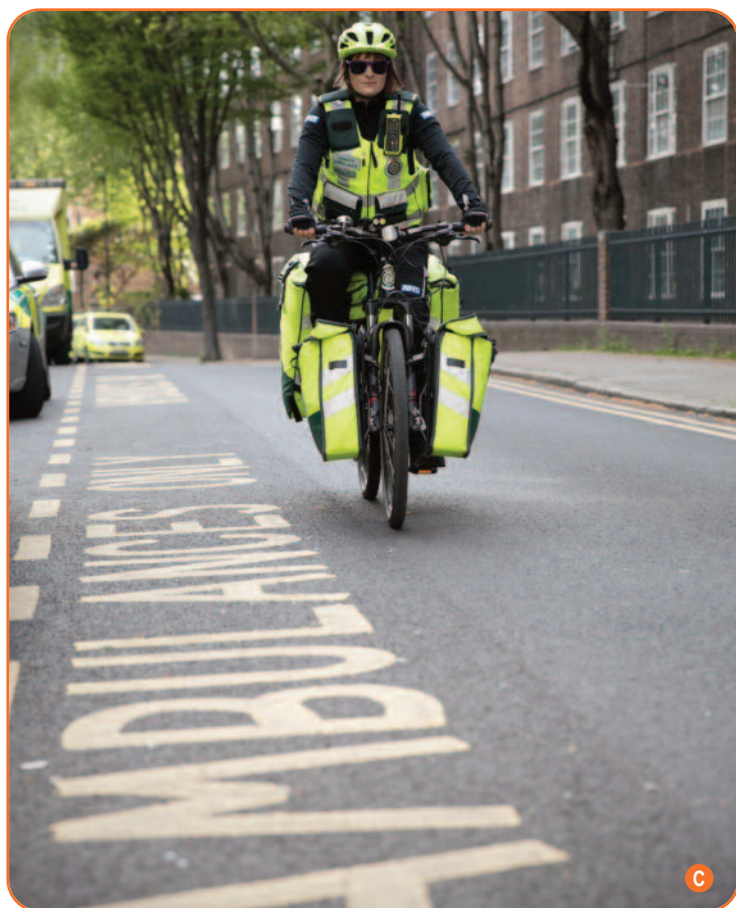


Response Type as Percentage 2018/19 and 2019/20



AACE STRATEGIC PRIORITIES FOR 2019-20

In conjunction with its member trusts, AACE has continued to advance in its identified strategic priority areas, which were determined in March 2018 for 2018/19 and 2019/20.



1

Reduce unwanted variation

2

Develop and instil a clear strategic direction for the sector in urgent and emergency care

3

Strive to be an employer of choice

4

Seek to ensure the optimal safety and experience for all patients

5

Build strategic alliances with commissioners

6

Promote the reputation of the sector and the ambulance/AACE brand



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1. Reduce unwanted variation

Reduction of unwarranted variation has progressed through ongoing engagement with the NHSEI Ambulance Improvement Programme (AIP) and implementation of the Carter Review recommendations. Through the work of AACE's national director groups, opportunities to adopt national best practice have been sought, for example, in relation to clinical care, whilst digital opportunities have been embraced with significant advances evident in relation to directories of services, electronic patient records and triage systems.

Ambulance Transformation Forum

Following the successful roll out of the Ambulance Response Programme (ARP) AACE was instrumental in establishing the Ambulance Transformation Forum (ATF) - a group comprising representatives from ambulance trusts, commissioners, regulators and other partners with a clinical, operational or regulatory interest in the effectiveness of ambulance trusts in England. Led by NHS England, the ATF met for the first time in December 2019 and provides a new focus on monitoring and sustaining the core principles of the ARP. It will work to ensure that the improvements in operational consistency and shared governance achieved through the ARP are not diluted.

The ATF also provides a forum to discuss proposed improvements to ARP principles and operational processes and will ensure proper peer review and scrutiny of new proposals. The ATF will drive continual improvement, innovation, collaboration and sharing of best practice to support the work of the AIP and to promote improved efficiency and effectiveness across all ambulance services.





The Carter Review

Following the review of ambulance services by Lord Carter, AACE supported NHS Improvement in 2019/20 with two pieces of work from the report recommendations:

- i) The establishment of a set of disaster recovery standards for ambulance control rooms for inclusion in the NHSEI emergency preparedness resilience and response (EPRR) standards.

AACE led a multidisciplinary task and finish group on behalf of NHSI with representatives from all English ambulance services. A core set of standards was developed and agreed in partnership with the NHSEI EPRR team and has now been embedded within the assurance framework for adoption by all trusts.

- ii) The identification of areas within the control services environment where best practice can be shared and processes aligned, reducing variation.

The first phase of this work commenced in quarter three of 19/20 where a long list of opportunities was established, again through a multidisciplinary working group led by AACE. Through this work it was agreed that pivotal to any agreed work streams should be the collation of quality data, presented in a way which supported benchmarking. Supported by Operational Research in Health (ORH), AACE and the working group have identified key data streams to support several potential areas of work. The outputs were stalled by COVID-19 but will be continued into 2020/21 with consideration given to a wider piece of work identifying opportunities for sharing of best practice and reducing unwarranted variation.

Improving the response to other healthcare professionals

Following successful pilots in North West Ambulance Service NHS Trust, North East Ambulance Service NHS Foundation Trust and West Midlands Ambulance Service NHS University Foundation Trust, new arrangements to improve the consistency of ambulance response to other healthcare professionals (HCPs), both in the community and in hospital setting, were rolled out across England in the first quarter of 2019/20. These arrangements are outlined in framework documents developed by AACE on behalf of NHS England with extensive stakeholder engagement both within the ambulance sector and with other partners including the Royal College of General Practitioners and Royal College of Emergency Medicine.

The HCP Framework and Inter-Facility Transfer (IFT) framework dramatically improve national consistency in terms of ambulance responses sent at the request of other healthcare professionals. They also offer greater assurance that those patients receive parity of response to individuals accessing ambulance services through 999 – particularly those patients with more serious conditions.

The roll out has been well received and AACE is optimistic that these arrangements will improve patient experience as well as delivering improvements for other HCPs and ambulance trusts. Crucially ambulance trusts' performance when responding to requests from other HCPs and to IFTs is now recorded and published monthly alongside 999 performance by NHS Digital. This provides transparency about any potential performance variation for higher acuity patients and will highlight commissioning differences for lower acuity patients.

2. Develop and instil a clear strategic direction for the sector in urgent and emergency care

AACE developed, articulated and promoted its *strategic vision of the ambulance service role in urgent and emergency care* in December 2019, which has informed national and regional discussions. The role the ambulance sector can play in public health and prevention agendas has also been articulated and promoted, however, it is recognised that these are roles that are not routinely commissioned and there remain many opportunities to consolidate this contribution from the ambulance sector.

Mental Health Response

After several years of close working with NHSEI, the National Ambulance Commissioning Network (NACN) and other partners, AACE was delighted that the NHS LTP included a strong message about the need to improve funding for ambulance services in order that they may improve the response to patients in mental health crisis:

“ **Ambulance staff will be trained and equipped to respond effectively to people in a crisis.** Ambulance services form a major part of the support people receive in a mental health emergency. For example, South Western Ambulance Service NHS Foundation Trust reports that at least 10-15% of all calls are related to mental health. We will introduce new mental health transport vehicles to reduce inappropriate ambulance conveyance or by police to A&E. We will also introduce mental health nurses in ambulance control rooms to improve triage and response to mental health calls and

increase the mental health competency of ambulance staff through an education and training programme. A six-month pilot in the Yorkshire Ambulance Service NHS Trust showed that 48% of mental health calls were usually conveyed to A&E, but only 18% when triaged by a mental health nurse. ”

£70 million of new funding has been allocated to deliver this aspiration over a programme of work concluding in 2023/24. An initial £24 million of funding has been allocated to Clinical Commissioning Groups (CCGs) for 2020/21 with clear messages from NHSEI about the intended purpose for the funding. Despite this positive news, allocation of funding remains the responsibility of CCGs. Feedback from ambulance trusts indicates that some challenges have been experienced in ensuring that the funding flow will guarantee dedicated mental health response vehicles, staff, training, and access to mental health professionals as is the national intention.



AACE continues to work with NHSEI to promote existing examples of good practice in order to influence local commissioning discussions and will continue with lobbying efforts to ensure that ambulance trusts are properly funded to deliver the mental health aspirations of the LTP.



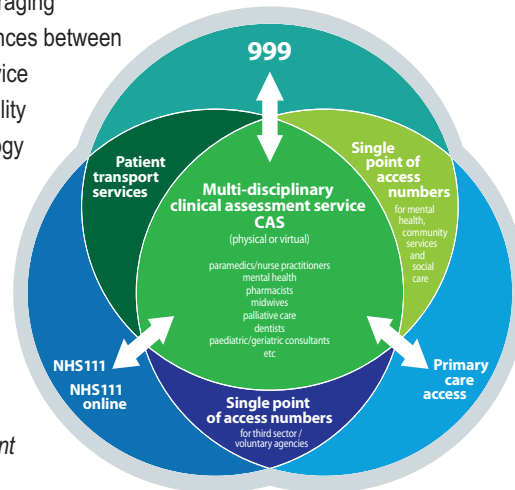
Coordinated access to integrated urgent and emergency care

In December 2019 AACE published a commissioning blueprint calling for greater integration of 999 and 111 call handling, clinical assessment and triage, and ambulance service provision. The part played by the UK NHS ambulance sector during the first wave COVID-19 pandemic further demonstrated its potential contribution, in terms of co-ordination, navigation and provision, to the collective delivery of integrated urgent and emergency care services alongside other providers and system partners.

The regional footprint of NHS ambulance trusts underpins the unique role they have the potential to fulfil in the co-ordination of integrated 999 and 111 services, out of hours access, and clinical assessment services (CAS) to ensure the most appropriate response for each patient. AACE continues to promote this joined up approach for integrated urgent and emergency service access, encouraging collaboration and alliances between providers in these service areas and interoperability between their technology systems.



Single point of access model for urgent & emergency care



North East Ambulance Service (NEAS): 999 and 111 provider multi-skilling health advisors

NEAS was involved in the original pilot for 111, delivering a single point of access service in the County Durham and Darlington areas. This success led to NEAS bidding for and winning the contract to deliver 111 services across the North East from 2012 and again from 2017.

NEAS were also early adopters of NHS Pathways for both 999 and 111 and use the same Computer Aided Dispatch (CAD) system (created by Cleric) for both. This, together with the requirement to be able to deliver both services as efficiently as possible, led to the decision to multi-skill the majority of health advisors across both work streams.

Currently, around 60% of NEAS health advisors are multi-skilled – new staff are trained initially on 111 and, where appropriate, are trained to handle 999 calls after around 9 months.

Benefits include:

- For the patient, a seamless service across 999 and 111
- Multi-skilling of staff negating the need for approximately 20 WTE health advisors per annum
- Allowance for unexpected call demand on 999 to be managed
- Effective management of the volume of calls transferred from 111 to 999
- For the health advisors, clear progression from 111 to 999 and greater scope for flexible working

3. Strive to be an employer of choice

With its member trusts, AACE has continued to *strive to be an employer of choice* undertaking work to recruit, develop and support a workforce that is more representative of the communities it serves. Examples of this include sharing best practice in relation to recruitment initiatives in areas that are under-represented in the ambulance service workforce and promoting national initiatives for under-represented staff groups. Workforce planning has continued, alongside collaborative work with partner organisations to understand and address the challenges posed by the potential employment of paramedics within primary care networks, whilst embracing the opportunities this offers.

Employee mental health

AACE has worked closely with human resource directors and staff wellbeing leads to embed the suicide register introduced in September 2018 and learn from incidents and trust responses. Filming for an AACE mental health film was undertaken capturing the mental health experiences of four frontline ambulance service staff and promoting support mechanisms available both nationally and locally.

Relationships with The Ambulance Staff Charity (TASC) have been enhanced, as well as with NHS Employers and the College of Paramedics to ensure a joined-up and comprehensive approach to improving the mental health and wellbeing of our workforce.



AACE STRATEGIC PRIORITIES FOR 2018/19 AND 2019/20





National Ambulance Diversity Forum

October 2019 saw the second national Black & Minority Ethnic (BME) conference and fourth Lesbian, Gay, Bisexual & Transvestite (LGBT) conference. Both the BME Forum and LGBT Network have continued to thrive and have produced some brilliant resources for their members relating to staff and patients, which are available on their websites.

A 'Project D' event took place in September 2019 attended by circa 100 people from across the country with priority areas identified to inform the ongoing work of the forum. Best practice and learning in relation to diversity has continued to be shared in face-to-face meetings and online.



Volunteering

AACE continued to support the second phase of the Q-volunteering initiative responding to the needs of trust volunteering leads, which included input and guidance in relation to the Investors in Volunteers award, which a number of trusts have now been successful in achieving.

As part of the Q-volunteering initiative, the King's Fund produced a comprehensive account of the ambulance service's extensive use of volunteers, which can be seen here:

<https://www.kingsfund.org.uk/publications/volunteering-ambulance-services>.

In autumn 2019, the volunteering picture nationally was as outlined here:



4. Seek to ensure the optimal safety and experience for all patients

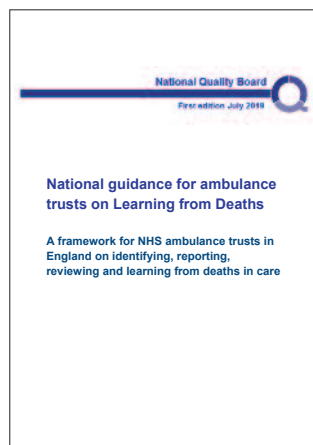
AACE has continued to seek to ensure the optimal safety and experience for all patients through its quality, governance and risk directors' (QGARD) and medical directors' (NASMeD) groups with learning shared and initiatives undertaken nationally as and when required.

AACE also engages with NHSEI on work aimed at improving patient care, through the Ambulance Improvement Programmes, such as Safely Reducing Avoidable Conveyance (SRAC).

Learning from deaths

NASMeD and QGARD members contributed to the development of the NHS national guidance for ambulance services on learning from deaths published in July 2019.

This guidance document sets out a standardised framework for ambulance trusts to use to develop and implement their local learning from deaths policies. A workshop was held in January 2020 to review how trusts conduct structured judgement reviews of deaths.



Joint Royal Colleges Liaison Committee (JRCALC)

In June 2019 a full reprint of the JRCALC guidelines and pocketbook took place, with many guidelines updated and new guidelines published both on paper copy and on the digital app. AACE continued to work closely and were well supported by Class Publishing in production of these invaluable reference materials.

The JRCALC app is now used by all front-line clinicians in ambulance services as a way of accessing up to date clinical guidance and information to ensure that patient care is appropriate. The JRCALC Plus sections are also now used by all trusts as a platform for posting local pathways, clinical notices, and local variations to guidelines where appropriate.

The app is now updated on a regular basis, for example when new clinical evidence becomes available, or where new guidance or updates and revisions

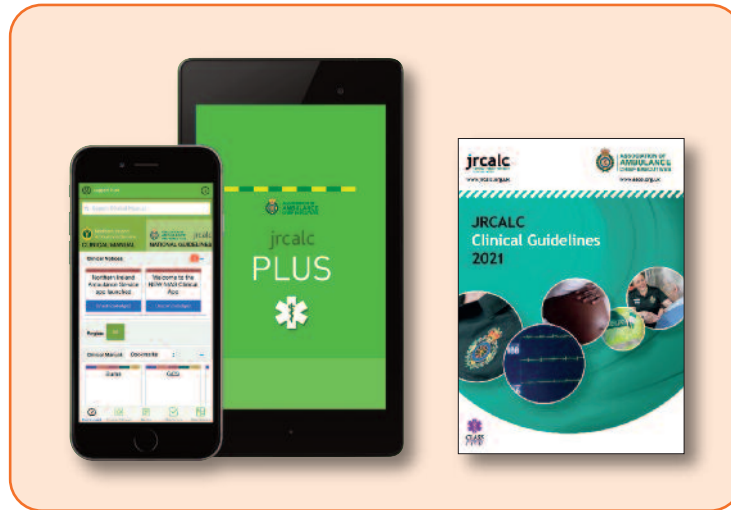


AACE STRATEGIC
PRIORITIES FOR 2018/19
AND 2019/20





to current guidance is needed. The ability to issue guideline updates through the app is now a significant factor in mitigating clinical risk for our members and ensures frontline staff have access to the very best up to date information.



Specific new guidance published includes the assessment and management of patients with acute behavioural disturbance (ABD) alcohol use disorder. New evidence emerged that led to updated guidance for the administration of a medicine called tranexamic acid to patients who may be bleeding due to serious head injuries and to administer the prophylactic intravenous antibiotic co-amoxiclav to patients with open fractures.

In January 2020, the Committee saw a change in Chairperson as Dr Dhushy Surendra Kumar completed six years and handed over to Dr Alison Walker. AACE is grateful to Dr Kumar for advancing the work of JRCALC and looks forward to supporting continued development under the guidance of Dr Walker.



Ambulance data set project (ADS)

This three-year NHSEI led project commenced in 2019 supported by AACE. The ambulance data set will provide an improved, consistent level of detail about how we respond to and treat 999 patients, which has never been collated consistently before.

The new data set will improve patient care through better and more consistent information, allow better planning of healthcare services and improve communication between health and care professionals. It will allow better linkage to other data sets, such as the Emergency Care Data Set, to better understand the patient outcomes associated with ambulance service interventions.

A stakeholder event was held in May 2019 to provide key clinical and operational leads from English ambulance trusts with the opportunity to understand the ADS in more detail and discuss its implementation. Expressions of interest for testing and piloting of the ADS were sought and agreed and ADS clinical champions were identified from all English trusts. The project continues, with pilot testing being the next step in year two.



British Heart Foundation (BHF)



The national defibrillator data base went live in the West Midlands and Scottish Ambulance Services in 2019 with advanced roll-out plans for the remaining UK services through 20/21. This initiative has been branded by BHF as 'The Circuit' to ensure that its life saving contribution is seen as more than just data. BHF are committed to identifying many thousands of extra defibrillators, currently not known to ambulance services and ensuring that they are accessible, without delay, when needed. AACE are pleased to be working with BHF and are grateful for the funding they have committed to this life saving project.

Telecare

AACE has continued to engage with the Telecare Services Association (TSA) around opportunities to work together to improve the care of people who may press their telecare alarm to gain assistance. The TSA represents organisations providing technology enabled care.

Most ambulance trusts are now able to collect data on the types and numbers of calls from telecare organisations. This is being used to give a greater understanding of how best to respond to ensure appropriate decisions are made around 999, greater use of appropriate alternative pathways, more accurate coding and categorisation of calls, and potential reduction in ambulance dispatch and conveyance rates.

NASMeD supported a proposal to pilot a decision support tool to assist telecare providers when requesting ambulance responses. This is now part of ongoing work being undertaken by the Northern Ambulance Alliance.

Health Services Investigation Branch (HSIB)

AACE has engaged with the HSIB and is now their first point of contact for the sector. In 2019/20 we received and responded to safety recommendations following investigations to prevent future patient safety incidents.

Work began on development of a national pre-alert for patients being conveyed to hospital, where it is deemed appropriate to alert the emergency department so that they can prepare for arrival to ensure the patient receives prompt and appropriate care. Guidance regarding decision-making for children under the age of five was developed, to ensure staff know when to convey, refer or discharge care of children. We also began reviewing our clinical guidance for patients who have taken an overdose of beta blockers such as propranolol, to ensure there is enough awareness around the lethality of these groups of medicines.

Falls

Many trusts are now using community first responders (CFRs) and other models of alternative responses to send to patients who have fallen - predominantly older people who are on the ground. A review of trust processes showed significant benefits in response times for patients, reduced need for ambulance attendance, robust governance processes and no adverse incidents.

NASMeD agreed that this should become a model of best practice and be considered by all trusts. A single governance framework is now being developed as part of the NHSEI SRAC Programme. A workshop to inform production of this framework was held in January 2019.

AACE STRATEGIC PRIORITIES FOR 2018/19 AND 2019/20





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5. Build strategic alliances with commissioners

AACE has supported its member trusts in efforts to secure required levels of investment through conducting demand and capacity reviews and sought to *build strategic alliances with commissioners*. Liaison has continued with the national ambulance commissioners' group and considerable progress has been made in engaging with integrated care system colleagues with support from partner organisations such as NHS Confederation and NHS Providers.

In articulating the offer from ambulance services to the health systems in their regions, AACE has been advocating a revision of current commissioning arrangements to address the inefficiencies of existing practices in relation to provision of integrated urgent and emergency care services, as well as the sustained uncertainty that can result during contracting negotiations for NHS111. There is the potential for greater efficiencies to be realised if the current short-termism of 111 contractual arrangements were addressed, plus consolidation of scarce workforce resources by having single CAS supporting integrated access over larger footprints.

NHS ambulance trusts in England operate on a regional footprint. 999 ambulance services are currently commissioned by local CCGs, which range in number from seven to 32 for any one trust. These function across multiple sustainability and transformation partnership (STP) or integrated care system (ICS) areas – with ambulance service contracts usually negotiated through a lead or co-ordinating CCG. Currently 111 / integrated urgent care (IUC) contracts are commercially tendered and commissioned at an STP / ICS level and there are multiple CASs run by various providers across ambulance regions.





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AACE has been highlighting to commissioners and ICSs, that an integrated regional approach to the commissioning of 999 and 111 services has the potential to bring about significant economies of scale and quality improvements across service provision, particularly in relation to call answering, clinical assessment and triage to:

- Give patients better, faster and more appropriately delivered access to care closer to home
- Help reduce ambulance dispatch, avoidable conveyance and pressure on A&E departments across the country
- Result in greater synergies with wider STP / ICS partners in the primary care, acute, mental health and community sectors, transforming the integrated care system landscape
- Facilitate the realisation of the aspirations for urgent and emergency care outlined in the LTP
- Enable the efficient pooling of 999 and 111 call handling and clinical advisor capacity to meet demand more flexibly
- Enable trust boards - in line with their trust and enabling strategies and STP / ICS strategies - to enact longer term strategic priorities to expedite integration, reduce unwarranted variation and achieve productivity and efficiencies in line with Lord Carter recommendations
- Provide resilience and interoperability of systems, workforce and services to deal with major incidents as demonstrated through the recent COVID-19 pandemic

From a system-wide perspective, commissioning the ambulance service at a combined STP / ICS level to lead the coordination of the integration of these services, for a given regional geography, would leverage the ambulance sector's contribution to fully integrated urgent and emergency care, whilst ensuring the necessary oversight and scrutiny at an appropriate strategic level. This would also facilitate the inclusion of other activity undertaken by ambulance services, in relation to prevention and public health, for example, within strategic commissioning and contracting discussions and arrangements.



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6. Promote the reputation of the sector and the ambulance/AACE brand

AACE has promoted the reputation of the sector and the ambulance/AACE brand liaising extensively with partner organisations that offer benefits to patient care, efficiency and effectiveness, such as the Care Quality Commission, College of Paramedics, academic institutions and PHE. Where there is clear benefit in working together nationally, AACE has sought to lead the sector in representing its members, as and when required.

Stakeholder engagement

A key focus of AACE's activity has remained stakeholder engagement within the NHS and outside. AACE has continued to liaise with the NHSC and NHSP and the King's Fund, identifying and acting upon opportunities to work together on learning and development opportunities and events and joint publications. AACE has continued to work closely alongside NHSEI in relation to the AIP as well as many other areas where AACE has provided subject matter expert input.



Ambulance Leadership Forum (ALF) Conference

The decision to cancel the ALF, scheduled for 17 & 18 March 2020, two weeks prior to the event seemed almost unthinkable. Speakers had prepared their presentations, bedrooms were allocated, finishing touches were being made to the brochure and delegates lists. The UK had just over 100 coronavirus cases, one death had been acknowledged and public messaging focused on the continued low risk – the Cheltenham Festival would go ahead.

The difficult decision to cancel had to be taken, however, based on the assumption that our member services were likely to see a rapid rise in demand and some challenging working conditions. It was a week later that the World Health Organization (WHO) declared a pandemic and the UK started to lock-down.

For 2019-2020, AACE would like to thank all those who helped prepare a superb looking conference. Our sponsors who have been very understanding along with all our stakeholders who supported our decision to cancel. We now look forward to an online ALF event in March 2021.



AACE STRATEGIC
PRIORITIES FOR 2018/19
AND 2019/20



**ALF 2021 to take place
on 16th and 17th March**



Reinforcing the ambulance sector's key messages

During the past year AACE has continued to work hard to manage the ongoing media interest in the ambulance sector, while ensuring positive, joined up working relationships with communications professionals from other health organisations, especially NHSE/I and DHSC.

We have also prioritised the development of positive relationships with key national journalists, minimising negative and unbalanced coverage and seeking ways to represent the ambulance sector as a vital part of the NHS, a clinical service that forms one of the three core emergency services.

By playing an active role within the National Ambulance Communications Group (NACOM), we have been able to continue help harness the combined power of the communications professionals from all UK ambulance services. We have given the sector a consistently strong voice and the opportunity to provide ambulance input to large-scale national campaigns, particularly public health and specific condition campaigns.

One unfortunate media theme that persistently appeared last year (and continues to do so today) revolves around the worrying trend of increased violence towards ambulance staff. AACE has taken a strong stand on this issue and we have repeatedly used our media presence to call for tougher, more consistent sentencing of perpetrators by the judiciary. We will continue to press this message home at every opportunity.

The AACE communications strategy can be summarised as follows:

- **PROTECT** the reputation of the UK ambulance sector
- **ANTICIPATE** threats to the reputation of the ambulance sector from traditional and social media channels

- **MITIGATE** those threats and ensure damage limitation
- **CREATE OPPORTUNITIES** to accentuate the positive and promote the ambulance sector as a force for good
- **BRING TOGETHER** our colleagues in member services so that we present a confident, united front
- **BE THE VOICE** of the ambulance sector when it is appropriate and assist our stakeholders, as required, when it is not
- **COMMUNICATE CLEARLY** and openly about what AACE does, and how this helps the ambulance sector
- **BE HONEST** when things do not go to plan and retain credibility on behalf of the ambulance sector
- **KEEP PATIENTS & THE PUBLIC** uppermost in our minds in all our communications decisions

Digital media

The AACE website www.aace.org.uk and social media activities occupy an ever-increasing presence within the ambulance and emergency services community.

2019-20 saw further impressive growth across AACE's digital outputs, with well over 200,000-page views from nearly 100,000 unique users. As well as providing daily news updates about the activities of NHS ambulance services, AACE also supports key emergency care partners and wider NHS bodies via the dissemination of relevant campaigns, events and supporting resources.

The growing volume of web activity was again enabled by AACE's continuous Twitter activity, which over the same period saw our numbers of followers rise to nearly 11,000 engaged members of the emergency care community.

As well as AACE's own news, the feed interacts daily with the other ambulance trust feeds as well as other key stakeholders and NHS bodies.



You can follow AACE on Twitter at [@AACE_Org](https://twitter.com/AACE_Org)

AACE AWARD WINNERS

Despite the cancellation of the ALF, AACE was pleased to ensure that all ambulance staff nominated for national recognition still received their awards.

AWARD CATEGORY:	AWARD WINNER:	TRUST:
Exceptional Administrator	Claire Clarkson	London Ambulance Service
Exceptional Mentor or Tutor/Educator	Deborah Armstrong	Welsh Ambulance Service
Exceptional Volunteer	Stacey Price	East Midlands Ambulance Service
Exceptional Specialist Paramedic (excluding Paramedic)	Emma Cameron	Yorkshire Ambulance Service
Exceptional service in a clinical role	Jonathan King	North West Ambulance Service
Exceptional Pre-registration Student Paramedic	Andrew McIlhatton	Northern Ireland Ambulance Service
Exceptional Paramedic	Claire Greenhill	Scottish Ambulance Service
Exceptional Support Services	Laura Jordon	North East Ambulance Service
Innovation or Change Champion	William (Bill) Forbes	National Ambulance Service (RoI)
Exceptional Manager	Azad Ali	West Midlands Ambulance Service
Exceptional EOC/Control Services	David Williams	South Central Ambulance Service
Exceptional Paramedic Manager	Andy Rowe	South East Coast Ambulance Service
Welfare and Wellbeing Champion	Matthew Bell & Louise Donno	East of England Ambulance Service
Exceptional service in a Clinical role	Helen Frost	South Western Ambulance Service
Diversity in Ambulance Services	Pam Brown	West Midlands Ambulance Service

With the assistance of each Trust's headquarters staff, AACE's ALF awards were duly presented with the recipients acknowledged for their outstanding service.



Above:
Jason Killens (CEO, Welsh Ambulance Service) presented Deborah Armstrong with her award for 'Exceptional Mentor or Tutor/Educator'



Right:
Azad Ali, WMAS
'Exceptional Manager' Award

QUEENS AMBULANCE MEDALS

AACE is pleased to assist the Cabinet Office and NHSEI in ensuring worthy nominations for the prestigious award of the Queen's Ambulance Medal (QAM) are put forward.

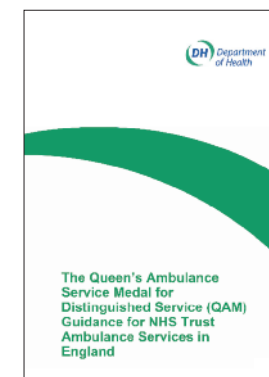
The Queen's Ambulance Service Medal (QAM) honours a very small, select group of ambulance personnel who have shown exceptional devotion to duty, outstanding ability, merit and conduct in their roles within NHS Ambulance Services. The awards in 2019/20 were:

- **Thomas Bailey**
Paramedic,
East Midlands Ambulance Service NHS Trust
- **Trevor Baldwin**
Senior Manager, Emergency Operations Centre,
Yorkshire Ambulance NHS Trust
- **Joanne Rees-Thomas**
Non Emergency Patient Transport Service General Manager,
Welsh Ambulance Services NHS Trust
- **Nicholas Richards-Ozzati**
Emergency Medical Technician,
Welsh Ambulance Services NHS Trust
- **Deborah Goldsmith**
Assistant Emergency Medical Services Controller,
Welsh Ambulance Services NHS Trust
- **Grayham McLean**
Unscheduled Care Lead,
Welsh Ambulance Services NHS Trust

- **Paul Nicholson**
Assistant Director IM&T,
North East Ambulance Service NHS Foundation Trust
- **Steven Wheaton**
Assistant Chief Ambulance Officer,
West Midlands Ambulance Service NHS University Foundation Trust
- **Jacqueline O'Hara**
Paramedic Station Supervisor,
Northern Ireland Ambulance Service
- **Gail Topping**
Paramedic,
Scottish Ambulance Service

OBE Award

- **Glyn Thomas**
Paramedic, Welsh Ambulance Service and St John Cymru Wales.
For services to Pre-Hospital Care in North Wales.
- **Winifred Dignan**
Lately Chair, North West Ambulance Service NHS Trust.
For services to Healthcare in North West England.
- **William Hamon**
Lately Paramedic, South Western Ambulance Service NHS Foundation Trust.
For services to the community in South West England.



Visit the AACE website
www.aace.org.uk and
download the Guidance pdf.





AACE STRUCTURE

The Association has a Board of Directors, a Managing Director, a Chair (a serving ambulance service Chief Executive) and a small administrative team, using specialist external assistance for key pieces of work, where necessary.

The AACE Board exists to manage the organisation in accordance with those regulations. Its principle functions include:

- **Appointing the AACE Managing Director**
- **Agreeing the annual budget and ensuring that full financial control is maintained**
- **Approving the final accounts**
- **Ensuring that appropriate regular financial audit is in place**
- **Agreeing and supporting AACE commercial activity**
- **Ensuring appropriate submissions are made to companies house**

The CEOs of all member organisations meet regularly, as the Ambulance Chief Executives Group (ACEG), on a face-to-face or by teleconference alternately on a monthly basis to discuss a wide range of issues, agree common approaches to national issues and monitor progress against the AACE strategic priorities.

Chairs of all member trusts meet as a group separately, and also jointly with the ACEG three times a year, as the AACE Council, to discuss common strategic challenges and the sector's approach to resolving them.

2019/20

AACE Board Members in 2019/20:

Anthony Marsh QAM - CEO WMAS (AACE Chair)

Lena Samuels - Chair SCAS

Ken Wenman - CEO SWASFT

Jonathan James - Acting Director of Finance SWASFT

Daren Mochrie QAM - CEO NWS

Martin Flaherty OBE - AACE Managing Director



SUPPORTING AMBULANCE SERVICE IMPROVEMENT & TRANSFORMATION

AACE has a growing portfolio of subject matter experts with over 500 years of experience between them in the NHS, supporting day-to-day activities on behalf of its members at a national level. This includes providing contracted work by NHSEI to support development of national policy and guidance.

Our team of experts also provide directly commissioned support to individual ambulance services on a range of topics where there is a need for service improvement or organisational transformation. We also provide one-to-one executive and senior manager mentoring and coaching where this is requested. These services are available to any ambulance organisation at home or abroad.

During 2019/20 we were able to provide bespoke support to Services in:

Republic of Ireland	Gibraltar	South East Coast
Yorkshire	East Midlands	Northern Ireland
North West		



Examples of areas of support provided include:

- Mentoring of newly appointed CEOs,
- Mentoring and support of newly appointed directors and senior managers
- Strategic planning support
- Designing new clinical response models
- Extensive support to improve and optimise control centres
- Improving operational performance particularly for life-threatened patients.
- Interpreting Demand and Capacity Reviews
- Design and implementation of real time performance dashboards
- Review and re-design of emergency preparedness and resilience functions
- Corporate capacity benchmarking
- Design of national disaster recovery standards for control services
- The provision of technical and operational assurance to NHSE and NHSI
- Attendance management reviews

All income generated by such contracts is ploughed back into resourcing the strategic work of AACE on behalf of its members.



SUPPORTING AMBULANCE
SERVICE IMPROVEMENT &
TRANSFORMATION



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

- Updates and developments of the JRCALC/AACE clinical guidelines
- Dedicated support to specific national groups, particularly NASMeD and NDOG
- Supporting specific pieces of research into pre-hospital care
- Dedicated research to support the mental welfare of ambulance service staff and the prevention of suicide
- Maintenance and development of collective information dashboards for the ambulance quality indicators
- In the financial year to 31 March 2020, AACE generated a loss of earnings, as a result of the impact on its operation of the COVID pandemic and the cancellation of the ALF conference in March 2020.

FINANCIAL ACCOUNTS

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

PROFIT AND LOSS ACCOUNT YEAR ENDED 31 MARCH 2020

	2020 £	2019 £
Income	1,714,149	1,513,311
Cost of sales	<u>(7,609)</u>	<u>(38,598)</u>
Gross surplus	1,706,540	1,474,713
Administrative expenses	<u>(1,821,255)</u>	<u>(1,453,232)</u>
Operating surplus	(114,715)	21,481
Interest receivable and similar income	810	50
Other gains and losses	<u>-</u>	<u>-</u>
Surplus before taxation	(113,905)	21,531
Taxation	<u>1,575</u>	<u>(1,575)</u>
Surplus for the financial year	(112,330)	19,956
Retained earnings brought forward	<u>394,630</u>	<u>374,674</u>
Retained earnings carried forward	<u>282,300</u>	<u>394,630</u>

BALANCE SHEET 31 MARCH 2020

	2020		2019	
	£	£	£	£
Fixed assets				
Tangible assets		23,132		17,321
Current assets				
Stock		1,482		-
Debtors		361,062		365,461
Cash at bank and in hand		<u>225,913</u>		<u>370,144</u>
		588,457		735,605
Creditors: Amounts falling due within one year		<u>(329,289)</u>		<u>(358,296)</u>
Net current assets		<u>259,168</u>		<u>377,309</u>
Total assets less current liabilities		<u>282,300</u>		<u>394,630</u>
Reserves				
Income and expenditure account		<u>282,300</u>		<u>394,630</u>

GLOSSARY

AACE	Association of Ambulance Chief Executives
ALF	Ambulance Leadership Forum
ARP	Ambulance Response Programme
ATF	Ambulance Transformation Forum
BME	Black & Minority Ethnic
CAD	Computer Aided Dispatch
CAS	Clinical Assessment Service
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CFR	Community First Responder
CoP	College of Paramedics
CQC	Care Quality Commission
DH	Department of Health
DHSC	Department of Health and Social Care
ED	Emergency Department
EEAST	East of England Ambulance Service
EMAS	East Midlands Ambulance Service
EOC	Emergency Operations Centre
EPRR	Emergency Preparedness, Resilience & Response
HART	Hazardous Area Response Team
HEE	Health Education England
ICS	Integrated Care System
IUC	Integrated Urgent Care
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
LAS	London Ambulance Service
LGBT	Lesbian Gay Bisexual Transgender
LTP	Long Term Plan
NACOM	National Ambulance Communications Leads Group
NARU	National Ambulance Resilience Unit
NASMeD	National Ambulance Service Medical Directors

NDOG	National Directors of Operations Group
NEAS	North East Ambulance Service (Foundation Trust)
NHSI	NHS Improvement
NHSC	NHS Confederation
NHSE	NHS England
NHSEI	NHS England and NHS Improvement
NHSP	NHS Providers
NIAS	Northern Ireland Ambulance Service
NWAS	North West Ambulance Service
QGARD	Quality Governance & Risk Group
SAS	Scottish Ambulance Service
SCAS	South Central Ambulance Service (Foundation Trust)
SECAMB	South East Coast Ambulance Service (Foundation Trust)
STP	Sustainability & Transformation Partnerships
SWASFT	South West Ambulance Service (Foundation Trust)
TSA	Industry body for technology enabled care services
WAST	Welsh Ambulance Services
WHO	World Health Organization
WMAS	West Midlands Ambulance Service (University 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 of England Ambulance Service NHS Trust
- B** East Midlands Ambulance Service NHS Trust
- C** London Ambulance Service NHS Trust
- D** National Ambulance Resilience Unit (NARU)
- E** Northern Ireland Ambulance Service
- F** North East Ambulance Service NHS Foundation Trust
- G** North West Ambulance Service NHS Trust
- H** Scottish Ambulance Service
- I** South Central Ambulance Service NHS Foundation Trust
- J** South East Coast Ambulance Service NHS Foundation Trust
- K** South Western Ambulance Service NHS Foundation Trust
- L** Welsh Ambulance Services
- M** West Midlands Ambulance Service NHS University Foundation Trust
- N** Yorkshire Ambulance Service NHS Trust



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

AACE contact details

For more information please contact:

The Association of Ambulance Chief Executives

020 7783 2043



info@ace.org.uk



www.ace.org.uk



@AACE_org



2019-2020

October 2020

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