



Annual review 2010/11



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Contents

Foreword from the chair	2
Director's statement	3
About us	4
Our work and achievements 2010/11	6
Our priorities 2011/12	9
Our people	11
Finance	12



Foreword from the chair



2010/11 will stand out as a significant year for the NHS with the Government's proposed healthcare reforms, the ensuing debates and, at the time of writing, the NHS listening exercise. It has been essential for the Ambulance Service Network to fully engage with its members during this time and all

contributions and support have been invaluable. I would like to take this opportunity to thank you, our members, for enabling us to effectively provide a collective voice on behalf of the NHS and public ambulance services in the UK.

As a lobbying organisation, our influencing work with government and opposition ministers, MPs and opinion formers in health and social care was vital during 2010/11. We responded with a work programme that specifically focused on influencing the NHS reforms, including commissioning arrangements for the future, and sharing experience, learning and good practice to enable ambulance services to continue to deliver the best clinical care for every patient. We are committed to updating and delivering our vision in a way that reflects the current climate where the best use of resources is essential.

Our role as a membership organisation for UK ambulance services also provided the opportunity for members to be updated on wider NHS issues, including public health, governance and trauma care, via our publications and events.

Our role is also to support services to work more closely with the wider NHS and other key stakeholders in health and social care, particularly

to enable patients to receive the right care, in the right place. An area which has a significant impact on ambulance clinicians is dementia care, and our workshop in February 2011 gave the opportunity for delegates from health and social care organisations to look at care pathways. We recognise that collaboration is central to improving patients' and carers' outcomes while also helping to meet the pressures of the rising demand for ambulance services.

It is expected that during 2011/12 the current uncertainty around the direction of the NHS reforms will be addressed. As these policies develop, I am confident we will proactively champion the ambulance service view and will take all opportunities to ensure these services are rightly considered to be a major contributor to solving many of the challenges facing the NHS today.

As the NHS Confederation adapts to reflect the many changes facing the health service, I have been pleased to represent the Ambulance Service Network as chair and trustee of the charity. Greater integration with other health and social care partners remains a key objective for us, and I am pleased that we have this opportunity to work with colleagues to encourage greater engagement across all health and social care sectors.

I should like to thank the Ambulance Service Network board members for their support and work in promoting the network's vision. I should also like to thank Jo Webber, now in her first full year as our network director, for all her work this year, especially in strengthening the voice of ambulance services both nationally and throughout the NHS Confederation.

Heather Strawbridge
Chair, Ambulance Service Network

Director's statement



When I wrote in my statement last year that 2010/11 was going to be a challenging year, I could not have predicted how this would now ring true. Then, we were concerned with the potential implications of the general election. Now, we have to reflect on a set of reforms, 'paused'

at the time of writing, which will result in a radical overhaul of the NHS in general and the ambulance service in particular.

We still have some of the same issues: maintaining quality while dealing with the growing numbers of 999 calls; making the money stretch to cover costs and hitting efficiency targets at the same time; and developing the new services that are going to be so vitally important if ambulance trusts are to fulfil their potential as the single point of access for local urgent and emergency care, while tackling the realities of moving to foundation trust status.

Alongside these, we can add some new challenges: how 'choice' will work in ambulance services and whether emergency preparedness and 999 should be protected from competition; how commissioning will develop and at what level ambulance services should be included; and how we can continue the move from time-based targets to evidence-based outcome measures without losing the gains made over the past few years.

However, alongside the challenges, there have been some highlights during the past year. The first two NHS ambulance trusts to gain foundation status gave accounts of their journeys to a group of non-executive directors recently. Our workshop, jointly delivered with the Ambulance Chief Executives

Group in March, discussed the indicators now being used to replace the Category B 19-minute response time target; we await the first figures with anticipation. Our collaboration with the British Medical Association and the National Ambulance Commissioners Group produced a letter to Andrew Lansley MP, the Secretary of State for Health, which for the first time gave a truly joint approach to the commissioning of ambulance services. The fire minister, Bob Neill MP, agreed that the Ambulance Service Network would be included in any work on the development of more integrated approaches to joint working with the fire and rescue services. We welcomed the Scottish Ambulance Service into our membership, meaning that we now cover all NHS ambulance services in the UK. And our conference in October, attended by well over 100 delegates, proved yet again how innovative and ready for change our members can be.

Our members' concerns remain very real and we still have more to do to show how ambulance services can be the glue helping to hold together local urgent and emergency care systems, rather than the sticking plaster stopping them from falling apart. Conversations with members continue to reveal instances where the actions of other partners impact locally on their ability to deliver what patients need – a timely, high-quality and responsive service. After two hard winters, the work ambulance trusts do to keep the system working during these times is still not recognised when looking at annual performance.

But one thing is clear. Our work programme will continue to support and be driven by our members to meet these challenges and influence the future. There is much still to play for.

Jo Webber
Director, Ambulance Service Network

About us

The Ambulance Service Network (ASN) was established as part of the NHS Confederation to provide a strong and independent voice for NHS and public ambulance services in the UK, and to enable services to work more closely with the rest of the NHS and other key stakeholders in health and social care.

The NHS Confederation is the independent membership body for the full range of organisations that make up the modern NHS. It has over 95 per cent of NHS organisations in its membership plus a growing number of independent healthcare organisations that deliver services within the NHS.

The NHS Confederation works to meet the shared needs of its members and provide a powerful collective voice for NHS leaders via its networks. The ASN is the main forum through which ambulance services can voice their priorities and concerns and, as a policy influencing organisation, can then inform and lobby opinion formers and decision-makers on these issues. The ASN continues to work with the commissioners and providers of NHS services and with its partners in social care to achieve a shared vision of providing a world-class service for all patients.

Our vision

Our priority is to support our members as they deliver their objectives: to save lives; improve health; and ensure that patients get the right care, in the right place, at the right time. In order to support services to meet these challenges, we believe that the following requirements are vital:

- a single point of access for emergency and urgent care, linked to the appropriate service response
- world-class services nationwide for patients with life-threatening conditions and those suffering from major trauma
- integrated and seamless services across primary, secondary and community care, including a range of urgent care services available 24 hours a day, seven days a week.

'The ASN has played an important role in supporting the implementation of regional networks for major trauma across NHS England. The network's ability to share information and access knowledge has been key in the planning stages and will be vital through the implementation phase.'

Professor Keith Willett
National Clinical Director for Trauma Care, Clinical Policy and Strategies Division, Department of Health

These services should be backed up by:

- world-class commissioning for emergency and urgent care, involving all NHS and social care partners, with patients' outcomes and experiences used to measure success
- appropriately trained and skilled ambulance service staff working in multi-disciplinary teams across a variety of settings
- real-time data and information about emergency and urgent care services and patients' health records shared seamlessly between different parts of the health and social care system
- a system of funding that incentivises services to treat patients in the most appropriate location for their clinical need – in specialist centres, where necessary, and in local communities or people's homes, where possible.

Member benefits and how to get involved

We currently have 18 members. These include the 11 ambulance trusts in England, those from the devolved administrations of Northern Ireland, Wales and Scotland, and the ambulance services of Guernsey, Jersey, the Isle of Man and the Isle of Wight.

We are member-driven and are committed to involving our members in developing and shaping our work programme, ensuring that we meet their needs.

We continue to support ambulance services to strengthen their position as an integral part of today's emergency and urgent care system, address the key issues, and represent our members' views to key stakeholders in health and social care.

The benefits and engagement opportunities we offer our members are summarised below.

Influencing policy through:

- working with the senior health policy teams, government and opposition ministers, MPs, and opinion formers in health and social care
- input from members on the development of current, relevant policies via contributions to our consultation responses and events
- ongoing work with key stakeholders such as the Care Quality Commission (CQC).

Communicating the role and performance of ambulance services by:

- promoting a better understanding among stakeholders, the media and the public about the central role of ambulance services in the emergency and urgent care system
- supporting our members to work more closely with the wider NHS and other key stakeholders in health and social care, and develop new models of urgent care for patients that shift the focus towards prevention and early intervention.

Promoting good practice by:

- supporting members to share examples of good practice and learn from each other about effective implementation
- identifying gaps in the support being provided to NHS ambulance services to help members perform effectively in an increasingly challenging environment.

'The engagement opportunities provided by the ASN have enabled us to build stronger relationships with key stakeholders and establish processes to consider strategic and policy issues to improve patient outcomes.'

Geraint Davies
Director of Commercial Services, South East Coast Ambulance Service NHS Foundation Trust

Providing networking and engagement opportunities, including:

- giving our members priority bookings at events, workshops and seminars, including our one-day ASN conference
- a series of workshops designed exclusively for ASN non-executive directors
- meetings with key stakeholders and opinion formers to discuss strategic and policy issues
- reduced delegate rates to the NHS Confederation and NHS Employers annual conferences and exhibitions.

Providing communications to keep members up to date, including:

- policy briefings, publications and policy digests
- feedback from consultations, discussion papers and surveys
- access to member-only areas of the NHS Confederation website, including all the latest ASN website documents, materials and online tools
- monthly ASN e-newsletter providing members with up-to-date policy, network and parliamentary updates and opportunities to get involved.

The work that we do on behalf of our members will feed into the wider NHS Confederation work programme that benefits joint working between all health areas.

Our work and achievements 2010/11

Our work programme in 2010/11 was developed in preparation for the change in government and in response to its proposed NHS reforms.

Influencing the NHS reforms

We ensured that our members' views formed part of the ASN and NHS Confederation responses to the health reforms white paper, *Equity and excellence: liberating the NHS*, and to its associated papers on greater choice and control for patients regarding their care and treatment.

We also held meetings with the British Heart Foundation and the Stroke Association to discuss key issues to raise in their respective consultation responses. These focused on the impact of the commissioning proposals for ambulance services in relation to heart attack and stroke patients.

Our members were involved in a seminar with other NHS Confederation members on the response to the public health white paper, *Healthy lives, healthy people*. Members' views formed part of our response, which was submitted in March 2011.

Bringing together ambulance service commissioners and providers

With the National Ambulance Commissioning Group (NACG), and supported by the NHS Confederation's Primary Care Trust (PCT) Network, we hosted a series of joint workshops over the year which brought together ambulance service providers, ambulance service commissioners and associate commissioners. The meetings helped to identify some shared objectives and solutions around the commissioning and provision of ambulance services. As a result, the group produced a document proposing that the different elements of ambulance service provisions are commissioned at the most appropriate 'levels' in light of the Government's NHS white paper commissioning proposals. This has helped to support members in their local influencing work with emerging commissioning consortia.

We also met with the Royal College of General Practitioners and with representatives from the British Medical Association to discuss issues around

the commissioning proposals and set out mutual views in a letter to the Secretary of State for Health.

Regulation

We held a regulation session at the Ambulance Governance Sub Group meeting in May 2010 hosted by the East Midlands Ambulance Service NHS Trust to gather our members' views on the regulation system with the CQC. These views formed part of the NHS Confederation's broader work on regulation.

The wider health and social care strategy

Our work around influencing the wider health and social care strategy included a continued focus on trauma services through the publication of reports and holding seminars on this subject.

Our meetings with Professor Keith Willett, National Clinical Director for Trauma Care, helped inform our paper on implementing trauma systems, published in August 2010.

Rehabilitation, reablement and recovery seminar

Our meeting with the Department of Health's Clinical Strategies team led to a joint, exploratory workshop with the Association of Directors of Adult Social Services and the Department of Health. This event brought partners from a wider range of health and social care organisations to look at the concept of improving patient outcomes through restructuring recovery, rehabilitation and reablement (RRR) services across the sector.

Report and webinar on critical care paramedics

We published a report in March 2011, *Critical care paramedics delivering enhanced pre-hospital and resuscitation care: a cost-effective approach*, in conjunction with the South East Coast Ambulance Service NHS Foundation Trust (SECAMB) and the Service Delivery and Organisation (SDO) Network. The report summarised the main findings from Dr Jashapara's evaluation of the critical care paramedics programme developed at SECAMB in response to concerns raised by a number of national

reports about pre-hospital care for seriously ill and injured patients and the need to save more lives. Following on from the publication, the ASN and the SDO Network held a webinar on the findings, attended online by over 40 participants.

Consultation responses

In addition to responding to the NHS reform consultation papers during 2010/11, we also consolidated our members' views into the CQC's registration fees consultation.

Our work with public affairs

The 2010 general election resulted in a change of government and an influx of 232 new MPs. We produced a factsheet, *Seeing ambulance services in a different light: more than a patient transport service*, for our members to use to inform local MPs about the range of services that ambulance trusts deliver. This factsheet was used in conjunction with a guide that we produced on how to engage with local MPs and a list of newly elected MPs with a strong interest in health.

In July 2010, an ASN delegation met with Simon Burns MP, Minister of State for the Department of Health, to discuss the Government's reform plans for urgent and emergency care and the role of ambulance services. We again met with Mr Burns in January 2011, when the discussion covered the commissioning of ambulance services, the new NHS 111 telephone service, next steps for the *Fire futures* report and the new outcomes measures for trusts.

The commissioning of ambulance services is a key issue for members and, in answer to a question from Edward Timson MP, Mr Burns subsequently said that, under the Government's reforms, most ambulance services would need to be commissioned by groups of consortia together with a lead consortium commissioning services across a given area.

We wrote to Bob Neill, Fire Services Minister in the Department for Communities and Local Government (DCLG), and were informed that any further work that the DCLG undertook with the fire service would also involve our members.

We also met key health ministers and opinion formers over the past year. These included: Paul Burstow MP, Minister for Care Services; Derek Twigg MP, Shadow Health Minister (ambulance services); Diane Abbott MP, Shadow Minister for Public Health; MPs Adrian Sanders, Dr John Pugh, Andrew George, Steve Brine, Anne Marie Morris and Edward Timson; the shadow frontbench health team; and the Labour party health and social care peers.

Conferences and events

ASN one-day conference and exhibition:

'Opportunities and challenges in urgent care reform' This event examined how urgent and emergency care can be improved to deliver better services at a time when the NHS faces unprecedented efficiency challenges as well as a new commissioning and regulatory landscape. The keynote speech was delivered by health minister Simon Burns MP. The event was positively appraised and attracted more than 120 delegates from health and social care organisations.

NHS Confederation annual conference and exhibition

We maintained a strong presence at the 2010 conference where we held two sessions: 'Achieving a single point of access to health services' and 'Joint prevention: managing acute demand through partnership working'. The sessions were well received and attracted delegates from across the NHS.

ASN annual general meeting (AGM)

We invited all ASN members to attend our AGM at the NHS Confederation annual conference and exhibition. Our 2009/10 annual review was presented to attendees, leading members to discuss the key achievements during the year and identify work which could be further developed in the year ahead. Of the priorities discussed, influencing the health and social care agenda on behalf of our members was an area of high interest.

Work to engage non-executive directors

Two specific events were held in 2010/11 for ambulance non-executive directors (NEDs) where members had the opportunity to debate key strategic issues and challenges facing ambulance services and

the wider NHS. Policy topics covered in the meetings included:

- the implications of the health reforms and public health white paper proposals for ambulance services
- commissioning of ambulance service provisions
- areas for services to focus on in coming months in light of the proposed changes to the commissioning system
- effective governance and accountability in foundation trusts
- the role of ambulance services in delivering public health.

ASN NEDs have responded positively to these events and we will host the next series of these meetings during the membership year 2011/12.

Dementia workshop

We hosted a workshop looking at how joint working between health and social care organisations can improve care for people with dementia. Alistair Burns, National Clinical Director for Dementia, was the keynote speaker. A briefing document will follow this work in 2011/12, highlighting examples of good practice from trusts in dealing with this challenging issue.

Ambulance clinical quality indicators workshop

Co-hosted with the Ambulance Service Chief Executives Group (ACEG), this workshop looked at the new ambulance clinical quality indicators to replace the Category B 19-minute response time target from April 2011. Delegates considered the principles behind the indicators and the implementation of these indicators in their respective health communities.

Work in the media

Our main media activities in 2010/11 focused on working with our members' communications leads. We submitted, were quoted and responded to a range of media activities relating to urgent and emergency services. Highlights included:

- responding to queries from *The Sunday Telegraph* on call categorisation, including the publication of a letter we wrote about ambulance response times
- responding to the publication of the latest KA34 performance management statistics, highlighting the importance of moving from target-based to outcome-based performance management
- submitting an article for *Ambulance Today* on the role of ambulances in the new Government's policy plans
- submitting a statement on Alcohol Concern's report about the abuse of alcohol amongst the young, following a request from the BBC
- responding to media enquiries from the *Health Service Journal* about NHS 111 and the implications of the Government's 'Any Qualified Provider' policy on who will run the service
- our response to the GP survey, linking this to the pressure that failure to access GPs easily puts on 999 and A&E services
- the ASN director, Jo Webber, appearing on BBC Radio 4's *You and Yours* programme to counter a Chief Fire Officers Association proposal to merge elements of fire and ambulance services. This followed an article in *Emergency Services Times* arguing against the merger of ambulance and fire services.

Network visits and development

ASN director, Jo Webber, visited 17 member trusts during the first six months of the year to discuss the varying regional challenges and to better understand the different ways each trust operates to respond to the variation in demand.

We made six-month review telephone calls with members between October and December 2010 to check member satisfaction with our work programme and to ask for potential areas of additional work for the last six months of the business year.

More recently, Jo Webber visited the Scottish Ambulance Service which has joined the ASN as an associate member.

Our priorities 2011/12

The proposed NHS policy reforms will have a significant impact on the direction of ambulance services over the coming years. We are committed to supporting our members during this major transitional period and have developed a work programme for 2011/12 which reflects both the impact of the reforms and the implementation issues arising for members.

Our work areas for 2011/12 include the areas below.

White paper reforms and influencing their impact on NHS ambulance trusts

We have been closely monitoring the Health and Social Care Bill through its parliamentary journey, ensuring that our members' concerns have been raised at the consultation and evidence stages.

Following the Government's announcement of a 'pause' during April and May 2011 to take stock of the Bill and undertake a listening exercise via the establishment of the NHS Future Forum, we have consulted with our members to draw together a response to the questions raised by the Forum. Our key points include: some ambulance services will need to be commissioned regionally to support resilience and mutual aid to maintain effective, efficient and co-ordinated services; accountability and transparency may need to vary for geographically-dispersed organisations; and emergency 999 services should not be considered as open to choice at the present time.

We will continue to lobby on aspects of the reforms that impact on ambulance services as they develop during the 'pause' period, so that our members' position remains strong.

Implementation issues

Future arrangements for ambulance service commissioning are critical and, as referenced earlier, we are working alongside stakeholders such as the British Medical Association to ensure the effects of the NHS reforms do not impact negatively on services and patients.

Building relationships with commissioning consortia

We are working with the PCT Network, who host the National Ambulance Commissioning Group (NACG), to gather feedback from GPs on their current perceptions of the ambulance service. This will help develop early dialogue between the ASN, emerging commissioning consortia leads and the ambulance services to support mutually beneficial and productive working relationships with commissioning consortia as they are established.

The CQC and regulation

Our work will focus on issues around registration fees, inspections, and bureaucracy and outcomes, ensuring that our members are kept updated with new developments.

Innovation and promoting innovative ideas developed by trusts

We will showcase examples of good practice in the UK or abroad and draw on other sectors as a learning opportunity for members. Topics will reflect the policy landscape, including work around the Big Society concept, mobilising volunteers, and moving from a monopoly to an 'Any Qualified Provider' model.

Our work programme will be delivered through a range of activities including research and policy analysis, showcasing examples of international and UK best practice from members, briefings and reports, and meetings and seminars with members, policy-makers and opinion formers.

These areas will be supported by a continued commitment to ensure that:

- ambulance trusts are positioned and recognised as the drivers of the new urgent, unscheduled and emergency care system
- we represent value for money for our members and are as efficient and effective as possible

- our work programme is owned by and reflects the needs of our membership
- the changing role of ambulance trusts is understood by other partners, and our members have an appreciation of how they are perceived by the rest of the new system
- our members are given networking opportunities through events and communications which keep them well informed about issues of common interest or concern.

Our people

The corporate governance structure of the NHS Confederation recognises the networks as the route by which members drive the purpose and strategy of the organisation. Each of the networks is in turn committed to working within a single corporate entity that governs in the interests of the NHS Confederation as a whole and ensures the effective functioning and success of the organisation. Information about the overall governance structure of the NHS Confederation is outlined in the NHS Confederation's annual review.

Each of the networks is self-governing, with its own board elected by its members. These boards set the business plan and approve the budget of the network. The ASN board is comprised of five chief executives, five chairs of ambulance services and the director.

Board members also ensure that the ASN and the NHS Confederation continue to lobby and work on behalf of ASN members on the issues that are important to them.

ASN board members 2010/11

Chair: Heather Strawbridge

Chair, South Western Ambulance Service NHS Foundation Trust

Vice-chair: Paul Sutton

Chief executive, South East Coast Ambulance Service NHS Foundation Trust

Director: Jo Webber

Ambulance Service Network

Tony Dell

Chair, North East Ambulance Service NHS Trust

Chris Faircliffe

Chair, East Midlands Ambulance Service NHS Trust

Tony FitzSimons

Chair, Great Western Ambulance Service NHS Trust

William Hancock

Chief executive, South Central Ambulance Service NHS Trust

Richard Hunt

Chair, London Ambulance Service NHS Trust

Darren Hurrell

Chief executive, North West Ambulance Service NHS Trust

Anthony Marsh

Chief executive, West Midlands Ambulance Service NHS Trust

Liam McIvor

Chief executive, Northern Ireland Ambulance Service Health and Social Care Trust

Finance

A summary of the network outturn for 2010/11 is detailed in the table below. These figures are currently being audited and therefore may be subject to unforeseen adjustments.

The network is reporting a surplus of £5,000 for 2010/11, against a budgeted surplus of £nil.

Income is below budget as the amount generated by events during the year was lower than planned.

Expenditure was monitored closely to fit within income achieved.

In recognition of the current economic climate, the network board has reduced the fees for 2011/12. This has been possible through reviewing structures and finding efficiencies.

The main NHS Confederation fee has been frozen for 2011/12.

Summary of income and expenditure 2010/11

	Forecast outturn £k	Revised budget £k	Variance £k
Total income	278	286	(8)
Expenditure – pay	176	158	(18)
Expenditure – non-pay	97	128	31
Expenditure – total	273	286	13
Total surplus/(deficit)	5	–	5



NHS CONFEDERATION



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