



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

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



AACE Annual Report 2021-2022

DECEMBER 2022

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www.aace.org.uk





Whether for patient care, operational policy or emergency preparedness, the Association exists to support its members and to act as the interface between them and their stakeholders.

Daren Mochrie QAM

Chair of the Association of Ambulance Chief Executives (AACE)



The role of AACE

The Association of Ambulance Chief Executives (AACE) was established in 2011 to provide ambulance services with an organisation that can support, co-ordinate and implement nationally agreed policy.

It also provides the general public and other stakeholders with a central resource of information about NHS ambulance services.

Whether for patient care, operational policy or emergency preparedness, the Association exists to support its members and to act as the interface between them and their stakeholders.

It provides a structure to co-ordinate, manage and implement key national work programmes and policy that are fundamental to the ongoing improvement of UK ambulance services and the development of patient care.



Digital media - social and website activities

You can find out more about AACE, our work and that of our members, on our website at www.aace.org.uk and follow us on Twitter @AACE_Org

- Since the AACE website was launched in April 2012 it has racked up well over **1,000,000** views from nearly **300,000** users.
- The AACE's Twitter feed @AACE_Org now enjoys a following of over **13,500** actively engaged ambulance, NHS and wider emergency services organisations and individuals.
- AACE has attracted **over 1,200** opted in subscribers directly via the website, to whom it can send opted-in (or affiliated) communications such as emails or ezines, if required.
- Find out about key work coordinated by AACE in our quarterly newsletter '**Keeping P'AACE**'.



Contents

The role of AACE	03
Digital media - social and website activities	03
Foreword	04
Key Stats from 2021-2022	05
AACE Members, Chief Executives and Chairs 2021-2022	07
Strategic Priorities	08
Strategic Delivery Oversight Group (SDOG)	11
AACE National Director Groups	12
National Directors of Operations Group (NDOG)	15
National Ambulance Service Medical Directors (NASMeD)	20
Joint Royal Colleges Ambulance Liaison Committee (JRCALC)	33
National Ambulance Human Resources Directors Group (HRDs)	35
National Ambulance Communications Directors Group (NACOM)	43
Directors of Finance (DoFs)	46
National Ambulance Strategy and Transformation (NASAT)	53
National Digital Leaders Group (NDLG)	58
National Ambulance Diversity and Inclusion Forum (NADIF)	61
Quality, Improvement, Governance and Risk Directors (QIGARD)	69
National Ambulance Resilience Unit (NARU)	80
Pandemic Pushes UK's Annual Ambulance Sector Conference Online	81
AACE Outstanding Service Awards 2021	82



Foreword

The year 2021-22 was in many respects a year of uncertainty. Whilst more was known by April 2021 about the coronavirus, COVID-19, and the vaccination programme was proving hugely successful, the pandemic was far from over and it wasn't clear when or how NHS services, staff and the UK population in general were going to recover.



Daren Mochrie QAM
Chief Executive,
North West Ambulance
Service NHS Trust (NWAS)
and Chair of AACE



Martin Flaherty OBE, QAM
Managing Director of AACE

Having stepped up to the mark as the pandemic emerged the previous year, ambulance staff were feeling the effects of their relentless endeavours to keep their patients safe, cared for and in receipt of timely treatment, in an NHS environment that remained extremely challenged. Health and care systems were trying to get back to some kind of business as usual, similar to that we had known before, but with the benefit of hindsight in having experienced the pandemic so many had feared for years. Sadly, the realities of the impacts of the stringent control measures needed to curb the spread of the virus began to hit home and the NHS faced another mountain to climb.

In our review of the previous year, we focused very much on the impact of working in a pandemic on the ambulance workforce, hearing from individuals across a wide range of roles and functions. For 2021-22, we focus on the work of our national director groups, and their sub-groups, the existence of which had more than demonstrated their worth during the pandemic in keeping people connected, supported, and informed in taking consistent approaches to managing the challenges all ambulance services were facing. Some of these groups provide a short overview here of their activities throughout 2021-22. This work has continued with colleagues collectively seeking improvement in all that we do as a public service, despite the obstacles faced. These groups work together to seek out opportunities for positive change, and in doing so, continue to provide networks of support amongst peers.

On behalf of AACE, we commend all of our staff for their dedication to the sector and thank all those involved in providing leadership through our national groups and networks. We see the results of these efforts coming to fruition for our patients and our staff, sometimes against the odds.



Ambulance data for 2021-22

Sources: Ambulance Quality Indicators (AQI) and National Ambulance Information Group (NAIG)



Summary

The year saw a significant increase in demand, with call volumes exceeding 10 million and incidents nearing 9 million. At the same time, the proportion of incidents falling into the most serious categories continued to increase. Hear-and-treat (H&T) responses increased, conveyance rates fell and ambulance response times across all categories slowed. The volume of hospital handovers exceeding 60 minutes quadrupled, while the hours lost to handover delays exceeded 1 million.



Demand

- **Call volume:** Ambulance control rooms answered 10.6 million 999 calls, and increase of 2.6 million calls compared with the previous year.
- **Call answer time:** Mean call answer time reached 30 seconds, from 5 seconds the previous year, while the 95th centile answer time reached two-and-a-half minutes, an increase of two minutes.
- **Incident volume:** There were 222k more incidents in 2021-2022 compared with the previous year, taking the total to 8.9 million.
- **Incident severity:** As a proportion of the total, Category 1 incidents ended the year at 11%, having averaged 8% the previous year. Over the same time Category 2 incidents increased from 51% to 55%.



Response Type

- **Hear-and-Treat:** From April 2020 to March 2022, H&T responses increased from 9% to account for 13% of responses.
- **See-and-Treat (S&T):** Incidents represented 32% of the total in 2021-2022, compared with 34% the previous year. Ambulances taking patients to emergency departments ended the period at 51% from a pre-pandemic average of 58%.



Face-to-Face Response Time

- **Category 1 response times:** Against a national standard of 7 minutes, the average response time slowed from 7 minutes in 2020-2021 to 8-and-a half minutes. The 90th centile response time also slowed, averaging 15 minutes and 11 seconds for the year, vs. a 15 minute national standard.
- **Category 2 response times:** The average for the year was 41 minutes, more than double the national standard of 18 minutes and double the average for the previous year. For the 90th centile measure, response times increased to 1 and-a-half hours, more than twice the national standard of 40 minutes.
- **Category 3 and 4 response times:** All saw significant increases compared with the previous year, with the mean response time for Category 3 reaching 2 hours and 20 minutes, and the 95th centile over 5 and-a-half hours.



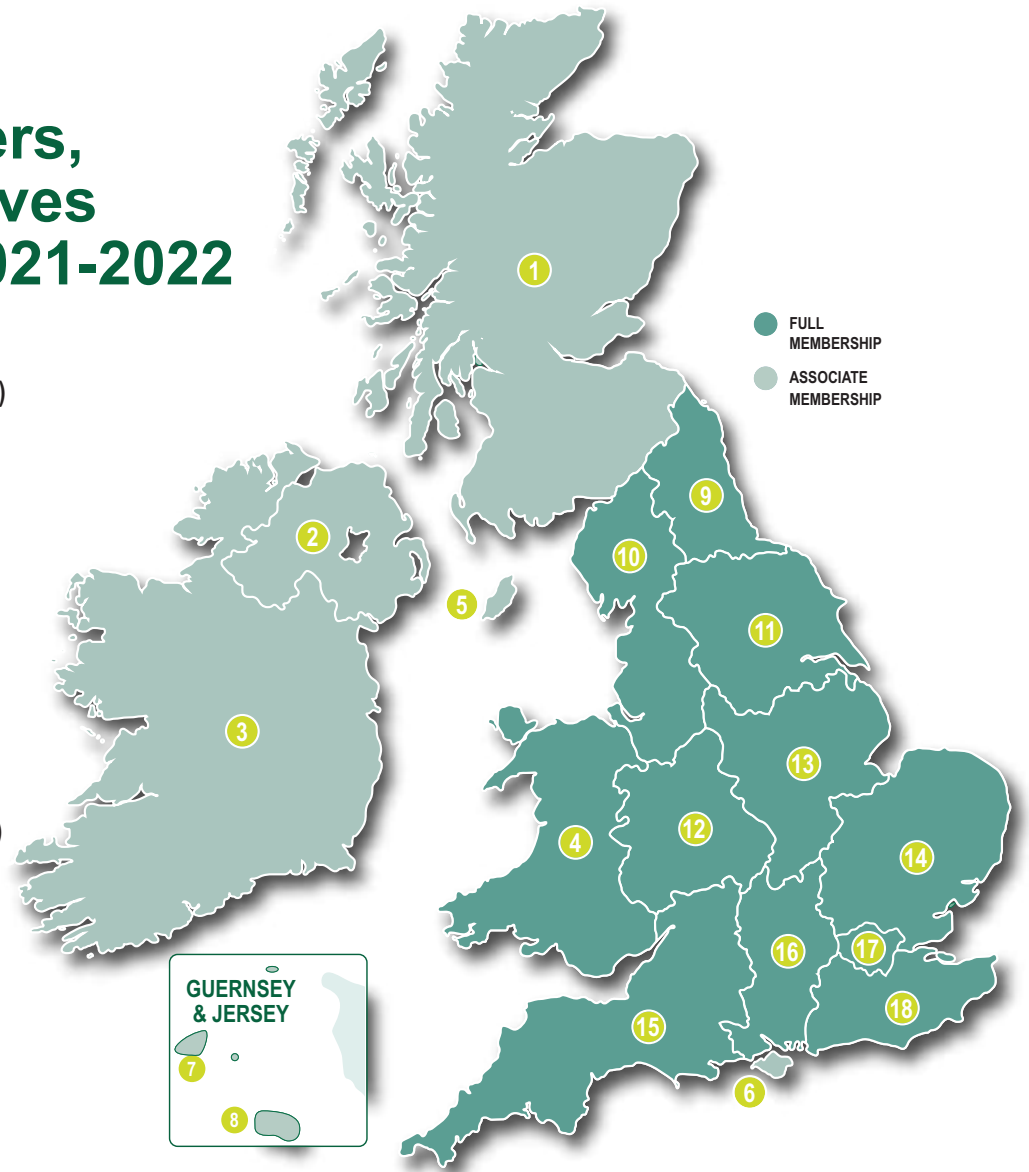
Hospital Handovers

- **Average handover time:** Increased throughout the year, from 18 minutes in April 2021 to 41 minutes in March 2022. The average for the year was 29 minutes – in the 2 years prior the pandemic the average was around 19 minutes.
- **Handovers delays:** There were 0.5 million more handovers exceeding 15 minutes in 2021-2022 than in the previous year, taking the total to 2.5 million. However, within this total, the volume of longer delays increased substantially, with delays exceeding 60 minutes quadrupling to reach 336k.
- **Lost hours:** Time lost to handover delays reached 1.1 million hours in 2021-2022, an increase of 0.6 million from the previous year. This equates to 30,000 ambulance job cycles every day across the 12 month period.
- **Patient harm:** In 2021, AACE conducted a clinical review of patient harm resulting from handover delays exceeding 60 minutes. Extrapolating from those results, an estimated 287k patients experienced potential harm as a result of handover delays in 2021-2022 (from 74k in 2020-2021). Of these an estimated 31k could have experienced severe harm (from 8k in 2020-2021).





AACE Members, Chief Executives and Chairs 2021-2022



● FULL MEMBERSHIP
● ASSOCIATE MEMBERSHIP

1 Scottish Ambulance Service (SAS)

CEO: Pauline Howie
Chair: Tom Steele

2 Northern Ireland Ambulance Service (NIAS)

CEO: Michael Bloomfield
Chair: Nicole Lappin

3 National Ambulance Service Ireland (NAS)

CEO: Robert Morton

4 Welsh Ambulance Service (WAST)

CEO: Jason Killens
Chair: Martin Woodford

5 The Isle of Man Ambulance Service (IoMAS)

HoAS: Will Bellamy

6 The Isle of Wight Ambulance Service (IoWAS)

HoAS: Victoria White

7 Guernsey Ambulance Service (GAS)

CO: Mark Mapp

8 Jersey Ambulance Service (JAS)

CAO: Peter Gavey

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

CAO: Sigurd Haveland

9 North East Ambulance Service NHS Foundation Trust (NEAS)

CEO: Helen Ray
Chair: Peter Strachan

10 North West Ambulance Service NHS Trust (NWS)

CEO: Daren Mochrie
Chair: Peter White

11 Yorkshire Ambulance Service NHS Trust (YAS)

CEO: Rod Barnes
Chair: Kathryn Lavery

12 West Midlands Ambulance Service NHS Foundation Trust (WMAS)

CEO: Anthony Marsh
Chair: Ian Cumming

13 East Midlands Ambulance Service NHS Trust (EMAS)

CEO: Richard Henderson
Chair: Pauline Tagg

14 East of England Ambulance Service NHS Trust (EEAST)

CEO: Tom Abell
Chair: Nicola Scrivings

15 South Western Ambulance Service NHS Foundation Trust (SWASFT)

CEO: Will Warrender
Chair: Tony Fox

16 South Central Ambulance Service NHS Foundation Trust (SCAS)

CEO: Will Hancock
Chair: Lena Samuels

17 London Ambulance Service NHS Trust (LAS)

CEO: Daniel Elkeles
Chair: Heather Lawrence

18 South East Coast Ambulance Service NHS Foundation Trust (SECAMB)

CEO: Philip Astle
Chair: David Astley

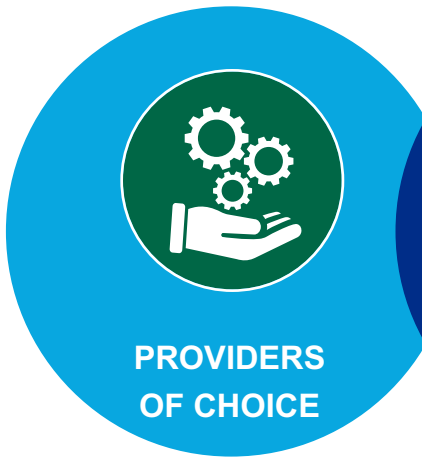


STRATEGIC PRIORITIES

In 2020, AACE identified three high-level strategic priority areas for the NHS ambulance sector over the coming three years, following consultation with our member trusts as well as discussions with external stakeholders.

These strategic priority areas are supporting AACE members to become providers, employers and partners of choice.

AACE Strategic Priorities



**PROVIDERS
OF CHOICE**



**EMPLOYERS
OF CHOICE**



**PARTNERS
OF CHOICE**



PROVIDERS OF CHOICE:

Aspiration: the public view ambulance services as a reliable, high-quality service provider when they have an urgent or emergency healthcare need.

We are committed to supporting continuous advancement in all areas of ambulance service activity and business and nurturing learning organisations that share best practice to improve care delivery.

This includes clinical development in relation to physical and mental health, operational transformation, and digital modernisation, with patients as the ultimate beneficiary. Ambulance services work on a regional basis and patients are not able to 'choose' their preferred provider, however, striving to be the preferred provider – in terms of quality, effectiveness and efficiency – is fundamental to our work. Sharing best practice and learning from each other is a central element of this.



EMPLOYERS OF CHOICE:

Aspiration: people view ambulance services as organisations that they would be proud of and wish to work for.

People are integral to and at the very heart of the services we provide to patients. It is essential that the sector has a sufficient number of well-educated and trained, well-equipped, well-led and well-supported staff and volunteers to meet the care needs of the population we serve.

Becoming a preferred employer is intrinsically linked to the sector becoming a preferred provider. Key areas of focus in our quest to become a preferred employer include tackling racism at all levels across the sector, putting equality, diversity and inclusion at the heart of all we do, leading compassionately and developing compassionate leaders, and prioritising the mental health and wellbeing of employees. Strong operational and clinical leadership is essential and ensuring a sufficient workforce pipeline for registered and non-registered clinical roles.



PARTNERS OF CHOICE:

Aspiration: systems view the ambulance service as a key partner or leader in the collaborative delivery of urgent and emergency care.

The ambulance sector has traditionally been the statutory provider of 999 emergency medical services and, as such, has been strongly affiliated with police and fire and within health, primarily emergency departments. Its focus has increasingly moved into the realm of urgent and emergency care provision, with eight out of eleven English and Welsh trusts providing some 111 services, four of which provide all 111 services within their respective region. Eight out of ten English and Welsh trusts also undertake some or all of the patient transport service provision within their region. Provision of 111 service – or their equivalent – and patient transport services are also undertaken by ambulance service in other devolved nations.

In the fluid and ever-evolving world of health and social care in England, as well as in devolved nations, working collaboratively alongside other partners is becoming increasingly important for the ambulance sector. In England, engagement and liaison with regional NHS England and NHS Improvement teams, as well as strategic transformation partnerships, integrated care partnerships and primary care networks at a more local level, is imperative if ambulance services are to contribute meaningfully to system-level improvements in patient care.

Given its regional status, the ambulance service also has a unique system-leadership role to play at regional and system levels whilst at the same time ensuring that services are tailored to local authority / borough at a place level and local communities at a neighbourhood level too.





Strategic Delivery Oversight Group (SDOG)

The Strategic Delivery Oversight Group (SDOG) is responsible for co-ordinating and overseeing the delivery of AACE’s annual strategic plan and is chaired by the AACE chair. It comprises chairs from national director groups as well as representatives from the ambulance chief executive group and the core AACE team.

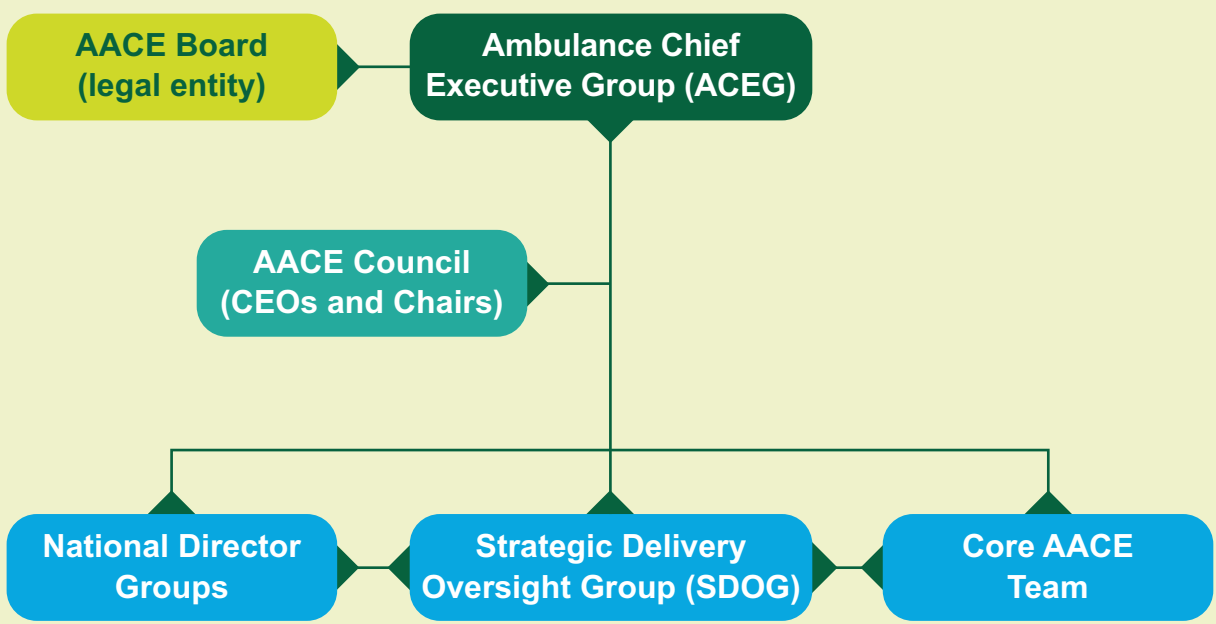
The SDOG’s role is to determine the areas of cross-sector activity that should feature on the annual strategic plan and to ensure that identified action is undertaken with clear, demonstrable progress made in AACE’s strategic priority areas. This is primarily an oversight rather than delivery role.

Key areas of focus and attention in 2021/22 for the SODG included: handover harm and patient

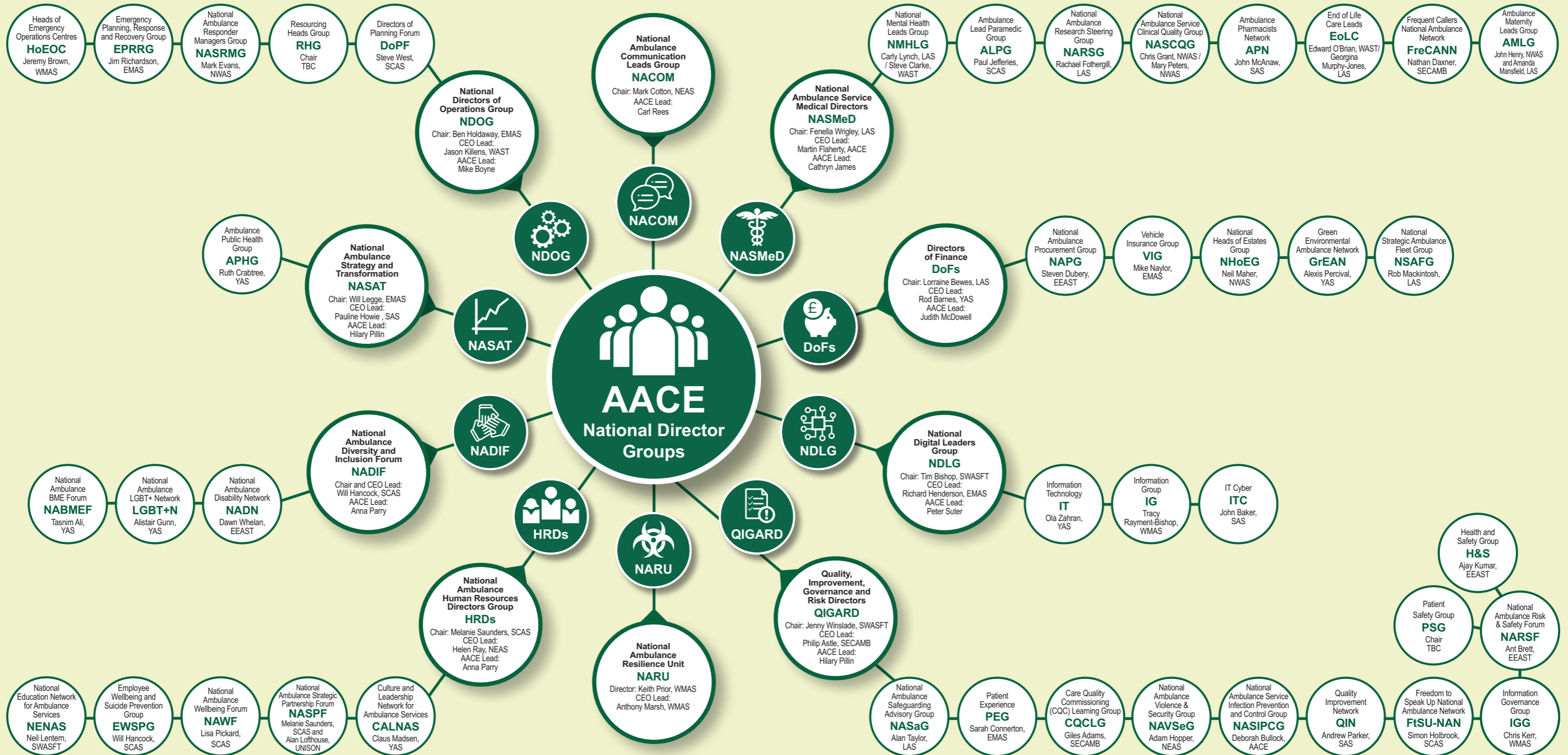
safety; public / population health; delivering efficiencies and modernisation; integrated urgent and emergency care (999, 111 and patient transport services); employee wellbeing and suicide prevention; culture and leadership (including anti-racism); tackling violence and aggression; workforce capacity and development; the ambulance position in the evolving integrated care system (ICS) landscape; and system-level leadership and offer.

How we work

The diagram below shows the operating model for AACE:



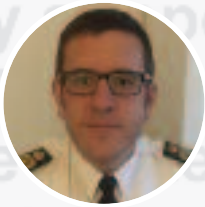
AACE Director Groups in 2021-22



**CLINICAL
SUPERVISOR**



National Directors of Operations Group (NDOG)



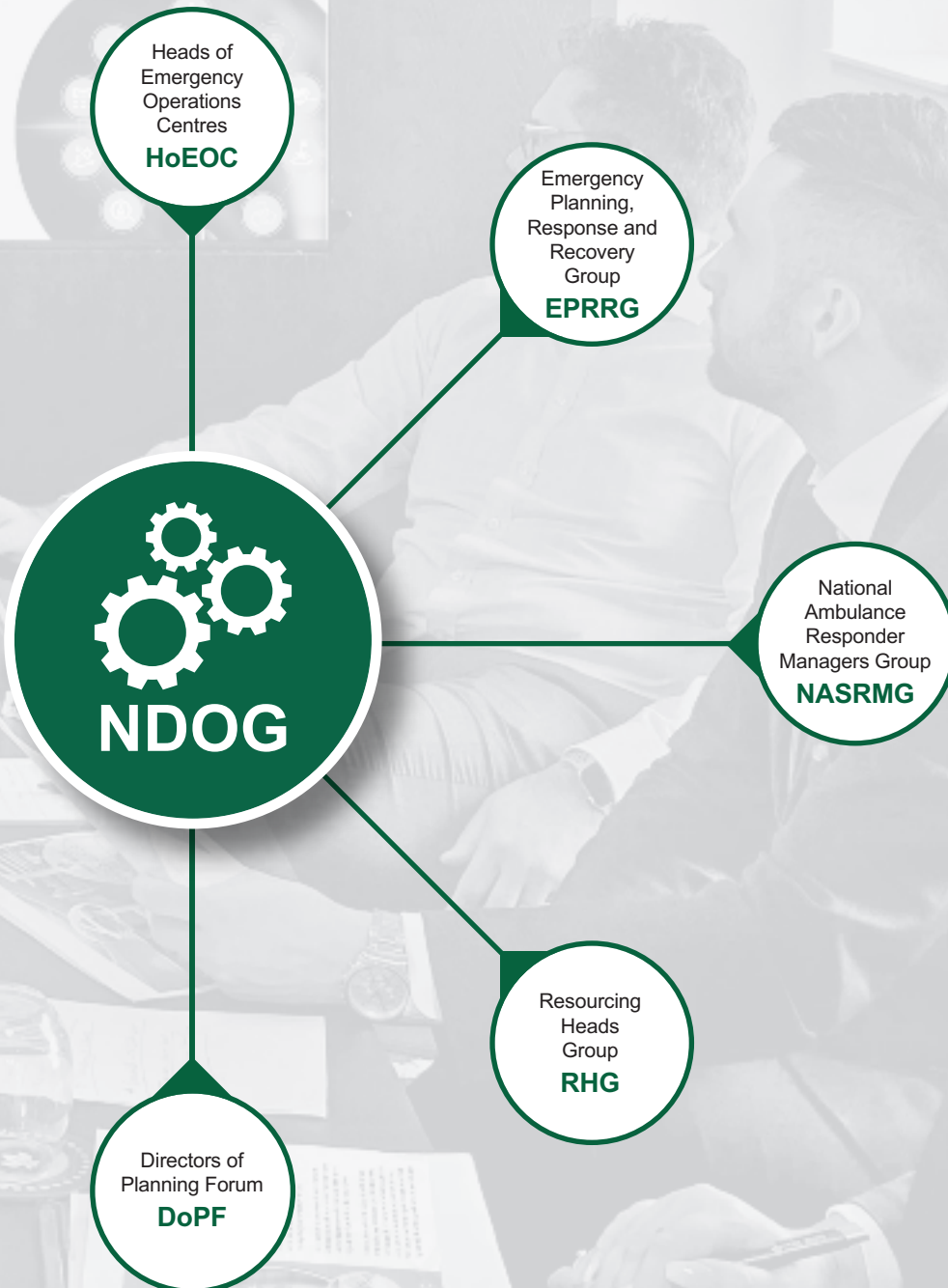
Chair:
Ben Holdaway,
EMAS



CEO lead:
Jason Killens,
WAST



AACE lead:
Mike Boyne





NDOG: National Directors of Operations Group

Chair: Ben Holdaway, EMAS



1. What were the key issues you focused on / discussed over the year?

- Concluded C3 / C4 validation pilots and rolled out clinical validation in Emergency Operations Centres (EOCs).
- Rolled out estimated waiting time call scripts to fulfil NHSEI mandate.
- Participated in national work to highlight the risks associated with delayed transfer of care due to hospital handover delays.
- Participated in Cat 1 improvement programme to share best practice resulting in improved 'early predict' processes and improved patient care.
- Harmonised Demand Management / Patient Safety Plans into a national Clinical Safety Plan Framework providing a more consistent framework for reporting system pressures in order to better facilitate mutual aid.
- Reviewed 'buddy site' arrangements in the context of lessons learned during the pandemic response in order to improve mutual aid arrangements and built this learning into the new Intelligent Routing Platform (IRP).



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Guidance relating to the clinical and operating principles for clinical validation.
- Contribution to the AACE Handover Harm report.
- Dataset and guidance relating to C1 early predict best practice.
- Clinical Safety Plan Framework.
- Business rules for the operational implementation of the new IRP.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- St John Ambulance – provision of additional support to the ambulance sector.
- Will Hancock – Anti racism promises and inclusion.
- Steve West / Viv Hitchens – National Workforce Management System.
- Wavenet / Content Guru – Intelligent Routing Platform.
- Emma Challens – Proud2bOps.

NDOG Sub Group: National Ambulance Service Responder Managers Group (NASRMG)

Chair: Mark Evans, NNAS



1. What were the key issues you focused on / discussed over the year?

- During the year the NASRMG has focused on both the key issues that COVID-19 has created for our volunteer workforce, in aspects such as Infection Prevention and Control (IPC), and also sharing practice regarding alternative roles.
- The topic of 'The Circuit' and the management of public access Automated External Defibrillator (AED) has been a topic and workstream throughout the year.
- Revising the national governance framework for Community First Responders (CFR) to ensure each trust can adopt the minimum national standards whilst having the ability to adapt it for their own trust's strategy and priorities.
- Sharing of best practice in operational areas such as falls, clinical expansion of volunteers, payment and support structures.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Approved CFR national governance framework.
- 75% of trusts adopting, implementing and operating one national database system for defibrillators.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- British Heart Foundation (BHF) attended to discuss 'The Circuit' and progression and management of the public access AEDs.
- St John Ambulance – National First Response co-ordination committee.
- NHSEI volunteer partnership team - Ongoing volunteer opportunities and funds being made available to ambulance trusts to support winter pressures.



4. Did you have presentations from individual trusts? If so, what did they present on?

- NWAS presentation on the development of the level 4 national qualification for advanced CFR, building on the Level 3 for CFRs that is in place that Trusts can adopt.



5. Anything else you would like to highlight about this group?

- Over the past year the team of Responder Managers across the 4 nations have communicated and supported each other, with increased engagement on BaseCamp, and through MS Teams to share practices and support each other through local trust's requests. Virtual meetings have supported an increased attendance and sharing within the services. There has been some real good engagement and relationships made with NASMeD and NDoG leads to this group.
- Moving forward the reintroduction of face-to-face meeting will help to continue the great work already done, expand the communication which MS Teams unfortunately does limit and enables for further joined up work and share ideas and projects. This will also give an additional opportunity to be able to support each other and offer welfare to managers within the group.
- In 2022, the group will work with the newly appointed Strategic Lead for Volunteering within ambulance services to ensure we maximise the resources available and ensure that all trusts are able to deliver the best for their volunteers and patients across all areas of the UK without having to duplicate work or ideas.

NDOG Sub Group: Directors of Planning Forum (DoPF)

Chair: **Steve West, SCAS**



1. What were the key issues you focused on / discussed over the year?

- Development of a sector wide workforce management system solution.
- Sharing best practice planning approaches.
- Development of flexible working approach in conjunction with Human Resource Directors (HRDs).



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- National tender for Workforce Management (WFM) system cloud based system completed enabling all Trusts to use.
- Specification shared for future road map development.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- Totalmobile presented on their WFM system strategic approach.



4. Did you have presentations from individual trusts? If so, what did they present on?

- SCAS and YAS presented on their planning approaches.
- WMAS presented on their approach to worked hours management.



National Ambulance Service Medical Directors (NASMeD)



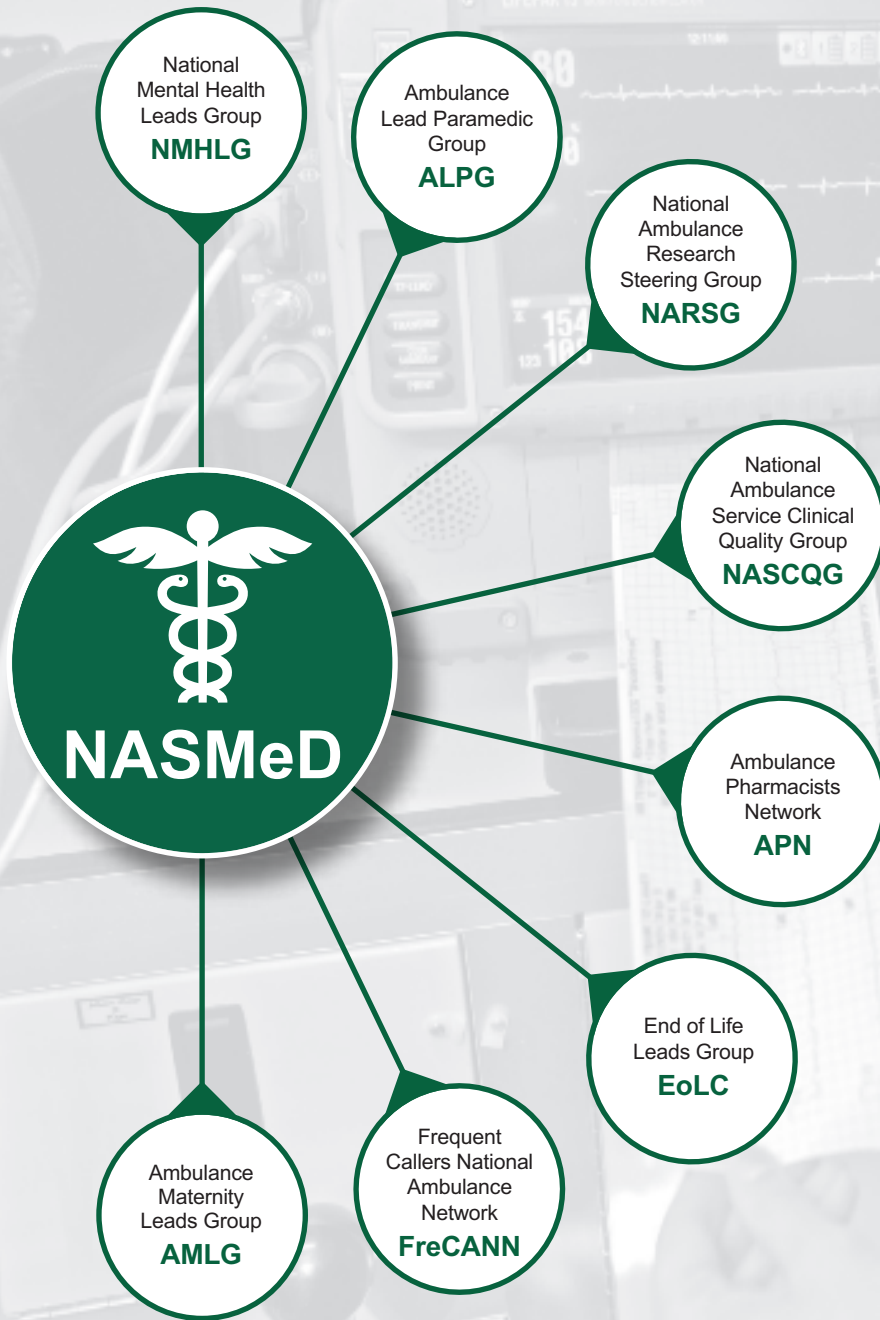
Chair:
Fenella Wrigley,
LAS



CEO lead:
Martin Flaherty,
AACE



AACE lead:
Cathryn James



NASMeD: National Ambulance Service Medical Directors Group

Chair: Fenella Wrigley, LAS



1. What were the key issues you focused on and produced or contributed to guidance for in 2021/22?

- COVID-19 pandemic continued to cause additional pressures and required additional NASMeD meetings.
- Handover delays and patient safety.
- Health Service Safety Investigations Body (HSSIB) Safety recommendations
 - Working with the College of Paramedics (CoP) and cardiology specialists, produced a position statement on the use of pre-hospital thrombolysis by paramedics.
 - We issued NASMeD Best Practice guidance: conveyance of children by operational ambulance clinicians in face-to-face settings.
- Response to Preventing Future Deaths (PFD) report from coroners - following an inquest into the death of a patient who died due to amphetamine intoxication in association with prone restraint and prolonged struggling we responded to the PFD and explained that the national S136 guidance has recently been revised, updated, and issued nationally to all ambulance services.
- Input to JRCALC updates for Bundles 6, 7 and 8.
- Research consultations –
 - Proposals for legislative changes for clinical trials - we submitted our response strongly suggesting that paramedics and other registered Health Care Professionals (HCPs) should be able to act as research investigators.
 - 'Take Home Naloxone' - In 2020, 2263 deaths in England and Wales involved an opiate which is nearly half of all deaths related to drug poisonings. In 2020, heroin or morphine accounted for 1337 deaths in England and Wales. In Scotland there were 1192 deaths where an opiate/opioid was implicated, accounting for 89% of all drug-related deaths recorded. We agreed that the current regulations mean Naloxone can be difficult to access in the event of an overdose. We gave full support for paramedics to be able to supply take-home naloxone without a prescription. If the legislation does change, each service will need to consider the provision of naloxone and its associated costs.
 - We provided comments to the British Association of Perinatal Medicine (BAPM) consensus document which aims to provide guidance to staff attending extreme preterm birth in an out of hospital situation.
- Links with the Pituitary Foundation and Addison's disease support group.



- Support for military veterans - working with NHSEI we have now issued a briefing to ambulance services to highlight 'Operation COURAGE': the Veterans Mental Health and Wellbeing Service. 'Operation COURAGE' has experts who understand the Armed Forces and military life and the service offers a range of treatments. All staff are encouraged to refer patients into this service if deemed appropriate to ensure they receive the right type of specialist care, support and treatment.
- Dementia care - commitment to being dementia friendly employers; to increase awareness and understanding of dementia; work in partnership with, and support, Dementia Friendly Communities.
- Universal principles for advanced care planning - a Ministerial Oversight Group was formed by the Department of Health and Social Care (DHSC) to ensure that the recommendations in the Care Quality Commission (CQC) report 'Protect, respect, connect – decisions about living and dying well during COVID-19' were addressed. A key area identified was the need for a consistent national approach to advance care planning – a task and finish group led by NHSEI has developed a set of high level universal principles to facilitate this. NASMeD approved endorsement of the resulting guidance. This addresses two specific recommendations in the CQC Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) review:
 - People, their families and / or representatives need to be supported to understand what good practice looks like for DNACPR decisions, and
 - People, their families and / or representatives, clinicians, professionals and workers need to be supported so that they all share the same understanding and expectations for DNACPR decisions.
- NASMeD supported development of an Royal College of Emergency Medicine (RCEM) document regarding reducing the clinical use of nitrous oxide. This is working towards helping to safely reduce the carbon footprint of the NHS ambulance services in line with wider NHS commitments.
- We contributed to the development of a clinical supervision framework for adoption by all UK NHS ambulance services.
- The NHSX national record locator.

NASMeD Sub Group: Ambulance Lead Paramedic Group (ALPG)

Paul Jefferies, SCAS



1. What were the key issues you focused on / discussed over the year?

The year was another challenging one due to the knock-on effects of COVID-19 and the continued demand pressures felt by all ambulance trusts. The ALPG continued to meet and work on key areas that pertain to the delivery of patient care.

Over the winter and early new year period the group focused its attentions on staff welfare, in terms of the impacts of the COVID-19 virus and working with Personal Protective Equipment (PPE). We also looked at sharing best practice in relation to the impact of hospital handover delays on performance and effects on staff health and wellbeing.

We continued to look at the “Top 10” procedures which are those items of kit/equipment or procedure such as 12 lead electrocardiogram (ECG) capturing or traction splint or EZIO. These will have a documented process or procedure for use or capture that is adopted by all ambulance services, including those in the devolved administrations.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

PROCEDURE REVIEW

12 lead placements

Temperature measurement

BP measurement

Traction splint

Chest decompression / needle thoracocentesis

CAT tourniquet application

Haemostatic gauze

Pelvic binder-Promethus, T Pod, Sam

EZIO

Needle cricothyroidotomy-prepared kit

LEAD PARAMEDIC

Paul Jefferies, SCAS

Andy Collen, SECAMB

Adrian South, SWASFT

Mike Jackson, NNAS

Dave Bywater, SAS

Ian Mursell, EMAS

Dan Haworth, NEAS

Lewis Andrews, EEAST

Mark Millins, YAS

Tim Edwards, LAS



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- Janice St John-Matthews – Presented on Allied Health Professionals and how the ALPG could support the representation of the paramedic workforce.
- Dr Nigel Rees – Presented on the Assisting Safe Artificial Intelligence in the ambulance service.
- Larry Baker, Health Education England – Presented on the paramedic workforce planning.
- Mike Smith – Presented on the PROTECTeD - Termination of Resuscitation.



4. Did you have presentations from individual trusts? If so, what did they present on?

- Mary Peters, NWS – Ambulance Quality Indicators for falls.
- Mark Millins, YAS – the Clinical Supervision Framework.
- Tim Edwards, LAS – Newly Qualified Paramedic (NQP) entry assessments.



5. Anything else you would like to highlight about this group?

The group continues to remain focused on improving service delivery across all trusts and placing paramedics at the forefront of this. We have provided excellent health and wellbeing support to one another throughout COVID-19 and periods of increased pressures.

Our objectives are:

- To deliver the Top Ten procedures.
- To gain greater lead paramedic representation across the sector.

NASMeD Sub Group: National Ambulance Research Steering Group (NARSG)

Chair: Rachael Fothergill, LAS



1. What were the key issues you focused on / discussed over the year?

- The development of national research projects.
- Building capacity and support for each ambulance services' research function.
- Shared learning.
- Ensuring ambulance services are properly represented on funding applications by external institutions and properly recompensed for our time and resources.
- Research governance – ensuring we are all aware of, and adhere to, the guidance and any changes in regulations, building the research portfolio and pipeline.
- National Data Opt out – implementation and implications for research.
- Shared policies and procedures relating to research delivery, research governance, publications and models for data charging.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Members involved as authors on numerous peer-reviewed scientific publications.
- Increased representation as named co-applicants and collaborators on national clinical research trials (e.g. PARAMEDIC 3, the Spinal Immobilisation Study (SIS), CRASH 4).
- Successes in homegrown research (e.g. EEAST's Cessation study).
- Secured representation on all relevant other committees / groups including, but not limited to, National Institute for Health Research (NIHR), Technology Enabled Care (TEC) group, the national Helicopter Emergency Medical Service (HEMS) Research Group, the National Institute for Health and Care Research (NIHR) Incubator for Emergency Care, Pre-Hospital Trainee Operated Research Network (PHOTON), Health Research Authority (HRA), and the College of Paramedics (CoP).
- Development of an online good clinical practice (GCP) training module for ambulance services, called 'Fundamentals of Research Delivery in the Ambulance Setting', which has been adopted by the NIHR.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- The following presented to the group to seek support and engagement from ambulance services for their research and ask for advice on the planned approach and feasibility:
 - Graham McLelland, Karl Charlton and Matthew Limmer (NEAS) – A qualitative study exploring the experiences of research paramedics working in UK ambulance services.
 - Samantha Laws (Senior Lecturer in Department of Paramedics, SGUL / Kingston) - What factors do emergency ambulance staff working in England report as contributing to errors in the administration of adrenaline to adults with life-threatening asthma and anaphylaxis?
 - Mark Wilson (Imperial College Healthcare NHS Trust) - Spinal Immobilisation Study (SIS).
 - Caitlin Wilson (University of Leeds / NWAS) - Prehospital feedback in the United Kingdom: A realist evaluation of current practice using a multiple case study design.
 - Keith Couper (Warwick University) - PARAMEDIC-3.
 - Craig Hadley (HSSIB) - Health Service Safety Investigations Body (HSSIB) - 999 maternity PAI research.
 - Greg Whitley (EMAS) - Pre-hospital pain management in children and young people.
 - Caitlin Wilson (University of Leeds / NWAS) - Predictors and effects of prehospital feedback: A mixed-methods diary study.
 - Natasha Campling (University of Southampton) - Palliative care research in ambulance services.
 - Terri Cole and Steven Trenoweth (Bournemouth University) - Identifying Staff at Risk of Abuse of Position in the UK Ambulance Service.
 - Naif Alqurashi (Manchester University) - Traumatic Brain Injury.
 - Jack Barrett (SECamb) - Traumatic Brain Injury.



4. Anything else you would like to highlight about this group?

- We now have representation from each of the UK's four nations.
- Working really well as a cohesive and supportive group.
- Very strong links with NASMeD with regular updates, support and guidance.

NASMeD Sub Group: Ambulance Pharmacists Network (APN)

Chair: John McAnaw, SAS



1. What were the key issues you focused on / discussed over the year?

- Development of the APN workplan for 2022 and allocation of responsibility.
- Discontinuation of diazepam 2.5mg rectal tubes, and viable alternatives.
- Review of CoP draft statement on student paramedics and administration of medicines.
- Introduction of an MSO group under APN to focus specifically on medicines safety issues relevant to Ambulance Services.
- Introduction of an Ambulance Pharmacy Technician Network under APN to focus specifically on medicines management issues relevant to Ambulance Services.
- Considered national Patient Group Directions, specifically Tranexamic Acid and Flumazenil.
- Surveyed APN on best approach to have a secure safe space for relevant documents and APN business.
- CQC visits – planning for these and reflecting on others experiences of being visited.
- Supply of medicines to BASICS.
- Explored opiate overdose and the sharing of information with partner agencies.
- Shared local practice around peer review and audit of medicines advice given by NHS 111 and 999 services.
- Shared information and early experiences of paramedic prescriber activity with a view to future monitoring / guidance requirements.
- Scottish Ambulance Service conducted an internal review of their own pharmacy and medicines arrangements, and an external consultant benchmarked (compare and contrast) SAS against Ambulance Trusts in England.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- APN workplan which was presented to, and supported by NASMeD.
- Ambulance trusts medicines safety officer (MSO) group set up with first meeting held in July 2021.
- Submitted response on the CoP draft statement to NASMeD.



- Submitted response to UK consultation on take-home naloxone.
- Developed a paper outlining Control Drugs (CD) supply / distribution models used across UK, and submitted to UK Home Office for commentary on how many CD licenses were required for each model of operation.
- Survey of APN members highlighted preference for NHS Futures as the secure safe space for documents and APN business.
- Paper with SAS benchmarking survey results against NHS England Ambulance Trusts was shared with APN.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- Alexis Percival, Environmental Sustainability Manager for YAS, presented on Environmental Concerns and the use of Entonox in Ambulance Services.



4. Anything else you would like to highlight about this group?

Our objectives are:

- Monitor incidents and errors associated with the use of medicines in the ambulance setting and share the resultant learning to improve patient safety.
- Identify and share nationally recognised best practice, recommending adaptations where appropriate to meet the unique challenges of the ambulance sector.
- Provide professional medicines governance advice to the Executive Medical Directors of NHS Ambulance Services.
- To influence, identify and evaluate the impact of emerging legislation and guidance on medicines governance in the NHS ambulance service.
- Identify opportunities for influencing national strategy on pharmaceutical issues affecting urgent and emergency care and agree a collaborative approach for implementation of national strategy.
- Benchmark medicines management standards across ambulance trusts and develop audit tools.
- Ensure that the use of medicines in pre-hospital care is as far as possible evidence-based and recommend opportunities for research when there is insufficient evidence to support existing practice.
- To work collaboratively to share a unified approach to medicines governance in the NHS Ambulance Sector with external stakeholders including the Regulator. To provide a forum where external stakeholders and Regulators can address any medicines governance issues and concerns.
- To utilise the skills of individual members to provide professional pharmaceutical support to specialist areas of ambulance practice.

NASMeD Sub Group: End of Life Care Leads (EoLC)

Co-Chairs: Georgina Murphy-Jones, LAS and Edward O'Brian, WAST



1. What were the key issues you focused on / discussed over the year?

- Identification of key areas that additional guidance should be provided for UK ambulance clinicians in relation to EoLC.
- Mapping of EoLC practice nationally within ambulance trusts.
- Identification of innovation within individual trusts in relation to EoLC to enable sharing of work and guidance and policies.
- Sharing best practice and introduction of anticipatory medications for additional trusts.
- Identification of themes relating to adverse incidents across UK trusts, in relation to EoLC.
- Supporting ambulance trusts to establish EoLC Lead posts and associated funding opportunities.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- New and updated JRCALC Clinical Guideline content for EoLC, Morphine and Termination of Resuscitation and Verification of Death, resulting from key issues discussed above.
- Evidence submitted to the All-Party Parliamentary Group Hospice and End of Life Care, review into the lasting impact of COVID-19 on death, dying and bereavement.
- Group contributed evidence to the 'Ambitions for Palliative and End of Life Care (England) - use in practice' report.
- Conference presentations from various group members throughout the year promoting EoLC initiatives within ambulance trusts.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- Dr Paul Howard, Consultant in Palliative Medicine, Isle of Wight shared experience of paramedics in the IoW administering anticipatory medications under Patient Group Directives and supporting unplanned EoLC crises.



4. Did you have presentations from individual trusts? If so, what did they present on?

- Every ambulance service represented has presented on more than one occasion. Trust leads have updated on new initiatives, what is going well and areas for improvement.
- Several examples of sharing of best practice within the group, resulting in improvements in other trusts. Examples include education packages, Patient Group Directives (PGDs), Clinical Audits, service evaluations, data capture methods, and trust specific guidance.



5. Anything else you would like to highlight about this group?

- We have regular attendance from the majority of ambulance trusts and now have representatives from every ambulance service in UK.
- The group is represented within wider stakeholder EoLC groups which enables two-way feedback, contribution to innovation, awareness of wider NHS / specialist issues and ensures the 'ambulance voice' is heard. Examples include the Ambitions Partnership, CoP Palliative Care Specialist Interest Group, Child and Young Persons Advance Care Plan Group, Ambulance Data Set Group.

ReSPECT Recommended Summary Plan for Emergency Care and Treatment		
Full name		
Date of birth		
Address		
NHS/CHI/Health and care number		
1. This plan belongs to:		
Preferred name		
Date completed		
The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.		
2. Shared understanding of my health and current condition		
Summary of relevant information for this plan including diagnoses and relevant personal circumstances:		
Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):		
I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8 <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. What matters to me in decisions about my treatment and care in an emergency		
Living as long as possible matters most to me	Quality of life and comfort matters most to me	
What I most value:	What I most fear / wish to avoid:	
4. Clinical recommendations for emergency care and treatment		
Prioritise extending life clinician signature	Balance extending life with comfort and valued outcomes clinician signature	Prioritise comfort clinician signature
Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:		
CPR attempts recommended Adult or child clinician signature	For modified CPR Child only, as detailed above clinician signature	CPR attempts NOT recommended Adult or child clinician signature

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NASMeD Sub Group: Ambulance Maternity Leads Group (AMLG)

Co-Chairs: John Henry, NWAS and Amanda Mansfield, LAS



1. What were the key issues you focused on / discussed over the year?

- Set up representatives from all UK ambulance services on Royal College of Obs and Gynae; Royal College of Midwives; HEMS and CoP.
- Provided response on behalf of ambulance trusts for the Ockenden report.
- Established sub working groups to look at guidance for inclusion in JRCALC.
 - i. Postpartum haemorrhage
 - ii. Women from black, asian and minority ethnic groups
 - iii. Neonatal life support
 - iv. Waterbirth
 - v. Care of the newborn
- Existing “999” MPDS triage protocol regarding the use of “shoelaces” to tie off the umbilical cord.
- Pre-hospital Maternity Early Warning Scores (MEWS2) and national guidance.
- Cradle charity support for ambulance trusts relating to early pregnancy loss and ectopic pregnancy.
- British Association Perinatal Medicine (BAPM) review and guidance – consensus paper.
- Data dashboards / job cycle times for maternity response.
- TransWarmer review and transportation of the newborn.
- Digitalisation of maternity records.
- Pills-by-Post discussions during COVID-19.
- Cuddle pockets review for miscarriages.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Guidance issued within JRCALC for newborn life support (NLS); Waterbirth; Care of the newborn.
- The first BAPM pre-hospital consensus statement on pre-term birth.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- National maternal early warning system (MEWS2) review group in relation to a more appropriate tool when assessing women who do not fit MEWS2 due to physiological parameter changes.
- CRADLE charity discussing support for women who suffer early pregnancy loss.



4. Did you have presentations from individual trusts? If so, what did they present on?

- Every month all represented Trusts provide a service update to share best practice across the UK.
- NEAS presented a concept in development for the monitoring of newborn babies.
- EMAS presented and shared multi data using power BI.
- NWAS presented some early slides in relation to standardised e-learning initiatives.
- LAS – Implementing Maternity Triggers for reporting incidents, programmes of work looking into learning from HSSIB investigations, maternity divert training for maternity units and pre-hospital midwifery call cards (with MAMA Academy).

Group Co-Chair Amanda Mansfield from London Ambulance Service consultant midwife receives MBE at Windsor Castle - 30.03.2022



I received the award for services to midwifery, and in particular, the work I have undertaken at London Ambulance Service (LAS) to keep mothers and babies safe. I feel incredibly proud to receive this most prestigious award – for myself, for the LAS and, of course, for all my amazing colleagues.

Amanda Mansfield MBE
London Ambulance Service

Joint Royal Colleges Ambulance Liaison Committee (JRCALC)

Chair: Alison Walker

JRCALC develop and update clinical guidelines for UK paramedics on behalf of AACE.

The JRCALC committee is comprised of experts who provide multi-disciplinary advice to NASMeD and members include paramedics, physicians, midwives, nurses, general practitioners, pharmacists, surgeons, obstetricians, pathologists and more.

JRCALC continued to work throughout the pandemic to ensure guidance was reviewed up-to-date and newly developed guidance was issued so that we can provide the best possible care to our patients.

For 2021 / 22 there were three bundles of new and updated guidance issued onto the JRCALC App in May 2021, September 2021, and February 2022.

JRCALC engaged with patients, patients' representatives and patient organisations who have supported us and provided a new focus on the patient perspective when updating guidance, these included: The Sickle Cell Society, The Addison's Disease support group, and the National Poisons Information Service (NPIS-Toxbase).

JRCALC supported the responses to several Coroners' Preventing Future Death (PFDs) rulings, leading to updated guidance and updated guidance in response to recommendations from the HSSIB, including specific guidance around the dangers of ingestion of button batteries and propranolol overdose.

JRCALC reviewed guidance for several conditions to reduced inequity in care for people with darker skin tones. This resulted in the inclusion of new guidance for the clinical assessment of people with darker skin tones, including specific information on the recognition of cyanosis, anaemia, bruising in darker skin, new wording around individualised pain management, and improved wording in the maternity section related to higher risks of dying during pregnancy or childbirth for women from black and mixed ethnic background women.

New or updated guidance was provided for:

- resuscitation
- the clinical management of steroid-dependent patients and with non-traumatic low back pain
- CBRN and special situations
- interacting with patients who may have communication difficulties
- presentations of acute behavioral disturbance

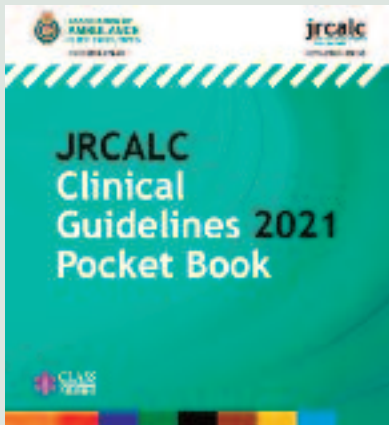


- alcohol-use disorders
- vascular emergencies

Many more updates have been made across medical, trauma and general guidance, often in response to queries being raised and new evidence becoming available.

‘JRCALC - A virtual study day’ was held on 18th November 2021 and was well supported with around 450 attendees on the day. The day was held jointly with the CoP and supported by Class Publishing. Introductions were led by Dr Alison Walker, Chair of JRCALC and Medical Director for West Midlands Ambulance Service and Dr Fenella Wrigley, Chief Medical Officer, LAS and chair of NASMeD. Speakers included Professor Gavin Perkins, Professor Charles Deakin, consultant paramedics, a midwife and a physiotherapist. Speakers covered a wide range of topics including resuscitation, hanging, anaphylaxis, back pain, falls and frailty, newborn life support and paediatrics. A panel discussion was held at the end of the day answering the many questions posed on the day and discussing new guidance in development.

A well-attended JRCALC UK Cardiac Resuscitation Leads Day took place on 12th October 2021 in Leeds, with representation from all ambulance trusts, either face-to-face or virtually. The objective was to review and agree on further updates to the JRCALC adults and children resuscitation sections, in line with Resuscitation Council UK, recent evidence and UK best practice consensus.



National Ambulance Human Resources Directors Group (HRDs)



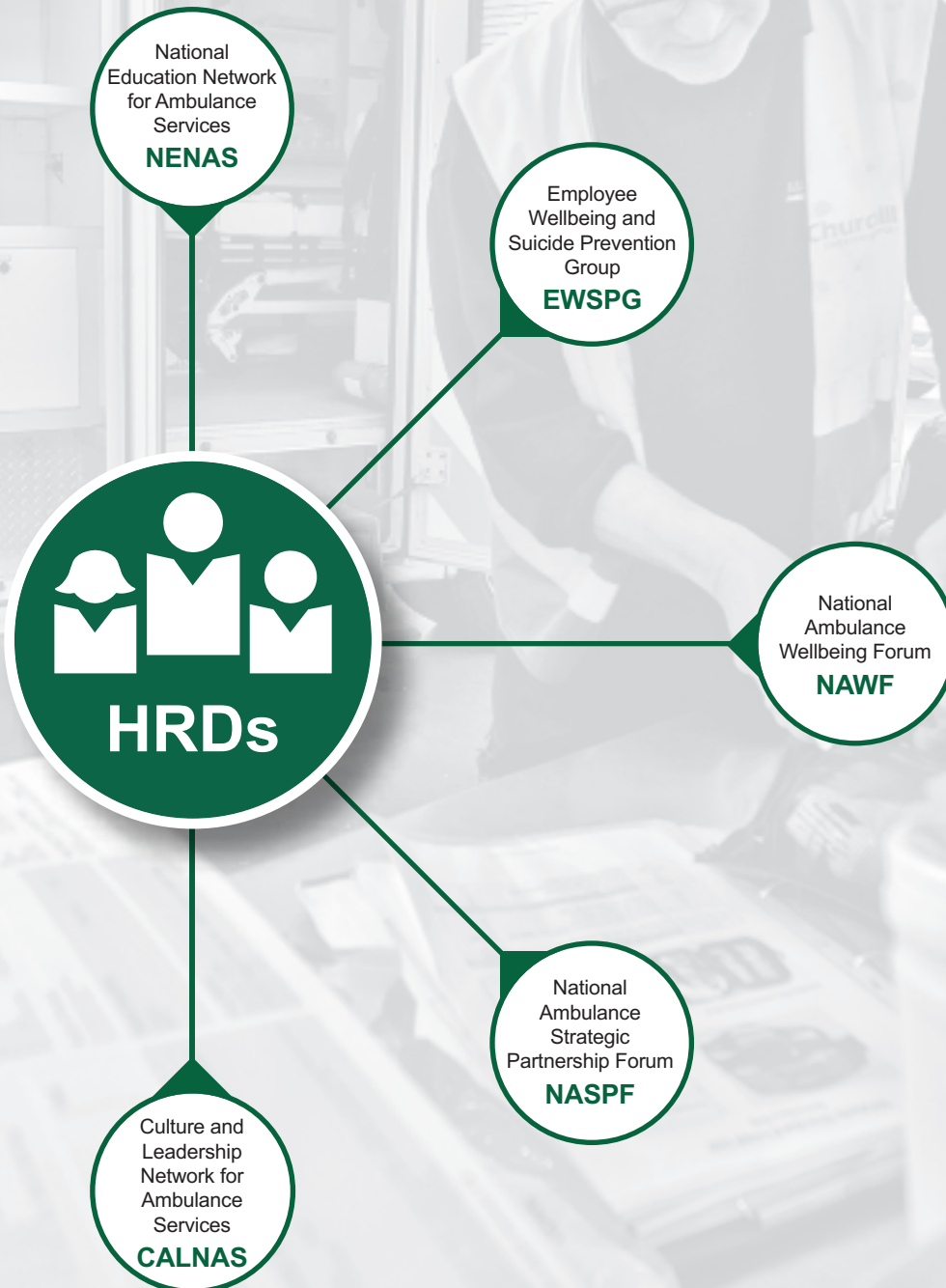
Chair:
Melanie Saunders,
SCAS



CEO lead:
Helen Ray,
NEAS



AACE lead:
Anna Parry





HRDs: National Ambulance Human Resources Directors Group

Chair: Melanie Saunders, SCAS



1. What were the key issues you focused on / discussed over the year?

- Consistent application of COVID-19 NHS employment terms and conditions in the Ambulance Sector.
- Application of the national requirements in relation to Mandating COVID-19 Vaccinations.
- Joint Agreement on the application of Bear Scotland payments relating to the inclusion of unavoidable overtime payments in the calculation of holiday pay.
- Resolution of the Flowers case in relation to inclusion of regular payments in the calculation of holiday pay.
- Culture and Leadership.
- Education and Training.
- Staff health and wellbeing and suicide prevention.
- Reducing Violence and Aggression.
- Rotational / Paramedics in Primary Care.
- Job Evaluation Group Review of Urgent and Emergency Care Profiles.
- Contributing to the Future of HR and Organisational Development (OD) National Programme.
- Collaborative work with the Chief People Officer (CPO) / NHS England People Directorate on recruitment, retention, sickness absence, health and wellbeing.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Framework Agreement on the Calculation of Holiday Pay including shared communications and FAQs to ensure consistent application in the sector.
- Joint Statement on the application of Bear Scotland payments.
- Ambulance Sector Leadership Framework.

- Additional investment secured from NHS England to support:
 - Individual Trust local health and wellbeing programmes (further detail can be supplied if required).
 - Establishment of a 24/7 Suicide Prevention Pathway.
 - Formalisation of the Ambulance Sector Suicide Register.
- Multi-agency work reducing mental ill health and suicide prevention led to publication of:
 - Three documents – What We Know; Consensus Statement; What Next.
 - Trust Implementation Framework – a self-assessment tool to enable Trusts to assess their current status, gaps and enable effective health and wellbeing action planning.
 - Ambulance specific Postvention Toolkit.
 - Family Handbook.
- Agreement to and commissioning of the Queen’s Platinum Jubilee Commemorative Coin.
- Updated Urgent and Emergency Care Job Profiles (this still remains in progress as a two year partnership project with Job Evaluation Group (JEG) / Ambulance Sector / Trade Unions).





HRDs Sub Group: National Education Network for Ambulance Services (NENAS)

Chair: Neil Lentern, SWASFT



1. What were the key issues you focused on / discussed over the year?

- Key focus on Statutory and Mandatory Training - standardisation and alignment / embedding to the Core skills training framework.
- Section 19 High Speed Driving regulations and developments in legislation.
- Implementation of Section 19 requirements as a sector.
- Ofsted best practice and Education skills funding agency funding requirements.
- Review of dementia education.
- Mental health education development for the sector.
- Implementation and standardisation of Safeguarding Level 3 legislation and intercollegiate documents.
- Rotational roles / development of advanced practice apprenticeships.
- Newly Qualified Paramedic (NQP) and student paramedic learner experience.
- COVID-19 - trust training recovery plans / concerns / current position.
- NQP numbers as a workforce and placements expansion.
- NQP fast-track process standardisation.
- Development of a standard suite of materials for several subjects e.g. paramedic apprenticeship qualification and end point assessment integration.
- Review of Library knowledge service provision.
- New subgroup development for best practice sharing for Ofsted / tech-enhanced learning and simulation / placements.
- Review of Terms of Reference for the group.
- RePAIR - REParations and Anti-Institutional Racism Health Education England (HEE) project.
- Conflict resolution review.

- Review of Joint Emergency Services Interoperability Principles (JESIP) education delivery for NQP programmes and Higher Education Institution (HEI) student paramedic programmes to ensure it meets statutory requirements.
- Health and Wellbeing / Inclusion - including Suicide Prevention.
- Contact Centre development of sector specific call handling apprenticeship.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Development of the paramedic apprenticeship with integrated EPA.
- Standardisation and alignment to core skills training framework for statutory and mandatory education.
- Development of minimum paediatric education for ambulance trusts.
- Placement expansion.
 1. Review and standardisation of Safeguarding L3 across Trusts.
 2. Implementation of intercollegiate document for safeguarding L3.
 3. Subgroup development around Ofsted Best Practice.
 4. Section 19 driving requirements developed across the sector and trusts developed delivery plans.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

1. Overview of PEEP report - Beverley Harden Paramedic Evidence Based Education Project (PEEP).
2. Health Services Investigaton Branch Review - Cathryn James.
3. Ambulance Response Programme - Paul Cassford.
4. Library knowledge service review - Matt Holland.

1 NDOG

2 NASMeD

3 HRDs

4 NACOM

5 DoFs

6 NASAT

7 NDLG

8 NADIF

9 QIGARD

10 NARU



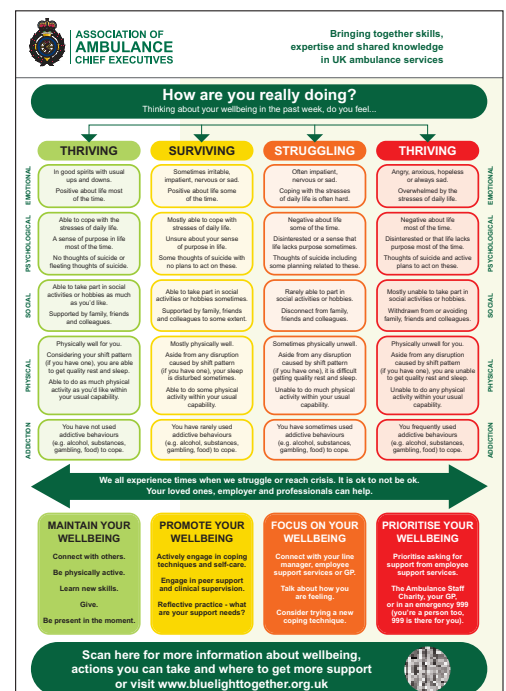
HRDs Sub Group: Employee Wellbeing and Suicide Prevention Group (EWSPG)

Chair: Will Hancock, SCAS



1. What were the key issues you focused on / discussed over the year?

- This is a multi-organisational group involving ambulance trusts, Health Education England, CoP, NHSEI, Unison and the Office for Health Improvement and Disparities.
- Our key focus has been on embedding and ensuring the reach of products developed collectively by the group's members to aid suicide prevention – implementing the consensus and recommendations.
- All of these resources can be found here:
Suicide Prevention in Ambulance Services - aace.org.uk
- This has involved overseeing appropriate spend of NHSEI health and wellbeing monies in support of this work eg. design and commissioning of suicide prevention pathway for staff; formalisation of our suicide register. The group demonstrates an excellent example of the strength in collaboration / working together on an agenda there's so much shared commitment to. Of primary importance was the need for an evidence base to underpin our national work, which we are seeking to continue to build / respond to.



HRDs Sub Group: National Ambulance Strategic Partnership Forum (NASPF)

Co-Chairs: **Melanie Saunders, SCAS** and **Alan Lofthouse, UNISON**



1. What were the key issues you focused on / discussed over the year?

- Consistent application of COVID-19 NHS employment terms and conditions in the Ambulance Sector.
- Communication and engagement with Trade Union colleagues on the application of Infection, Prevention and Control procedures to ensure staff safety during the pandemic.
- Communication and engagement on development of Working Safely Guidance.
- Communication and engagement on NHS Staff and Student Self-Isolation and Vaccination Guidance.
- Communication and engagement on the application of the national requirements in relation to Mandating COVID-19 Vaccinations.
- Negotiation and application of a Joint Agreement on the application of Bear Scotland payments relating to the inclusion of unavoidable overtime payments in the calculation of holiday pay.
- Negotiation and application in resolution of the Flowers case in relation to inclusion of regular payments in the calculation of holiday pay.
- Communication and engagement on matters relating to staff health and wellbeing; body worn cameras; IPC national survey; and HART Physical Competency Assessment.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Framework Agreement on the Calculation of Holiday Pay including shared communications and FAQs to ensure consistent application in the sector.
- Joint Statement on the application of Bear Scotland payment.
- Mandatory COVID-19 Vaccinations Guidance for Staff, Line Managers & Trade Union representatives.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- James Price, NARU – in relation to Ambulance Special Operations Recruitment and Selection of HART and SORT staff.
- Hilary Pillin, AACE – in relation to launch of the Ambulance Infection Prevention and Control Survey.

1 NDOG

2 NASMeD

3 HRDs

4 NACOM

5 DoFs

6 NASAT

7 NDLG

8 NADIF

9 QIGARD

10 NARU



HRDs Sub Group: Culture and Leadership Network for Ambulance Services (CALNAS)

Claus Madsen, YAS



1. What were the key issues you focused on / discussed over the year?

- Key focus area for CALNAS during 2021/22 was the national ambulance sector leadership development work, alongside sharing of best practice and learning in wider culture, leadership and organisational development topics.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Through participation from all trusts a Leadership Framework was developed. The model is based on Ram Charan's Leadership Pipeline methodology and sets out five different levels with expected minimum skills in two clusters: 'management' and 'leadership'. Level 1 is "Leads self" and therefore relevant for all staff, where level 5 is "Leads an organisation"- the executive / board level. The skills expectations are accumulative through the levels, i.e. expectations at level 5 include the expectations of all the previous levels.
- In support of making it possible to translate the Leadership Framework expectations into tangible leadership development offers, CALNAS produced high-level content identification and learner outcomes for the second level in the Leadership Framework, "Leads others". This is the level for first-time, first-line people leaders / managers focusing on skills at the team-leader level. "Lead others" content is currently mapped out across what could be delivered as five different modules. The next step is then developing concrete material and delivery methods for each module, which began and progressed during 2021/22.
- The idea with a national repository of leadership development at the team-leader level, "Leads others", is that, once fully developed, each Trust can map across what they are already doing to meet the learner outcomes and identify any gaps. Where there are gaps, Trusts can then use material / content from this national repository. This work continues into 2022/23.

National Ambulance Communications Directors Group (NACOM)



Chair:
Mark Cotton,
NEAS



AACE lead:
Carl Rees



Purpose

- To provide specialist advice and support to the Association of Ambulance Chief Executives (AACE) on matters relating to strategic communications in supporting the direction of travel for ambulance services.
- To deliver against a pre-agreed milestone plan providing reports to the AACE every four months.
- To act as a community of interest to: share best practice, expertise and information; extend communications skills and knowledge; and provide mutual aid.
- To co-ordinate handling strategies (including media management and stakeholder engagement activities) to manage public perceptions and understanding of ambulance issues which seek to protect the positive reputation of ambulance services nationally.
- To provide specialist advice and support to the Association of Ambulance Chief Executives (AACE) on matters relating to strategic communications in supporting the direction of travel for ambulance services.



NACOM: National Ambulance Communication Leads Group

Chair: Mark Cotton, NEAS



1. *What were the key issues you focused on / discussed over the year?*

- Developing the “No Fear” campaign to tackle violence and aggression against staff, focussing on hate crime and assaults against staff.
- Supporting the implementation of the emergency services mobile communications programme and agree co-ordination of communications across the sector.
- Supporting the delivery of Option 12 (Special Operations Response Team (SORT) / Marauding Terrorist Attack (MTA) initiative) by April 2022.
- Supporting NHS England and AACE with the national announcement of the Apple iPad investment and subsequent comms plan delivery.
- Building relationships with the NHSEI national comms team, particularly after the appointment of a new national communications director and his deputy.
- Supporting mental health of staff with the Royal Foundation.
- Working with BHF for the launch of ‘The Circuit’ campaign for a single database of all community public access defibrillators (CPADs).
- Supporting and communicating the AACE IPC survey with Zeal Solutions – representation on the steering group.
- Peer support and sharing of best practice in coping with challenges from COVID-19 pandemic.
- Oversight and management of media relations and media monitoring.
- Reviewing arrangements for responses to Freedom of Information (FOI) requests and provide support through sharing good practice, resource and experience.

1 NDOG

2 NASMeD

3 HRDs

4 **NACOM**

5 DoFs

6 NASAT

7 NDLG

8 NADIF

9 QIGARD

10 NARU



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- James Price – National SORT Implementation Manager – SORT enhancement.
- James Lyons – Director of Communications, NHS England (with Anna MacArthur, Phil Bastable, Emma Staton, and Owen Taylor) – to discuss collaborative working between NHS England and the ambulance sector.
- Sarah Stables – NARU comms lead - SORT enhancement.
- Mark Evans – National Ambulance Responders Managers group - Using social media for CFR, community engagement.
- Emma Day / Simon Dunn – BHF – Update on The Circuit planning and launch.
- Hilary Pillin – AACE – annual review report 2020-2021 “Ambulance services and the Pandemic”.
- James Mole, deputy director of communications, NHSEI (with Adel Imacs and Mike Forster) - to discuss collaborative working between NHS England and the ambulance sector.
- Emma Day / Simon Dunn – BHF - Update on The Circuit planning and launch.
- Steve Irving – AACE – Ambulance Leadership Forum (ALF) nominations and awards.
- Hilary Pillin and Deborah Bullock – AACE, with Tony Zarola, Zeal Solutions - IPC survey.
- Steve Irving – AACE – Jubilee medal and coin.
- Martin Flaherty – AACE – handover harm report.



1 NDOG

2 NASMeD

3 HRDs

4 NACOM

5 DoFs

6 NASAT

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8 NADIF

9 QIGARD

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Directors of Finance (DoFs)



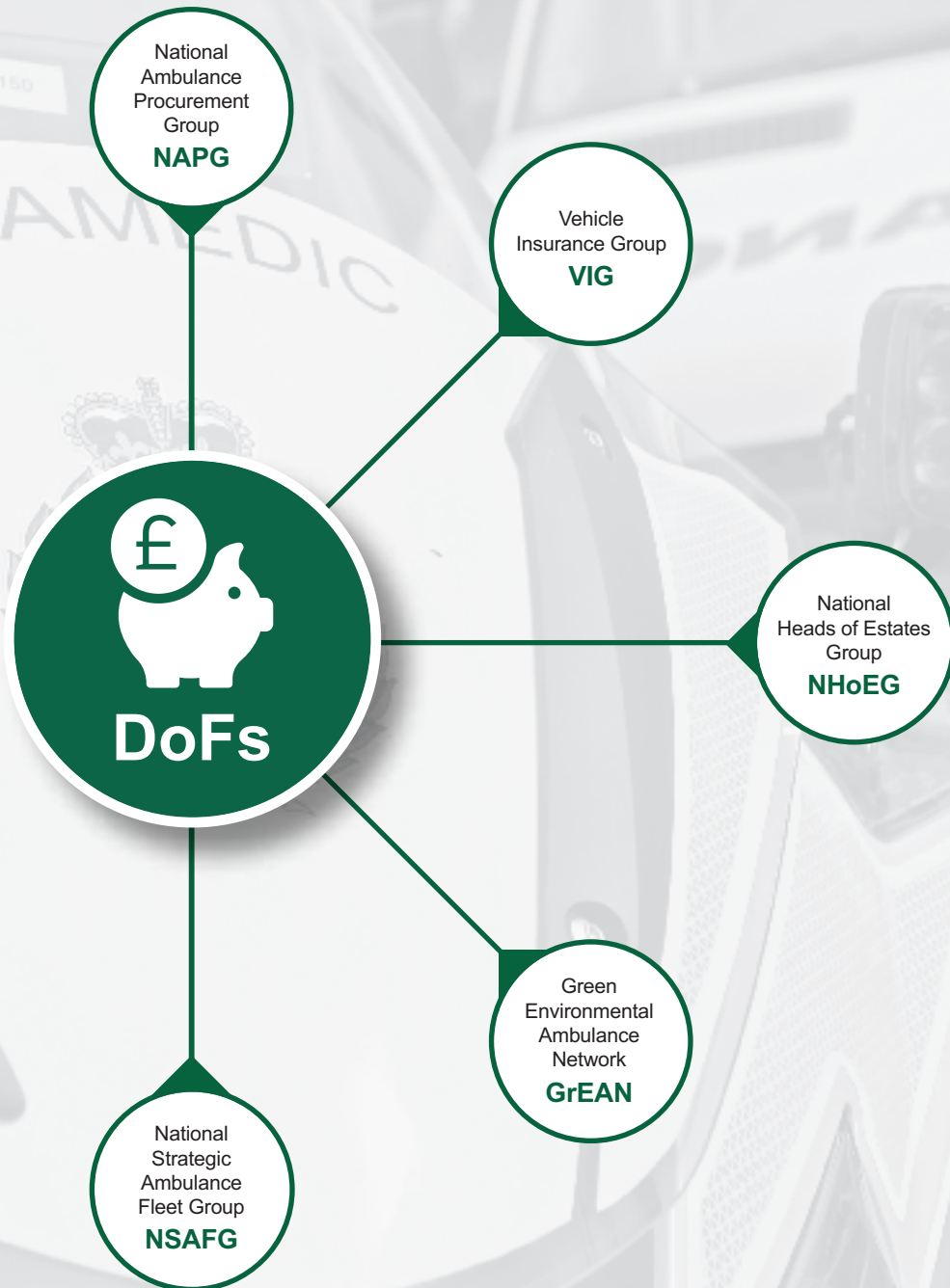
Chair:
Lorraine Bewes,
LAS



CEO lead:
Rod Barnes,
YAS



AACE lead:
Judith McDowell



DoFs: Directors of Finance

Chair: Lorraine Bewes, LAS



1. What were the key issues you focused on / discussed over the year?

Key issues focused on during the year:

- The 2021/22 financial position, resourcing requirements for the sector.
- Sector approach to annual leave pay correction (Flowers) led by HRDs.
- Contributions to national team on pricing / contracting for 2022/23.
- Development of the national Procurement Target Operating Model (PTOM).
- National contract for base vehicles and vehicle conversions.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Draft guidance for commissioning of ambulance services.
- Input into Integrated Care Board (ICB) financial framework.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- NHSEI regularly attend to provide updates.
- NHS Commercial Alliance – update from National Ambulance Procurement Board.
- NHSEI – unwarranted variations, comparison of key metrics.
- NHSEI – model ambulance.
- PTOM – regular updates from procurement lead and NHSEI.
- Anti-racism promises and inclusion presentation – Will Hancock (SCAS) and Tasnim Ali (YAS).



4. Did you have presentations from individual trusts? If so, what did they present on?

- LAS and North West London Clinical Commissioning Groups (CCGs) Costing and Benchmarking Insights Group – introduction to an approach to identifying waste reduction opportunities.



DoFs Sub Group: Vehicle Insurance Group (VIG)

Chair: Mike Naylor, EMAS



1. What were the key issues you focused on / discussed over the year?

- New insurance contract – put out to tender.
- Accident reduction – themes and mitigations.
- Implications of greening of the NHS fleet.
- Presentations from insurance brokers.

DoFs Sub Group: National Strategic Ambulance Fleet Group (NSAFG)

Chair: Rob Macintosh, LAS



1. What were the key issues you focused on / discussed over the year?

- The main issue focused on was the development of the National A&E Ambulance vehicle specification, working with NHSEI for this, and Commercial Crown Services working with FIAT UK on the base vehicle.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- The production of the national ambulance specification. This involved resolving many tricky issues collaboratively during an already challenging period of the pandemic.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- We had various speakers from national groups discussing options for zero emissions vehicles and the challenges of introducing this in the ambulance sector, and the way forward to support sustainable policies and procurement.

DoFs Sub Group: National Heads of Estates Group (NHoEG)

Chair: Neil Maher, NWAS



1. What were the key issues you focused on / discussed over the year?

- Health Building Note (HBN) 44 (accommodation for ambulance services) update – progress report on work of national working group and draft specification for hub and spoke development.
- Model Ambulance Estates Return Information Collection (ERIC) update – progress would be made once post-COVID-19 figures were available.
- Premises Assurance Model (PAM):
 - Progress towards implementation.
 - Feedback from subgroup.
 - Working towards joint agreement.
- Working through COVID-19 pandemic:
 - New ways of working.
 - Challenges encountered.
 - Sharing of good practice.
- The Greener NHS:
 - Developing an Energy Strategy.
 - Overview of the NWAS carbon literacy course and invitation for trusts to participate.
- Planning Reform (England only) and the Emergency Services – Planning white paper.
- Waste management – shared procedures on waste segregation.
- Review of Maintenance and Testing of Critical Electrical Infrastructure – Best Practice Guide.
- Portable appliance testing (PAT) including equipment used remotely.

1 NDOG

2 NASMeD

3 HRDs

4 NACOM

5 DoFs

6 NASAT

7 NDLG

8 NADIF

9 QIGARD

10 NARU



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Maintenance and Testing of Critical Electrical Infrastructure – Best Practice Guide.
- Planning Reform (England only) and the Emergency Services. Joined up approach to support Blue Light Group lobby submitted. AACE briefing note produced for Chief Executives.
- Internal Trust policies and procedures were shared within the group to enable best practice, examples include:
 - NWAS Green Plan.
 - SWAST, NWAS and SAS Agile working policies.
 - HBN44 draft hub spec.
 - YAS PAM submission.
 - NWAS homeworking risk assessments and Display Screen Equipment (DSE) templates.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- YAS presented their approach to PAM completion and EEAS gave an overview of their system in use to support this.

DOFs Sub Group: Green Environmental Ambulance Network (GrEAN)

Chair: Alexis Percival, YAS



1. What were the key issues you focused on / discussed over the year?

- The Climate Emergency and the Net Zero agenda as well as the ICS Green Plan agendas.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- We are assessing the carbon footprint of the ambulance service across the country.
- We have carried out an assessment of our Entonox consumption. We are currently undertaking an assessment of the manner in which we use Entonox to assess if we can reduce the carbon footprint as well as the consumption of the gas.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- We have had Greener NHS representatives from NHS England. We have also had representatives from the Net Zero Travel and Transport team talk about the projects that are coming up.



4. Did you have presentations from individual trusts? If so, what did they present on?

- We have discussed all the work that we are doing across the country and our own Net Zero agenda. We have shared work and research that we have carried out across the country. We have had a presentation on climate adaptation, net zero transport and reusable PPE.



5. Anything else you would like to highlight about this group?

- We have an agenda to reach Net Zero and we would like to ensure that it is embedded across the ambulance service. We have many challenges to tackle including EV charging and hydrogen infrastructure, Entonox elimination, working with our systems to change the models of care and ensuring that we can adapt our services to climate change.

Ambulance Service Climate Commitment

The GrEAN Recovery

Our Ambulance Service Commitment

As an emergency health and care system, we are committing to working together to reduce our collective negative impact on the climate. Reducing the impact on climate change from our services is a strategic priority for all partners and we consider it in every decision we make and every action we take. When decisions are counter-productive to the commitment, we will act to offset.

Our Climate Ambition

We will ensure the ambulance service adapts and is resilient to climate change. We will mitigate our impact and ensure the best health care for our vulnerable patients whilst preparing for the future impact of climate change.

Our commitment will ensure that the British Ambulance Service will:

- Reduce the carbon footprint and environmental impact of providing care through our service
- Reduce air pollution and contribute to a cleaner environment
- Reduce the use of single use plastics where appropriate and feasible
- Ensure that prevention and wellbeing are the focus of all healthcare activities
- Develop sustainable clinical practices in all specialities and services
- Prepare and respond to climate change, including weather events and supporting vulnerable people





ZEEV Pathfinder



- Zero Emission Emergency Vehicle (ZEEV) pathfinder launched with **eight Ambulance Trusts**.
- **23 vehicles funded**, alongside required electric vehicle (EV) chargers.
- Vehicles range from Rapid Response Vehicles to specialist Mental Health Ambulances.
- First set of vehicles due to **hit the road in June** (North West) closely followed by East of England and London.
- Aim is to demonstrate that electric vehicles are fit for purpose and are superior to internal combustion engine (ICE) vehicles in some respects.
- Collate and disseminate **learning on EV charging requirements** more broadly across the NHS.



National Ambulance Strategy and Transformation (NASAT)



Chair:
Will Legge,
EMAS



CEO lead:
Pauline Howie,
SAS



AACE lead:
Hilary Pillin



Ambulance
Public Health
Group
APHG



NASAT: National Ambulance Strategy and Transformation

Chair: Will Legge, EMAS



1. What were the key issues you focused on / discussed over the year?

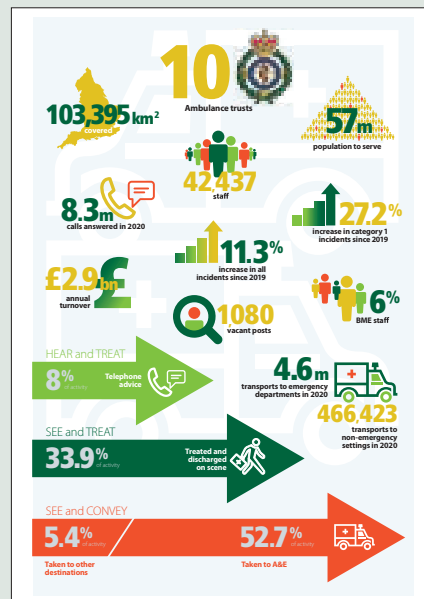
- The post-covid workplace for corporate services.
- The ambulance role in public health / reducing health inequalities.
- Integrated Care Systems development – mapping ambulance engagement.
- Safely Reducing Avoidable Conveyance – input to the electronic repository.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Joint publication with NHS Providers ‘Rapid Response – the role of the ambulance sector in transforming services and coping with the long-term impact of COVID-19’ August 2021.
- Established a national ambulance Programme Management Officers network.
- Integrated Care Board guidance for ambulance commissioning – jointly drafted with NHSEI and NHS Confederation ICS Leads Network.





3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- NHSEI integrated Urgent and Emergency Care (UEC) programme team.
- NHSEI Systems Transformation team.
- National Ambulance Commissioning Network.
- NHSEI Urgent Community Response (UCR) programme.
- NHSEI Primary Care Integration into Systems – the ‘Fuller Stocktake’.



4. Did you have presentations from individual trusts? If so, what did they present on?

- SWASFT – Extended on-scene times analysis.
- EMAS – Sustainability strategies.
- SCAS Connect – urgent care pathways programme.
- SCAS – Hybrid working in a post-COVID-19 world.
- WAST – rotational palliative care paramedic programme.
- AACE Diversity and Inclusion Forum – Anti-racism campaign.
- NWAS – Strategy refresh for Public Health.



5. Anything else you would like to highlight about this group?

- The purpose of NASAT is to formulate ambulance sector perspective and objectives in relation to NHS strategy and ‘Long Term Plan’ (LTP), and provide representative viewpoints of the ambulance role and remit within the wider health and social care system, and contribution to socio-economic and environmental plans.

1 NDOG

2 NASMeD

3 HRDs

4 NACOM

5 DoFs

6 NASAT

7 NDLG

8 NADIF

9 QIGARD

10 NARU



NASAT Sub Group: Ambulance Public Health Group (APHG)

Chair: Ruth Crabtree, YAS



1. What were the key issues you focused on / discussed over the year?

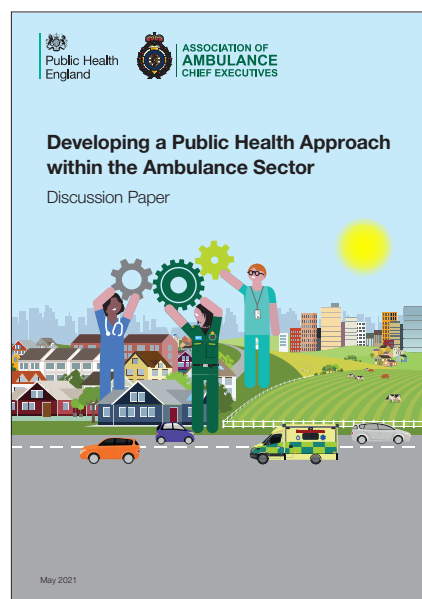
- Defining the model for public health approaches in the ambulance service and how these can be used by the sector in their contribution to a system-wide response to reducing health inequalities.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- AACE hosted a roundtable event on 1st February 2022, exploring health inequalities and the role of the ambulance sector in addressing these. This followed the publication of a discussion paper in May 2021 on public health approaches in ambulance trusts. Over 100 stakeholders attended the event, chaired by Dr Bola Owolabi, director of the National Healthcare Inequalities Improvement Programme, with Dr Chris Grant, Medical Director for North West Ambulance Service, as Executive Sponsor.
- Opportunities within the sector were explored, including the role of ambulance trusts as anchor institutions, and actions that need to be taken.
- It was recommended that a national agreement on the ambulance sector role in tackling health inequalities is developed to ensure that a purposeful approach to tackling health inequalities is embedded across the sector, working with their ICSs.
- This would bring key stakeholder organisations in attendance at the roundtable back together to build on and update the 2017 consensus statement on public health approaches in the ambulance sector, reflecting the shift in focus and gathering momentum around the broader health inequalities agenda and opportunities to tackle the wider determinants of health.





3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- Dr. Bola Owolabi, Director – Health Inequalities (NHSEI)

Bola spoke about:

- the vision for the national Health Inequalities Improvement Programme and how this relates to the ambulance sector.
- the key national policy drivers for developing an approach to reducing health inequalities inc.
 - Core20PLUS5.
 - NHSEI's five strategic priorities for health inequalities and the need for these to be embedded in organisational plans.
 - the NHS operational / implementation planning guidance.
 - the role of leadership and leaders.

She also discussed the need to build capabilities and access to expertise and called on the sector to think about how best to articulate our offer as a provider, a partner, and an anchor organisation.



4. Did you have presentations from individual trusts? If so, what did they present on?

- NWS presented on their work as an anchor organisation, the potential opportunities for trusts, some good practice examples and next steps to incorporate public health objectives within trust strategy.



5. Anything else you would like to highlight about this group?

- There is real momentum behind this agenda and the work of this group is continuing at pace. It has been important to engage our key national stakeholders and bring them on the journey with us. We will continue to co-produce the work as we move forwards with the aim of identifying the practical next steps for our collective commitment to reducing health inequalities and supporting the health and wellbeing needs of our patients, staff and communities.



National Digital Leaders Group (NDLG)



Chair:
Tim Bishop,
SWASFT



Joint CEO lead:
Richard Henderson,
EMAS



AACE lead:
Peter Suter



NDLG: National Digital Leaders Group

Chair: **Tim Bishop, SWASFT**



1. What were the key issues you focused on / discussed over the year?

- A sector wide Ambulance Digital Maturity Assessment.
- Oversight of the national Ambulance Radio Programme (ARP) as it operationalises key deliverables in critical communications.
- Working with central NHS teams on digital initiatives such as:
 - The roll-out of iPads and similar devices to patient-facing Ambulance colleagues.
 - 999 Intelligent Routing Platform (IRP).
 - Developing the digital enterprise architecture.
 - Emerging Booking and Referrals Standard.
 - Creation of the digital innovation sub-group.
 - Pushing forward with the Ambulance Data Set initiative.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Draft 'Future Ambulance Enterprise Architecture'.
- Prioritisation of the Digital Maturity Assessment's recommendations.
- Leadership within the IRP Expert Reference Group.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- We had a range of speakers from bodies such as NHS-X (now NHS Transformation), others from NHSEI and NHS Digital.
- The Home Office's senior lead for the Emergency Services Mobile Communications Programme that seeks to deliver the Airwave system.

1 NDOG

2 NASMeD

3 HRDs

4 NACOM

5 DoFs

6 NASAT

7 NDLG

8 NADIF

9 QIGARD

10 NARU



4. Did you have presentations from individual trusts? If so, what did they present on?

- Various trusts presented and updated on items such as 999 telephony system migration, engagement within Integrated Care Systems, and national information.



5. Anything else you would like to highlight about this group?

- We continue to champion digital, technology and information as an enabler and transformer of services and experience.



National Ambulance Diversity and Inclusion Forum (NADIF)



Chair and CEO lead:
Will Hancock,
SCAS



AACE lead:
Anna Parry



National Ambulance BME Forum
NABMEF

National Ambulance LGBT+ Network
LGBT+N

National Ambulance Disability Network
NADN



NADIF: National Ambulance Diversity and Inclusion Forum

Chair: Will Hancock, SCAS



1. What were the key issues you focused on / discussed over the year?

Stamping out racism

The NADIF has continued to support delivery against AACE's stamping out racism promises in the following ways:

- Participation in and contribution to the AACE / CoP 'uncomfortable conversations' series – inclusion of representatives from the BME Forum and LGBT Network on the Zoom design teams, including abuse of position of trust (Oct 21) and the mental health continuum (March 22).



- Commencement of AACE's anti-racism campaign, shining a monthly spotlight on anti-racism – features published monthly from November 2021 to March 2022: introduction from Will Hancock; AACE's inclusive uniform offer; positive action project at NEAS; cultural ambassador programme at EEAST; and the ally programme at WAST.

KEY PRIORITIES

- Facilitate a series of national conversations and learning events throughout 2020/21 across AACE UK ambulance services with the support of NHS Horizons
- Create and deliver a national campaign in 2020/21 designed to stamp out racism across ambulance services
- Review BME clinical presentations and incorporate in ambulance service guidelines to address inequity in care provision
- Ensure the availability of culturally appropriate uniform options for ambulance service staff

The National Ambulance BME Forum will contribute to the priorities identified with support from the National Ambulance Diversity Forum.

Chief executives, chairs and leadership teams will play a fundamental role in the achievement of positive and lasting change in stamping out racism acting at national and local levels.

Potential additional cost may be incurred through the provision of culturally-appropriate uniform options as well as delivery of the stamp out racism campaign.

PROJECT D – VALUING DIFFERENCE AND CELEBRATING DIVERSITY

STAMPING OUT RACISM - OUR PROMISES

RAISE AWARENESS We promise to create opportunities for discussion, listening, learning and education across our AACE network to increase individual, team and organisational cultural awareness and acceptance

RESPOND We promise to campaign for lasting, positive change and improved experiences for our BME workforce and communities and to use our platform as UK ambulance services to take a stand against racism and race discrimination, harassment and victimisation

REPRESENT We promise to improve access to jobs, training and education, career progression and wellbeing support for our BME workforce and members of our diverse communities to ensure greater representation across our services

RESPECT We promise to put respect and compassion at the heart of our systems, processes, organisation behaviours and cultures to enable BME people to be confident, feel valued and express their true selves in the workplace

RESPONSIBILITY We promise to call out racism in all its forms and to challenge racist behaviour whenever we encounter it or are made aware of it to create and nurture an anti-racist culture across the ambulance service

BLACK LIVES MATTER **TAKING A STAND AGAINST RACISM**

AACE NATIONAL AMBULANCE DIVERSITY FORUM

- Attendance of NADIF chair and BME Forum chair / deputy chair at national director group meetings to consider race in the context of the wider inclusion agenda and undertake 'thought leadership' role of NADIF.

Peer support networks

- Under the NADIF banner, the BME Forum and LGBT Network have continued to represent and support their respective memberships.



**National Ambulance
BME Forum**



**National Ambulance
LGBT Network**

- The national ambulance disability network (NADN) was established in December 2021 and supported by funding from AACE membership from April 2022 (in line with funding allocation for BME Forum and LGBT Network).



**National
Ambulance
DisAbility
Network**



5. Anything else you would like to highlight about this group?

- We have had Initial discussions relating to the formation of an inter-faith group.
- In March 2022 we held the AACE ‘women in leadership – lift as you climb’ webinar attended by 192 people from across the sector.





NADIF Sub Group: National Ambulance BME Forum (NABMEF)

Chair: Tasnim Ali, YAS



1. What were the key issues you focused on / discussed over the year?

- The National Ambulance Black and Minority Ethnic (BME) Forum was involved in supporting AACE with the development and delivery of the Mental Health Continuum and the Women in Leadership: 'Lift as you climb' zoom calls. We are delighted that we could have a positive influence on multiple themes that are raised via AACE and contribute to developing solutions.
- Will Hancock, our CEO lead, and Tasnim Ali, our Chair, met with a number of the AACE national director groups to discuss how issues of diversity feature in their work programmes and topics. The conversations were productive, and we had follow up meetings with some groups.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- We delivered our National Conference in October 2021 remotely. It was well attended and offered staff the opportunity to connect into a number of the sessions:
- 'Inclusive leadership & moving the dial' - Steve Russell, Chief Executive Officer, Harrogate and District NHS Foundation Trust, who presented a vivid story on how a CEO can make a difference to diversity, some of the stumbling blocks in facilitating change and personal experiences of racism.
- 'Mind The Gap' – led by:
 - Dr Alison Walker, Executive Medical Director, West Midlands Ambulance Service.
 - Malone Mukwende, Co-Author Mind the Gap and Medical Student, St Georges University of London.
 - Margot Turner, Co-Author Mind the Gap, Senior Lecturer in Diversity and Medical Education, St Georges University of London.
 - Claire Hunter, Head of Learning, Development and Quality, NHS Pathways.
 - Agatha Nortley-Meshe, Assistant Medical Director, London Ambulance Service.
- Understanding cultural humility and its role in leadership education and clinical care' - Tom Davidson, Director Centre of Excellence in Paramedic Practice, Institute of Health, University of Cumbria.

- ‘Cultural Competency in Midwifery Care ‘ – Benash Nazmeen, Specialist Cultural Liaison Midwife and Amanda Mansfield, Consultant Midwife, London Ambulance.
- ‘Staying safe in the Race – creating safe spaces for conversations about race’ - Joanna Traynor, Coach, Psychotherapist & co-founder, Senseia.
- ‘Antiracism and the Role of Allies’ – Jayne Phoenix, Deputy Chair National Ambulance BME Forum and Bank Associate Director, South East Coast Ambulance Service NHS Trust and Mark Johns, Engagement Diversity and Inclusion Manager, North East Ambulance Service.
- These sessions from our 2021 conference can be watched on our website www.nabmef.uk

NADIF Sub Group: National Ambulance LGBT+ Network (LGBT+N)

Chair: Alistair Gunn, YAS



1. What were the key issues you focused on / discussed over the year?

- The network continued to work remotely through the year, which limited the types of work we have been able to do. The two priorities we have focused on have been:

Supporting the LGBT+ Workforce

- The national committee has continued to be divided into North and South divisions, with each meeting bi-monthly. A key concern is to make sure local committee members welfare is being looked after and that we have continued to put into practice our COVID-19 1-2-3 Strategy within each Trust:

Good Quality Mental Health Support

1

Change the tone of the conversations...

Make it personal

2

Have support readily available for all...

Support in every support

3

Find new ways of connecting people...

Share experiences

- Challenges to this has been the general flux in staffing seen across the country, with around a third of the committee moving on to new roles or stepping down from network duties. This alone has prevented us being able to develop further.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

Production of Continuing Professional Development (CPD) Resources

- We have previously launched two new CPD resources which focused on supporting trans people and giving better care to people living with human immunodeficiency virus (HIV). In 2021/22 we drafted two further resources.

Understanding the + in LGBT+

- The resource looks at understanding the full LGBTTQQIAAP (LGBT+ for short) acronym - lesbian, gay, bisexual, transgender, transexual, questioning, queer, intersex, asexual, ally and pansexual - and explores the how ambulance staff can work more inclusively with a greater section of the population. The resource aims to give an 'easy to follow' guide to all the different gender identities and sexual orientations. Whilst the acronym may seem complex and can challenge people, the good practice guidance is incredibly simple.

Supporting Mental Health

- This is an area that has repeatedly been seen as lacking since the creation of the network and we have set out to deal with this head on. The resource explores the range of mental health conditions and good practice in dealing with them. The publication will be punctuated with personal reflections from LGBT+ people who have experience of the different conditions. Of course, the conditions are the same for all people, but there is the added vulnerability to factor in for LGBT+ people, and we are very proud to be making inroads into providing much better support for people.



3. Anything else you would like to highlight about this group?

- The network continued to provide 15 Minutes Reads in 2020 but this proved to be unsustainable during pandemic. This is something we are looking to relaunch at the end of 2022, with a new conversational style and design.
- The Chairs of the network continue to work with Class Publishing on a new book for ambulance staff looking at the issues for LGBT+ patient and staff and how we can work more inclusively.
- We would like to acknowledge the support of AACE and NADIF who have continued to link us with senior management teams within individual trusts and offered guidance through a difficult period.
- <https://www.ambulancelgbt.org>

NADIF Sub Group: National Ambulance Disability Network (NADN)

Chair: Dawn Whelan, EEAST



1. What were the key issues you focused on / discussed over the year?

- Supporting local trusts in developing their staff networks for colleagues with disabilities.
- Raising the profile of the national network.
- Raising the profile of disability across the sector.
- Official launch of the network in December 2021.
- The group has been involved in national workstreams providing support on areas such as;
 - Vaccination as a condition of deployment (VCOD)
 - hybrid working
 - accessibility
 - right to be heard training
- The network has also been involved in short collaborative working addressing intersectionality and has worked closely with the national LGBT+ and BME networks.
- The network has also supported the CoP with preparation for disability research and will present at a CoP inclusive recruitment conference later in 2022.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Undertaking a project with NHSEI, looking at possible interventions to improve the experiences of staff with disabilities across the ambulance sector. Interventions were piloted at the EEAST with positive outcomes. A report is due to be submitted to NHS England and there is an intention to publish this report. The interventions may be replicated across other ambulance trusts, and it is hoped that the recommendations and findings can inform a sector wide strategy on how to support our colleagues with disabilities.
- Members have supported the development of an accessible version of the JRCLAC clinical app through a working group and collaboration with Class Publishing.

1 NDOG

2 NASMeD

3 HRDs

4 NACOM

5 DoFs

6 NASAT

7 NDLG

8 NADIF

9 QIGARD

10 NARU



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- Jonathan Stewart, Mind Blue Light programme - presented on the collaboration with the emergency services and Mind to date. This also provided an opportunity for members to contribute to future Mind work.
- Stuart Moore, Senior Manager, NHS England and Improvement Workforce Disability Equality Standard (WDES) team - presented latest WDES findings for the ambulance sector.

An 'Uncomfortable Conversations' event with AACE and CoP, with speakers.

- Lucy Gough London Ambulance Service, sharing a personal story and lived experience.
- Kate Smyth, Non-Executive Director, Lancashire Teaching Hospitals NHS Foundation Trust, co-chair of the Disabled NHS Directors Network.
- Pete Loughborough WDES Manager, NHSEI.
- PurpleSpace Masterclass – an event developed specifically for the ambulance sector to explore areas of good practice and support leadership development.



4. Did you have presentations from individual trusts? If so, what did they present on?

- John Eames from West Midlands Ambulance Service shared a presentation on microaggressions.
- James Bridges, CoP, information on JRCALC app accessibility.



5. Anything else you would like to highlight about this group?

- The National Ambulance Disability Network was awarded the World Skills UK Equity, Diversity and Inclusion Heroes 2022 Award.
- The NADN Chair undertook a Leader-to-Leader conversation webinar with the Chair of the Council of the CoP for International Day of Persons with Disabilities as part of the **#LightUpPurple campaign**

Quality, Improvement, Governance and Risk Directors (QIGARD)



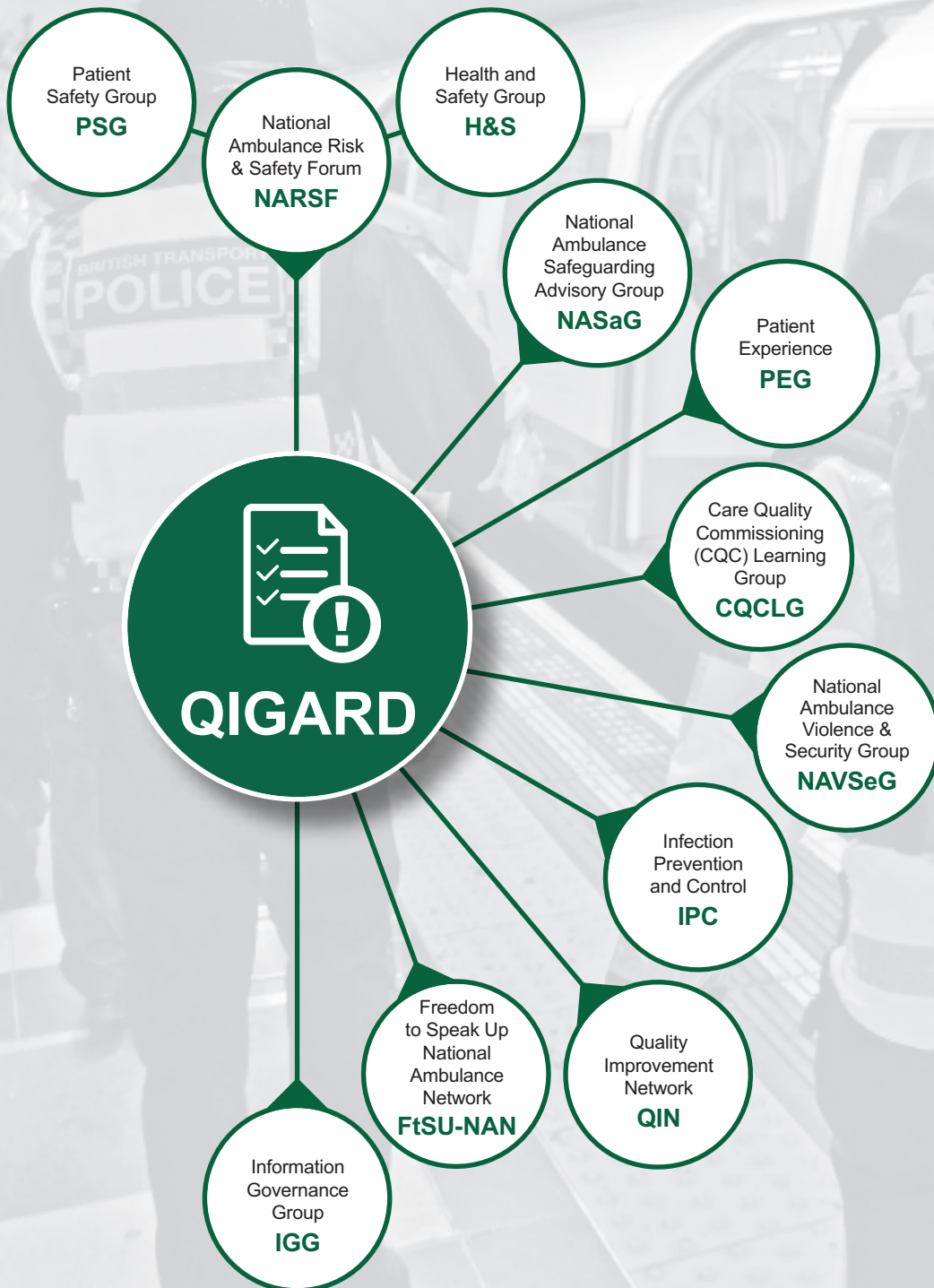
Chair:
Jenny Winslade,
SWASFT



CEO lead:
Philip Astle,
SECAMB



AACE lead:
Hilary Pillin





QIGARD Sub Group: National Ambulance Risk & Safety Forum (NARSF)

Chair: Ant Brett, EEAST

Patient Safety Group (PSG)

Chair: TBC



1. What were the key issues you focused on / discussed over the year?

- Our main focus was on delays for patients both at hospital and within the community, waiting for a response. We provided AACE with patient safety data regarding hospital handover delays and serious incidents, which was used in the study for the 'Delayed hospital handovers - Impact assessment of patient harm' report published in November 2021.
- The group continues to develop benchmarking data and understand the ambulance sector wide risk profile to support sector-wide learning and improve patient safety.
- Those working in patient safety, undertaking investigations of serious incidents and liaising with patients and relatives who are often distressed and / or angry have been experiencing unprecedented workloads and levels of stress. The group continued to meet throughout the ongoing pandemic following increases in demand, in order to support each other and share experiences and learning.

Health and Safety Group (H&S)

Chair: Ajay Kumar, EMAS



1. What were the key issues you focused on / discussed over the year?

- **Homeworking** – group efforts were focused on sharing best practice around how best to cater for those who found themselves having to work from home. Documents shared through Basecamp included risk assessment templates and policies / procedures.
- **PPE** – Respiratory protective equipment was the main focus of the group interactions with information being shared around the type, issuance modes and experiences. Supply chain issues for surgical masks were also discussed. A member of the group volunteered to sit on the national PPE group and became a valued conduit of information to the group e.g. NHSEI ffp3 fit testing initiatives etc.

- COVID-19 RIDDOR reporting – HSE guidance on this has been ever-evolving and the group shared information on this on a monthly basis to ensure compliance with reporting requirements. Experiences were shared especially by those who had visits from HSE inspectors following COVID-19 related deaths as well as visits to Trust premises to ensure compliance with national guidance in place at the time.
- RIDDOR benchmarking – this has been a standing agenda item for over 10 years now and the last year was no exception. Trying to derive meaningful learning from this data has proven a tough nut to crack. Quarterly submissions are expected from all Trusts and collated by a nominated member of the group.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Home working assessment templates.
- Quarterly RIDDOR benchmarking statistics.

QIGARD Sub Group: National Ambulance Safeguarding Advisory Group (NASaG)

Chair: Alan Taylor, LAS



1. What were the key issues you focused on / discussed over the year?

- Sexual safety.
- JRCALC reviews.
- Safeguarding audit of trusts safeguarding provision.
- Allegations against staff.
- COVID-19 after action review.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Benchmarking report provided to QIGARD and Chief Executives following our safeguarding audit, containing recommendations for individual trusts.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- Disclosure and Barring Service (DBS) in NHS and when to report.
- Kenny Gibson Head of Safeguarding NHSEI on national safeguarding priorities.



4. Did you have presentations from individual trusts? If so, what did they present on?

- a. EEAS - Operation Elgin.
- b. LAS - Sexual Safety.

QIGARD Sub Group: National Ambulance Violence & Security Group (NAVSeG)

Chair: Adam Hopper, NEAS



1. What were the key issues you focused on / discussed over the year?

- The extension of our Security Group to include greater focus on violence reduction work, becoming NAVSeG.
- NHS England violence prevention and reduction (VPR) standard.
- Violence, assault, and aggression incident reporting data.
- 'Work without fear' campaign.
- Resources, systems and processes within trusts to tackle violence against staff.
- Supporting body worn video camera projects and evaluation.
- Creating crime prevention standards for the ambulance sector.
- Standardising risks and assurances reporting.
- Risk management system best practice.
- Support for five components of AACE VPR hub strategic plan.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- AACE VPR hub formation (Feb 2022).
- Inaugural presentation of benchmarking of VPR Standard to QIGARD.
- Large data comparison used to inform work without fear media campaign.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- Dave Brewster – College of Policing, Operation Hampshire.
- Mike Crassaiti – National Performance Advisory Group.



4. Did you have presentations from individual trusts? If so, what did they present on?

- YAS – Datix Risk Management System.
- SWAST – Datix Risk Management System.
- SWAST – eight-point plan.
- NEAS – 2016 – 2021 data comparison.



5. Anything else you would like to highlight about this group?

- We are working on plans to move toward public health violence prevention endeavours and away from more traditional security practices.

1 NDOG

2 NASMeD

3 HRDs

4 NACOM

5 DoFs

6 NASAT

7 NDLG

8 NADIF

9 QIGARD

10 NARU



“
 The marble of fear
 used to roll around
 in my stomach, but
 the minute he was
 sentenced to 9 years
 for stabbing me,
 the marble went
 away. There are still
 people out there
 who need my help
 and I'm here to
 help them.
 ”

Deena is a Paramedic who has
 experienced violence, aggression and
 abuse from the people she tries to help.

Visit www.aace.org.uk/vaa
 or scan the QR code to
 find out more and promote
 respect for ambulance staff.



You deserve the best care. **They deserve to work without fear.** #WorkWithoutFear



I've lived in this country for more than 20 years, but I still have a slight accent. People can be less likely to follow my instructions or listen to me - they may not even realise they are doing it, but I always notice it.



Ariel is a Paramedic and Operational Team Leader who has suffered racial abuse from the people he tries to help.

Visit www.aace.org.uk/vaa or scan the QR code to find out more and promote respect for ambulance staff.



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1 NDOG

2 NASMeD

3 HRDs

4 NACOM

5 DoFs

6 NASAT

7 NDLG

8 NADIF

9 QIGARD

10 NARU



QIGARD Sub Group: National Ambulance Service Infection Prevention and Control Group (NASIPCG)

Chair: Deborah Bullock, AACE



1. What were the key issues you focused on MTA discussed over the year?

- COVID-19 response - changes in guidance, PPE levels and associated issues of quality and supply.
- Working safely - ambulance consensus to improve guidance for non-clinical areas.
- Aerosol Generating Procedures (AGP) review.
- New National IPC manual standards.
- Bare below elbows policy.
- National ambulance IPC survey.
- National benchmarking of IPC provision.
- Peer review programme.
- National IPC risk register.
- Contribution and input into all national guidance by NHSEI MTA IPC cell.
- Task and Finish / work stream groups – PPE / vehicles and equipment / Uniform / Cleaning standards / IPC manual consensus groups / Waste management.



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

- Peer review benchmarking report (q4) 2021MTA22.
- COVID-19 Guidance for Ambulance trusts V2.0 April 2021.
- Working Safely Guidance for ambulance non-clinical area – Posters April 2021.
- Working Safely Guidance for ambulance non-clinical area V4.0 April 2021.
- Ambulance Position reassurance statement – June 2021.
- Ambulance ventilation evidence – position statement June 2021.
- COVID-19 Guidance for Ambulance trusts V3.0 June 2021.
- COVID-19 - management of staff – self isolation guidance – July 2021.

- COVID-19 - management of staff – self isolation guidance Test, Track, Trace (TTT) – Posters July 2021.
- COVID-19 - management of staff – self isolation guidance – frequently asked questions (FAQs) July 2021.
- COVID-19 - management of staff – self isolation guidance – Risk assessment template – July 2021.
- Working Safely Guidance for ambulance non-clinical area – Posters July 2021.
- Working Safely Guidance for ambulance non-clinical area V5.0 July 2021.
- Working Safely Guidance during autumn winter – Posters Sept 2021.
- Working Safely Guidance during autumn winter V6.0 Sept 2021.
- Ambulance Guidance Respiratory infections including Coronavirus – V1.0 Oct 2021.
- Ambulance position statement Patient Transport Servis (PTS) – Oct 2021.
- Winter protection posters – December 2021.
- Ambulance Position statement – regarding new national guidance – Jan 2022.
- Respiratory Guidance for ambulance Trusts – V2.0 Jan 2022.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- Tony Zarola and Kelly Winstanley, psychologists from Zeal Solutions, to discuss the national IPC survey.
- Sue Green – NHS Supply Chain – new product supply – clinical wipes.



4. Did you have presentations from individual trusts? If so, what did they present on?

- Have met formally on a monthly basis since the start of the Pandemic and the group also meets informally at least weekly (and more often during peak times) for 'covid cell' and 'check ins'. During peaks of high activity and many changes to the national guidance the group met nearly every day and then at least twice a week - now back to weekly in the main however ad-hoc meetings also happen.
- All leads have found the year to be very challenging as the pandemic continued, however all appreciate the comradeship and support from the other trust leads and AACE lead. We feel stronger together and appreciate the opportunity that being part of the national IPC cell has given us as a sector to hear the ambulance voice in regards to IPC.
- Very supportive and well represented by all trusts. Good at discussion and agree that consensus from all trusts is needed to embed good practice and supports trusts in maintaining their position. Chair is supported by all members and particularly the vice chairs – Vince McCluskey, SAS and Claire Ward-Jackson, SCAS.



QIGARD Sub Group: Freedom to Speak Up National Ambulance Network (FtSU- NAN)

Joint Chairs: **Simon Holbrook, SCAS**



1. What were the key issues you focused on / discussed over the year?

- Preparation for the pending National Guardians Office (NGO) - Ambulance Review.
- Staff safety – in particular, sexual safety and the rise of concerns.
- Bullying and Harassment concerns – we shared best practice and how best to support colleagues.
- Index report – NGO shared there is no longer an FtSU Index Report, which raised concerns we will be unable to measure and triangulate data.
- Leadership / stakeholders – how best to engage with key stakeholders and gain support from ambulance leaders.
- Patient waiting times – concerns around handover delays.
- COVID-19 – the pressures and anxiety this causing staff within each trust.

The group was able to share discussions and feedback on national guidance including:

- The ambulance review:
<https://nationalguardian.org.uk/2022/06/21/speak-up-review-of-nhs-ambulance-trusts/>
- New FtSU Policy Guidance:
<https://nationalguardian.org.uk/2022/06/23/updated-freedom-to-speak-up-policy-and-guidance-published/>
- Guidance on reporting and data capturing for Guardians:
<https://nationalguardian.org.uk/2022/02/17/new-guidance-on-recording-cases-and-reporting-data/>
- Supporting the Wellbeing of Guardians Report:
<https://nationalguardian.org.uk/2022/06/23/supporting-the-wellbeing-of-freedom-to-speak-up-guardians/>



2. What, if any, tangible outputs were there from your group?

Eg published report, issued guidance

LAS Guardian Carmen Peters hosted the FtSU-NAN Conference.

The following LAS speakers also presented:

- Head of Safeguarding, who, with LAS Ftsu Guardian, jointly created the ‘Sexual Safety Charter’ and the ‘Staff safety: Sexual Safety Panel and Risks framework’.
- Head of Wellbeing, highlighting collaborative working with the Guardian, recognising the importance of staff wellbeing and boundaries.
- Associate Director of Equality, Diversity and Inclusion Open for discussion around strategy and action plans to best support BME colleagues in relation to Workforce Race Equality Standard (WRES) and WDES and the importance of working alongside these networks within the trust.
- Resolution Framework & Mediation Lead presenting on the Bullying and Harassment policy and the new Resolution Framework Policy and Hub.



3. Did you have any external speakers present at your meetings, if so, who and what did they speak about?

- Five trusts were selected to take part in the NGO ambulance review process which unfortunately was scheduled to take place whilst trusts were under extreme pressures and operating at Resource Escalation Action Plan (REAP) 4. It is hoped the review will highlight these pressures to the NGO, and the complexities of ambulance trusts and the working environment. The FtSU-NAN has been important in supporting colleagues taking part in the review and in raising the need for leadership involvement and support for the process.

LET YOUR VOICE BE HEARD SAFELY

Contact your local Guardian
or view the Guardian Directory online:

http://www.cqc.org.uk/national-guardians-office/content/national-guardians-office

“Speaking up should be the norm, not a dangerous exception to a general practice of keeping one’s head down”

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National Ambulance Resilience Unit (NARU)



Director:
Keith Prior,
WMAS



CEO lead:
Dr Anthony Marsh,
WMAS

Purpose

- NARU will support the resilience objectives of NHS England, the Association of Ambulance Chief Executives and Ambulance Commissioners.
- In addition, NARU will also provide support to the UK's Civil Resilience and counter-terrorism (CONTEST) strategies and the Health commitments and the National Security Council.





Pandemic Pushes UK's Annual Ambulance Sector Conference Online

The global pandemic has forced many changes in the way that organisations operate and communicate with their key stakeholders.

This is why the Association of Ambulance Chief Executives (AACE) - the representative body for ambulance services across the United Kingdom - opted to run its annual Ambulance Leadership Forum (ALF) conference online for the first time ever on 18th May 2021.

This groundbreaking event once again placed the spotlight firmly on UK ambulance services as they fight to meet UK Government performance targets and continue to improve clinical outcomes against a backdrop of rising demand that shows no signs of slowing, a key issue compounded by the COVID-19 pandemic.

Funding and workforce pressures – as well as the challenges being faced by other parts of the UK's NHS urgent and emergency care system, which are exacerbating the ambulance service's problems by contributing to unnecessary handover delays at local hospital departments – are the top priorities for discussion at this unique online event.



Using some of the latest interactive online event software, the format will continue to contain a mix of live speaker sessions, live panel / debate, networking, knowledge sharing presentations from UK national ambulance director groups and access to a sponsor content and exhibition area.

The ALF2021 Agenda

Themes and topics explored during the day included:

- **Health inequalities and Public Health strategies for ambulance services**
- **Reducing violence and aggression towards ambulance staff**
- **Leading cultural change to become 'employers of choice'**
- **Integrated Care Systems – the regional / local fit for ambulance services**
- **Quality Improvement for Patient Safety**
- **Staff welfare – suicide reduction**
- **Volunteering – what next?**
- **Workforce Race Equality Scheme – are we improving?**



AACE Outstanding Service Awards 2021

AACE also used the new online ALF format to highlight some exceptional individuals at conference by featuring the work of their AACE / ALF award winners.



AWARD CATEGORY:	AWARD WINNER:	TRUST:
Exceptional Administrator	David Patton	North East Ambulance Service NHS Foundation Trust
Exceptional Mentor or Tutor / Educator	Chelsie Reed	South Western Ambulance Service NHS Foundation Trust
Exceptional Volunteer	Gerry Bird	East of England Ambulance Service NHS Trust
Exceptional Specialist Paramedic	Chris Jackson	South Central Ambulance Service NHS Foundation Trust
Exceptional PTS staff	Jayne Smewin	West Midlands Ambulance Service University NHS Foundation Trust
Exceptional Pre-registration Student Paramedic	Beesham Sivakumaran	London Ambulance Service NHS Trust
Exceptional Paramedic	Jenna Gibson	South East Coast Ambulance Service NHS Foundation Trust
Exceptional Support Service staff	David Walsh	National Ambulance Service Ireland
Innovation or Change Champion	Lisa Houghton	Isle of Wight NHS Trust
Exceptional Manager	Trevor Spowart	Scottish Ambulance Service
Exceptional EOC / Control Services staff	Andrea Williamson	North West Ambulance Service NHS Trust
Exceptional Paramedic Manager	Gillian Furniss	Northern Ireland Ambulance Service Health and Social Care Trust
Welfare and Wellbeing Champion	Helen Houghton	Yorkshire Ambulance Service NHS Trust
Exceptional service in a clinical role	Adam Byard Simon Bailey	East Midlands Ambulance Service NHS Trust
Exceptional Team Award	Senior Pandemic Team	Welsh Ambulance Services NHS Trust
Excellence in the field of Diversity	Mark Johns	North East Ambulance Service NHS Foundation Trust



For ambulance trusts in England, hospital handovers taking over 60 minutes, in April 2021 = 7,444 = 2% of handovers. 4,737 hours lost. March 2022 = 45,124 = 14% of handovers. 77,067 hours lost.

**Delayed hospital handovers:
Impact assessment
of patient harm
AACE Publication
November 2021**





ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

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

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