



ASSOCIATION OF  
**AMBULANCE**  
CHIEF EXECUTIVES



# ALF 2026

Ambulance Leadership Forum

**Sustainability for ambulance services:**

From environmental responsibility to financial resilience and lasting cultural change

# EVENT GUIDE



**Windsor: 10 - 11 March 2026**

**#ALF2026**

Conference Partner

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Dispatch**<sup>SM</sup>



# **ALF2026: Where ideas, leadership and innovation meet**

A joint welcome from Anna Parry, AACE Managing Director and Jason Killens, AACE Chair and Chief Executive of London Ambulance Service.

We are delighted to welcome you to the 2026 Ambulance Leadership Forum (ALF), the flagship event for the UK ambulance sector and a time each year when our collective achievements, challenges and ambitions come sharply into focus. ALF has continued to grow in scale, influence and confidence, reflecting the increasingly visible and vital role that ambulance services play across the NHS - and particularly within the emergency and urgent care system.

Over the past year, the profile of our sector has risen significantly. Ambulance services are now recognised more widely for the breadth of what they deliver: not only life-saving emergency response, but also essential contributions to community-based care, prevention, digital transformation and system resilience. This shift has been mirrored in the way national partners engage with us. AACE's position as an invaluable membership body has strengthened further, with deeper relationships across government, NHS, regulators, professional bodies and the wider health and care landscape.

Our work to ensure the sector's voice is heard - clearly, consistently and credibly - has never been more important. Through targeted lobbying, constructive challenge and proactive media engagement, AACE has helped shape national conversations on issues that matter most to our people and our patients. Whether advocating for improved handover performance, championing workforce wellbeing, or highlighting the innovation taking place across our member organisations, we have ensured that ambulance perspectives are not only represented but respected.

ALF provides the perfect platform to bring all of this together. Each year, the event showcases the ingenuity, determination and commitment that define our sector. It is a space where

leaders, clinicians, partners, innovators and frontline colleagues come together to share learning, debate solutions and celebrate progress. The breadth of contributions across the programme demonstrates the excellent work happening in every corner of the UK - work that continues despite sustained operational pressures and the ongoing complexity of delivering care in a system under strain.

We are immensely grateful to the small but dedicated AACE team whose professionalism and attention to detail make ALF possible. Their work behind the scenes ensures that this event remains the premier gathering for ambulance leaders, and we thank them sincerely for their continued commitment.

We also extend our appreciation to the many speakers, chairs, network leads and national director groups whose expertise and generosity underpin AACE's work throughout the year. Their leadership strengthens the sector and enriches the conversations we are able to have here at ALF.

Finally, we thank our sponsors for their support. Their partnership enables us to showcase the latest innovations and technologies that can help ambulance services deliver even better care for patients and better experiences for our people. We encourage you to visit their stands and explore the solutions they bring.

**We look forward to meeting as many of you as possible over the next two days and hope you find ALF2026 both inspiring and energising.**



**Anna Parry**  
Managing Director,  
Association of Ambulance  
Chief Executives (AACE)



**Jason Killens** KAM  
Chief Executive,  
London Ambulance  
Service NHS Trust and  
Chair of AACE



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# ALF2026: Sponsors & exhibitors

The Association of Ambulance Chief Executives is grateful to the following commercial organisations for their generous support which has enabled the delivery of the 2026 Ambulance Leadership Forum.

We would be grateful if you would engage with our sponsors, visit their stands in the Hanover Lounge and Beaumont Suite, meet their people and see what they have to offer.

## Table number and ALF2026 exhibitor

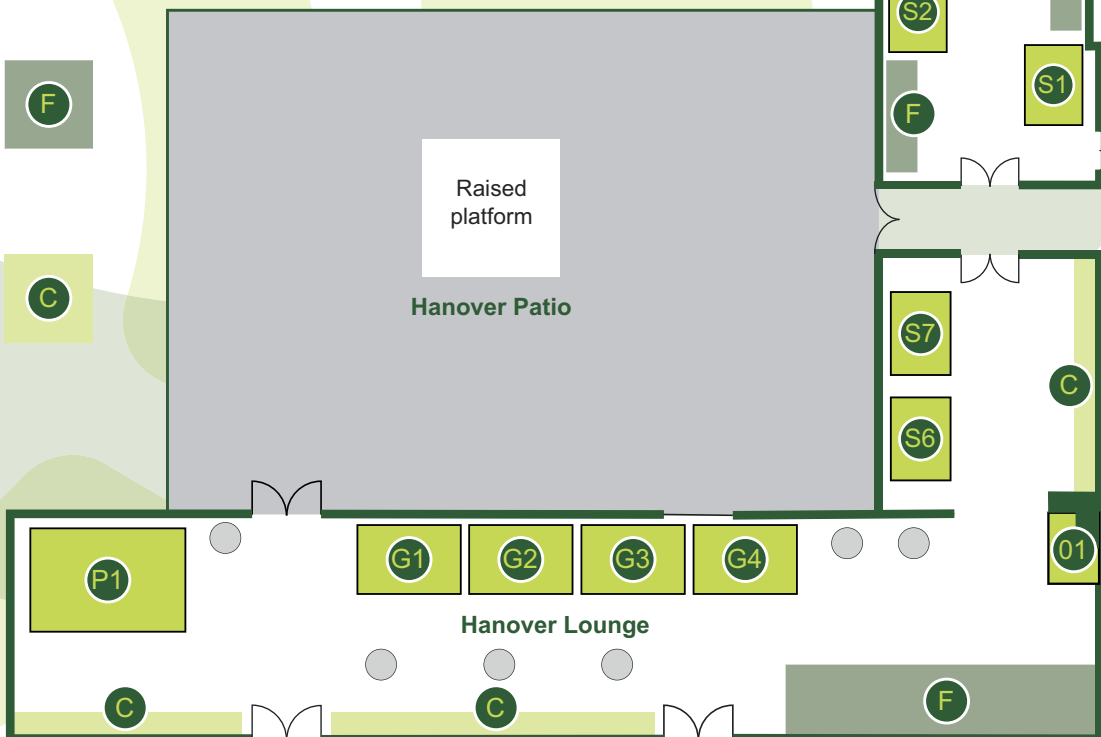
P1	Priority Dispatch	S1	ORH Limited
G1	Wavenet Public Sector	S2	Cooneen Group
G2	Questar UK	S3	Motorola Solutions
G3	Ortivus	S4	Omda
G4	Galen	S5	Acetech
		S6	DocWorks
		S7	BT
		01	FutureQuals

04

Food Service



Tea and coffee



## Sustainability for ambulance services:

From environmental responsibility to financial resilience and lasting cultural change



# Agenda Day One: Tuesday 10 March

Time	Item	Location
08:30 - 09:45	Registration, networking and pre-conference refreshments	Hanover Lounge & Beaumont Suite
<b>CONFERENCE OPENING</b>		
10:00 - 10:20	<b>Welcome and introductions</b> <b>Anna Parry</b> , Managing Director, Association of Ambulance Chief Executives (AAACE)	Hanover Suite
10:20 - 10:25	<b>Chair's welcome</b> <b>Saffron Cordery</b> OBE, Strategy Advisor, Freelance	Hanover Suite
10:25 - 10:30	<b>Department of Health and Social Care</b>	Hanover Suite
10:30 - 11:30	<b>CEO panel: Ensuring sustainable services for our patients and our people</b> <b>Emma Wood</b> , Chief Executive, Welsh Ambulance Services University NHS Trust  <b>John Martin</b> KAM, Chief Executive, South Western Ambulance Service NHS Foundation Trust  <b>Salman Desai</b> KAM, Chief Executive Officer, North West Ambulance Service NHS Trust  <b>Simon Weldon</b> , Chief Executive Officer, South East Coast Ambulance Service NHS Foundation Trust	Hanover Suite
11:30 - 12:30	<b>Research &amp; Innovation presentations</b>  Introduced by <b>Professor Julia Williams</b> , Professor of Paramedic Science, Royal College of Paramedics and <b>Professor Rachael Fothergill</b> , Head of Clinical Audit & Research, London Ambulance Service NHS Trust	Hanover Suite  <i>Session kindly supported by</i> 
11:35 - 11:45	<b>1: Evolution of UK Medicines Legislation for Pre-Hospital Care Ambulance Services</b> <b>Louise Maunick</b> , Advanced Paramedic Urgent Care, Yorkshire Ambulance Service NHS Trust	Hanover Suite
11:45 - 11:55	<b>2: Care closer to home: the role of ambulance service specialist practitioners in urgent care in managing category 2 breathing difficulties</b> <b>Claire Marsh</b> , Advanced Paramedic Urgent Care, Yorkshire Ambulance Service NHS Trust  <b>Tim Millington</b> , Interim Associate Director of Paramedic Practice, Yorkshire Ambulance Service NHS Trust	Hanover Suite



*Sessions subject to change or cancellation.*



# Agenda Day One: Tuesday 10 March

Time	Item	Location
11:55 - 12:05	<p><b>3: A mixed methods evaluation of operational leadership training needs within the East of England Ambulance Service NHS Trust (LEAD-EEAST)</b>  <b>Emma Duncan</b>, Clinical Research Fellow, East of England Ambulance Service NHS Trust</p>	Hanover Suite
12:05 - 12:15	<p><b>4: Building a sustainable model for Advanced Paramedic Practice</b>  <b>Hannah Lowther</b>, Professional Development Lead Advanced Practice, Welsh Ambulance Services University NHS Trust   <b>Hannah Russell</b>, Clinical Practice Development Manager, London Ambulance Service NHS Trust</p>	Hanover Suite
12:15 - 12:25	<p><b>5: The ModiBodi Sustainability Project: Enhancing Staff Wellbeing and Reducing Environmental Impact</b>  <b>Rebecca Lennox</b>, Emergency Medical Advisor, North West Ambulance Service NHS Trust</p>	Hanover Suite
12:25 - 12:30	<p><b>Voting and presentation of prize for research presentation</b>            Introduced by <b>Professor Julia Williams</b>, Professor of Paramedic Science, Royal College of Paramedics and <b>Professor Rachael Fothergill</b>, Head of Clinical Audit &amp; Research, London Ambulance Service NHS Trust</p>	Hanover Suite <i>Session kindly supported by</i> 
12:30 - 13:45	<b>Networking Lunch</b>	Hanover Lounge & Beaumont Suite
13:45 - 14:10	<p><b>Worker safety measures you can afford</b>  <b>Ben Copitch</b>, Business Development Director, Questar UK</p>	Room One, Hanover Suite <i>Session kindly supported by</i> 
13:45 - 14:10	<p><b>Our Shadow Board - hearing different voices</b>  <b>Janine Compton</b>, Director of Communications &amp; Engagement, South East Coast Ambulance Service NHS Foundation Trust   <b>Harsimran Nahal</b>, Medicines Operational Lead Paramedic, South East Coast Ambulance Service NHS Foundation Trust   <b>Peter Stone</b>, Clinical Education Practitioner, South East Coast Ambulance Service NHS Foundation Trust   <b>Simon Weldon</b>, Chief Executive Officer, South East Coast Ambulance Service NHS Foundation Trust</p>	Room Two, Hanover Suite

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*Sessions subject to change or cancellation.*

**Sustainability for ambulance services:**  
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# **Agenda Day One: Tuesday 10 March**

Time	Item	Location
13:45 - 14:10	<p><b>From commitment to action: Implementing the national neurodiversity pledge</b></p> <p><b>Dawn Poulson Whelan</b>, Chair, National Ambulance Disability Network, East of England Ambulance Service NHS Trust</p> <p><b>Pauline Hogarth</b>, Project Manager, North East Ambulance Service NHS Foundation Trust</p> <p><b>Paola Spiteri</b>, Retention Lead, Welsh Ambulance Services University NHS Trust</p>	Room Three, Hanover Suite
13:45 - 14:40	<p><b>Digital hackathon: From analogue to digital: one problem, one solution, once, for the sector (session one)</b></p> <p><b>Clare McMillan</b>, Chief Digital Officer, London Ambulance Service NHS Trust</p> <p><b>Graham Norton</b>, NAA Digital Transformation Lead, Northern Ambulance Alliance</p>	<p>Hampton Suite</p> <p><i>Session kindly supported by</i></p> 
14:15 - 14:40	<p><b>The ambulance service: Working in partnership with the media</b></p> <p><b>Nic Moorhouse</b>, Internal Communications Manager, South Western Ambulance Service NHS Foundation Trust</p> <p><b>Nicola Ash</b>, External Communications Manager, South Western Ambulance Service NHS Foundation Trust</p>	<p>Room One, Hanover Suite</p> <p><i>Session kindly supported by</i></p> 
14:15 - 14:40	<p><b>Answering the call: Transforming ambulance trust communications with Cloud Voice &amp; Contact Centre as a Service (CCaaS)</b></p> <p>Speaker to be confirmed</p>	<p>Room Two, Hanover Suite</p> <p><i>Session kindly supported by</i></p> 
14:15 - 14:40	<p><b>The People Profession Map</b></p> <p><b>Christine Jacobs</b>, NHS People Profession Map Project Manager, South Western Ambulance Service NHS Foundation Trust</p>	Room Three, Hanover Suite
14:45 - 15:10	<p><b>Networking and refreshments</b></p>	Hanover Lounge & Beaumont Suite
15:15 - 15:40	<p><b>Pentrox in practice: A candid account of adoption, challenges, and impact in UK pre-hospital care</b></p> <p><b>Sean Edwards</b>, Advanced Paramedic Practitioner / Practice Development Lead, South East Coast Ambulance Service NHS Foundation Trust</p>	<p>Room One, Hanover Suite</p> <p><i>Session kindly supported by</i></p> 

*Sessions subject to change or cancellation.*



# Agenda Day One: Tuesday 10 March

Time	Item	Location
15:15 - 15:40	<b>Start of shift</b> <b>Beata Malinowska</b> , Deputy Director of Strategy and Transformation, London Ambulance Service NHS Trust <b>Carolyn Slater</b> , Senior Improvement Advisor, London Ambulance Service NHS Trust <b>Karleen Huggins</b> , Senior Improvement Advisor, London Ambulance Service NHS Trust	<b>Room Two, Hanover Suite</b>
15:15 - 15:40	<b>Implementing eligibility criteria to ensure a sustainable non-emergency patient transport service</b> <b>Amanda Wray</b> , PTS Programme Manager, Yorkshire Ambulance Service NHS Trust <b>Chris Dexter</b> , Associate Director of Patient Transport Service, Yorkshire Ambulance Service NHS Trust	<b>Room Three, Hanover Suite</b>
15:15 - 16:10	<b>Digital hackathon: From analogue to digital: one problem, one solution, once, for the sector (session two)</b> <b>Clare McMillan</b> , Chief Digital Officer, London Ambulance Service NHS Trust <b>Graham Norton</b> , NAA Digital Transformation Lead, Northern Ambulance Alliance	<b>Hampton Suite</b> <i>Session kindly supported by</i> 
15:45 - 16:10	<b>Becoming board ready: The transition from operational to executive leadership</b> <b>Matt Cooper</b> , Area Director for Cumbria and Lancashire, North West Ambulance Service NHS Trust <b>Ian Moses</b> , Area Director, North West Ambulance Service NHS Trust <b>Susannah Ashton</b> , Divisional Director (Leicester, Leicestershire and Rutland), East Midlands Ambulance Service NHS Trust	<b>Room One, Hanover Suite</b>
15:45 - 16:10	<b>Change that works: Improving performance for every community (part one)</b> <b>Jeremy Cox</b> , Senior Consultant, Leadership and Organisational Development, The King's Fund <b>Joe Crook</b> , National Ambulance Volunteer Lead, Association of Ambulance Chief Executives (AACE) <b>Sabia Hussain</b> , NHS 111 & 999 Integration Programme Director, East Midlands Ambulance Service NHS Trust <b>Sarah Callaghan</b> , Volunteer Manager, South Central Ambulance Charity	<b>Room Two, Hanover Suite</b>

*Sessions subject to change or cancellation.*

**Sustainability for ambulance services:**  
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# Agenda Day One: Tuesday 10 March

Time	Item	Location
15:45 - 16:10	<p><b>Shifting the response paradigm</b></p> <p><b>Andy Swinburn</b> QAM, Executive Director of Paramedicine, Welsh Ambulance Services University NHS Trust</p> <p><b>Lee Brooks</b> QAM MSJ, Executive Director of Operations, Welsh Ambulance Services University NHS Trust</p>	Room Three, Hanover Suite
16:15 - 16:40	<p><b>How is Priority Dispatch adapting to the changing landscape of the healthcare system?</b></p> <p><b>Hannah Maxwell</b>, Client Support Representative UK, Priority Dispatch</p>	<p>Room One, Hanover Suite</p> <p><i>Session kindly supported by</i></p> 
16:15 - 16:40	<p><b>Change that works: Improving performance for every community (part two)</b></p> <p><b>Jeremy Cox</b>, Senior Consultant, Leadership and Organisational Development, The King's Fund</p> <p><b>Joe Crook</b>, National Ambulance Volunteer Lead, Association of Ambulance Chief Executives (AACE)</p> <p><b>Sabia Hussain</b>, NHS 111 &amp; 999 Integration Programme Director, East Midlands Ambulance Service NHS Trust</p> <p><b>Sarah Callaghan</b>, Volunteer Manager, South Central Ambulance Charity</p>	Room Two, Hanover Suite
16:15 - 16:40	<p><b>Employee response toolkit: Supporting our people following major, complex, high-profile and distressing incidents</b></p> <p><b>Sasha Johnston</b>, Senior Academic Support Lead and NIHR Doctoral Research Fellow, South Western Ambulance Service NHS Foundation Trust</p>	Room Three, Hanover Suite
16:15 - 16:40	<p><b>The power of digital in practice: 'My clinical feedback' and ambient voice technology in London Ambulance Service</b></p> <p><b>David Davis</b>, Chief Clinical Information Officer, London Ambulance Service NHS Trust</p>	The Hampton Suite
16:40	<b>CONFERENCE CLOSE - DAY ONE</b>	



*Sessions subject to change or cancellation.*



# Agenda Day One: Tuesday 10 March

Time	Item	Location
18:45 - 19:15	<b>Pre-dinner drinks</b> <i>pre-dinner drinks kindly supported by</i>	Hanover Lounge & Beaumont Suite
 <b>#connectyourworld</b>		
19:30 - 22:00	<b>Awards dinner</b> <i>table drinks kindly supported by</i>	Hanover Suite
		

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# Agenda Day Two: Wednesday 11 March

Time	Item	Location
08:30 - 09:15	Networking and refreshments	Hanover Lounge & Beaumont Suite
<b>CONFERENCE OPENING</b>		
09:15 - 09:45	<b>Keynote speaker: The state of healthcare in the UK</b> Lord Victor Adebowale CBE, Chair, NHS Confederation	Hanover Suite
09:45 - 10:15	<b>A sector-wide approach to accelerating female progression into operational leadership</b>  Jessica Cunningham, Executive Director of Operations, South Western Ambulance Service NHS Foundation Trust  Victoria White, Director of Ambulance, Isle of Wight Ambulance Service  Jennifer Allan, Chief Operating Officer, South East Coast Ambulance Service NHS Foundation Trust	Hanover Suite
10:15 - 10:45	<b>Video CPR for bystanders during out-of-hospital cardiac arrest: A UK-first pilot of Advanced Paramedic-led support via GoodSAM Instant On Scene</b>  Liam Sagi, National Strategic Lead for OHCA / Advanced Paramedic Critical Care, AACE / EEAST	Hanover Suite
10:45 - 11:15	Networking and refreshments	Hanover Lounge & Beaumont Suite
11:15 - 11:45	<b>Where oversight meets impact - practical leadership actions to support sustainable, equitable improvement</b>  Jeremy Cox, Senior Consultant, Leadership and Organisational Development, The King's Fund  Ruth Crabtree, National Lead for Public Health, Association of Ambulance Chief Executives (AACE)  Dr Kat Noble, Executive Medical Director, North East Ambulance Service NHS Foundation Trust  Tracy Jayne Cunningham, EMAS Rough Sleeper / Homeless Community Paramedic, East Midlands Ambulance Service NHS Trust  Will Legge, Deputy Chief Executive Officer, East Midlands Ambulance Service NHS Trust	Hanover Suite



# Agenda Day Two: Wednesday 11 March

Time	Item	Location
11:45 - 12:15	<b>Environmental sustainability: A three nation view</b>  <b>Maxine Paterson</b> , Chief Executive (interim), Northern Ireland Ambulance Service Trust  <b>Michael Dickson</b> OBE, Chief Executive, Scottish Ambulance Service  <b>Emma Wood</b> , Chief Executive, Welsh Ambulance Services University NHS Trust	<b>Hanover Suite</b>
12:15 - 13:00	<b>Keynote speaker: Sustainable healthcare for all</b>  <b>Professor Sir Chris Whitty</b> KCV, Chief Medical Officer, UK Government	<b>Hanover Suite</b>
13:00 - 14:00	<b>Networking Lunch</b>	<b>Hanover Lounge &amp; Beaumont Suite</b>
14:00 - 14:30	<b>Digital hackathon feedback: From analogue to digital: one problem, one solution, once, for the sector</b>  <b>Clare McMillan</b> , Chief Digital Officer, London Ambulance Service NHS Trust  <b>Graham Norton</b> , NAA Digital Transformation Lead, Northern Ambulance Alliance	<b>Hanover Suite</b>  <i>Session kindly supported by</i> 
14:30 - 15:15	<b>The NHS of the future - a panel discussion</b>  <b>Saffron Cordery</b> OBE, Strategy Advisor, Freelance  <b>Professor Andy Knox</b> MBE, Medical Director, NHS Lancashire and South Cumbria ICB  <b>Ellie Orton</b> OBE, Chief Executive Officer, NHS Charities Together  <b>Jason Killens</b> KAM, Chief Executive, London Ambulance Service NHS Trust	<b>Hanover Suite</b>
15:15 - 15:45	<b>Closing remarks</b>  <b>Jason Killens</b> KAM, Chief Executive, London Ambulance Service NHS Trust	<b>Hanover Suite</b>
15:45	<b>CONFERENCE CLOSE - DAY TWO</b>	





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# THE CALL PRIORITISATION STREAMING SYSTEM

**EMPOWERING AND SUPPORTING HEALTH ADVISORS TO ASSESS, PRIORITISE, AND REFER PATIENTS OVER THE PHONE**

## **CPSS: Supporting Safe Care in NHS 111 Wales**

The Welsh Ambulance Services University NHS Trust (WAST) provides NHS 111 Wales, a free, non-emergency phone number for health information, advice, and access to urgent primary care.

In 2024, for various reasons, WAST had to rapidly replace its ageing call-handling and clinical assessment systems. For its health advisor (non-clinical) tool, it was decided to adapt, update, re-engineer and clinically reassure existing WAST intellectual Property for use in a new protocol engine.

## **How CPSS Supports Health Advisors**

CPSS utilises tested, clinically validated protocols to equip highly trained, certified health advisors with a decision-making tool that enables effective prioritisation and referral of patients across a range of symptom presentations.

### **CPSS supports health advisors in:**

- Prioritising urgency and call-back timeframes
- Referring patients to the most appropriate service
- Identifying when clinician input adds value
- Reducing unnecessary escalation

## **Methodological Development of CPSS**

The methodological development of the Call Prioritisation Streaming System (CPSS) was based on a structured, evidence-informed redesign process adapted from established clinical protocol and decision-support development methodologies. This systematic approach incorporated group preparation, protocol and engine preparation, question and rationale development, full internal review, external peer review, and staged engine testing, ensuring transparency, consistency, and clinical integrity throughout development. The process was refined iteratively, with consensus reached following multiple revisions, and was designed to balance clinical safety, usability, and operational efficiency.

## **Independent Clinical Validation of CPSS**

Following national implementation, CPSS underwent an independent clinical assurance evaluation to assess whether patient outcomes reached through CPSS were appropriate, based on expert clinical consensus. During this assessment, no significant clinical safety concerns were identified.



# CPSS LEADS TO APPROPRIATE OUTCOMES AT SCALE

**83.4%** OF CASES REACHED EXPERT CONSENSUS OF APPROPRIATE OUTCOME

**90.5%** AGREEMENT WITH OUTCOMES IN CONSENSUS CASES

This methodological evaluation demonstrates that CPSS can safely support health advisors in providing care and delivering high levels of outcome appropriateness, reassuring patients, service providers, and stakeholders. CPSS effectively prioritises and refers patients to appropriate outcomes based on expert clinician consensus while still recognising when clinician-added value is required.

**Visit the Priority Dispatch Corp. stand at ALF to learn more about CPSS**, its creation and implementation, and the third-party evaluation on the appropriateness of outcomes.

Call us at UK Office 0117 457 9798 | Email: [enquiries@prioritydispatch.co.uk](mailto:enquiries@prioritydispatch.co.uk)

\*The Call Prioritisation Streaming System (CPSS) was developed through partnership between the **Welsh Ambulance Services University NHS Trust** and **Priority Solutions Inc.** CPSS is a recognized discipline of the **International Academies of Emergency Dispatch**. CPSS is currently used exclusively by NHS 111 Wales and has not yet been deployed outside Wales.





# AACE's five-year strategy and the vision for the future of ambulance services

**AACE's new five-year strategy arrives at a defining moment for the ambulance sector, and the Ambulance Leadership Forum 2026 provides the perfect setting to reflect on its ambitions and consider what the next half-decade should look like.**

Demand, health complexities and public expectations continue to rise, while the NHS is accelerating its shift toward prevention, personalisation and care delivered closer to home to meet these challenges. Against this backdrop, the AACE strategy sets out a clear, confident roadmap for how we will support ambulance services in leading change across urgent and emergency care.

Developed through extensive engagement with our people, leaders and system partners, the strategy reaffirms the sector's long-term vision: ambulance services sitting at the start and the heart of urgent and emergency care, not only as emergency responders, but also essential navigators and coordinators of care. This dual role - responding when needed, and/or guiding people to the most appropriate care provider - sits at the core of the strategy and reflects the reality of modern practice. Increasingly, clinicians provide expert assessment remotely, support patients at home, and work across every interface of the health and care system.

The strategy aligns closely with the Fit for the Future: 10-Year Health Plan for England and the ambitions of devolved nations health departments. All emphasise the same fundamental shifts: moving care from hospital to community, accelerating digital



transformation, and strengthening prevention. AACE's plan positions ambulance services as key leaders in delivering these shifts, particularly through expanded clinical assessment, virtual urgent care, and integrated neighbourhood-level pathways.

Of course, innovation is a major enabler. The strategy highlights the potential of digital tools, enhanced triage, remote clinical support and AI-assisted decision-making to improve outcomes and ensure resources are used where they have the greatest impact. This includes being clear with the public that an ambulance will not always be dispatched if clinicians judge that another means of response or service is safer or more appropriate. This is not about withholding care, it is about ensuring people receive the right care, in the right place, at the right time while preserving finite ambulance resources for those who need them most.

The strategy's priorities for 2026-2030 - improving patient care, strengthening

enablers, developing people and leadership, accelerating digital transformation and deepening collaboration - provide a strong foundation for progress. By 2030, success will be measured through improved clinical quality, reduced health inequalities, a sustainable workforce and the elimination of avoidable delays, particularly hospital handover waits.

As ambulance leaders and key stakeholders gather at ALF2026, the AACE five-year strategy offers both a shared direction and an invitation for our members to work even more collaboratively to embed improvements in care. This is in terms of thinking boldly about the next five years, embracing innovation, and continuing to shape a sector that is clinically led, digitally enabled and fully integrated within the wider health and care system.

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## What's stopping you?

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Penthrox is indicated for the emergency relief of moderate to severe pain in conscious adult patients with trauma and associated pain.<sup>1</sup>

Prescribing Information & details on adverse event reporting appear overleaf.

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✔ Simple to use    ✔ Fast-acting    ✔ Effective    ✔ JRCALC recommended<sup>2</sup>

Suitable for moderate to severe pain associated with a wide range of trauma injuries including: burns/scalds, lacerations, fractures including neck of femur, dislocations & chest/abdominal injuries.

Scan the QR code to visit the Penthrox website



**PENTHROX 99.9%, 3 ml inhalation vapour, liquid (methoxyflurane): Please refer to the Summary of Product Characteristics (SmPC) before prescribing. Abbreviated Prescribing Information. Presentation:** Each bottle of PENTHROX contains 3ml of methoxyflurane 99.9%, a clear, almost colourless, volatile liquid, with a characteristic fruity odour. Each PENTHROX combination pack consists of one bottle of 3 ml PENTHROX, one PENTHROX Inhaler and one Activated Carbon (AC) chamber. **Indications:** Emergency relief of moderate to severe pain in conscious adult patients with trauma and associated pain. **Dosage and administration:** PENTHROX should be self-administered under supervision of a person trained in its administration, using the hand held PENTHROX Inhaler. It is inhaled through the custom-built PENTHROX inhaler. **Adults:** One bottle of 3 ml PENTHROX as a single dose, administered using the device provided. A second bottle should only be used where needed. The frequency at which PENTHROX can be safely used is not established. The following administration schedule is recommended: no more than 6 ml in a single day, administration on consecutive days is not recommended and the total dose to a patient in a week should not exceed 15 ml. Onset of pain relief is rapid and occurs after 6-10 inhalations. Patients are able to titrate the amount of PENTHROX inhaled and should be instructed to inhale intermittently to achieve adequate analgesia. Continuous inhalation of a bottle containing 3 ml provides analgesic relief for up to 25-30 minutes; intermittent inhalation may provide longer analgesic relief. Patients should be advised to use the lowest possible dose to achieve pain relief. **Renal impairment:** Methoxyflurane may cause renal failure if the recommended dose is exceeded. Caution should be exercised for patients diagnosed with clinical conditions that would pre-dispose to renal injury. **Hepatic impairment:** Cautious clinical judgement should be exercised when PENTHROX is to be used more frequently than on one occasion every 3 months. **Paediatric population:** PENTHROX should not be used in children and adolescents under 18 years. For detailed information on the method of administration refer to the SmPC. **Contraindications:** Use as an anaesthetic agent. Hypersensitivity to methoxyflurane, any fluorinated anaesthetic or to any of the excipients. Patients who are known to be or genetically susceptible to malignant hyperthermia. Patients or patients with a known family history of severe adverse reactions after being administered with inhaled anaesthetics. Patients who have a history of showing signs of liver damage after previous methoxyflurane use or halogenated hydrocarbon anaesthesia. Clinically significant renal impairment. Altered level of consciousness due to any cause including head injury, drugs or alcohol. Clinically evident cardiovascular instability. Clinically evident respiratory depression. **Warnings and Precautions:** To ensure the safe use of PENTHROX as an analgesic the lowest effective dose to control pain should be used and it should be used with caution in the elderly or other patients with known risk factors for renal disease, and in patients diagnosed with clinical conditions which may pre-dispose to renal injury. Methoxyflurane causes significant nephrotoxicity at high doses. Nephrotoxicity is thought to be associated with inorganic fluoride ions, a metabolic breakdown product. When administered as instructed for the analgesic indication, a single dose of 3 ml methoxyflurane produces serum levels of inorganic fluoride ions below 10 micromol/l. In the past when used as an anaesthetic agent, methoxyflurane at high doses

caused significant nephrotoxicity, which was determined to occur at serum levels of inorganic fluoride ions greater than 40 micromol/l. Nephrotoxicity is also related to the rate of metabolism. Factors that increase the rate of metabolism such as drugs that induce hepatic enzymes can increase the risk of toxicity with methoxyflurane as well as sub-groups of people with genetic variations that may result in fast metaboliser status. Methoxyflurane is metabolised in the liver, therefore increased exposures in patients with hepatic impairment can cause toxicity. PENTHROX should be used with care in patients with underlying hepatic conditions or with risks for hepatic dysfunction. Previous exposure to halogenated hydrocarbon anaesthetics (including methoxyflurane when used as an anaesthetic agent), especially if the interval is less than 3 months, may increase the potential for hepatic injury. Potential effects on blood pressure and heart rate are known class-effects of high-dose methoxyflurane used in anaesthesia and other anaesthetics. Caution is required with use in the elderly due to possible reduction in blood pressure. Potential CNS effects such as sedation, euphoria, amnesia, ability to concentrate, altered sensorimotor co-ordination and change in mood are known class-effects. The possibility of CNS effects may be seen as a risk factor for potential abuse, however reports are very rare in post-marketing use. Respiratory depression has also been reported with analgesic doses. Respiration should be monitored due to the risk of respiratory depression and hypoxia. PENTHROX is not appropriate for providing relief of break-through pain/exacerbations in chronic pain conditions or for the relief of trauma related pain in closely repeated episodes for the same patient. PENTHROX contains the excipient, butylated hydroxytoluene (E321) which may cause local skin reactions (e.g. contact dermatitis), or irritation to the eyes and mucous membranes. To reduce occupational exposure to methoxyflurane, the PENTHROX Inhaler should always be used with the AC Chamber which adsorbs exhaled methoxyflurane. Multiple use of PENTHROX Inhaler without the AC Chamber creates additional risk. Elevation of liver enzymes, blood urea nitrogen and serum uric acid have been reported in exposed maternity ward staff when methoxyflurane was used in the past at the time of labour and delivery. There have been reports of non-serious and transient reactions such as dizziness, headache, nausea or malaise, and reports of hypersensitivity reactions to methoxyflurane or other ingredients in healthcare professionals exposed to PENTHROX. Measurements of exposure levels to methoxyflurane in hospital staff showed levels significantly lower than those associated with nephrotoxicity. **Interactions:** Methoxyflurane is metabolised by the CYP 450 enzymes, particularly CYP 2E1, CYP 2B6 and to some extent CYP 2A6. It is possible that enzyme inducers (such as alcohol or isoniazid for CYP 2E1 and phenobarbital or rifampicin for CYP 2A6 and carbamazepine, efavirenz, rifampicin or nevirapine for CYP 2B6) which increase the rate of methoxyflurane metabolism might increase its potential toxicity and they should be avoided concomitantly with methoxyflurane. Concomitant use of methoxyflurane with medicines (e.g. contrast agents and some antibiotics) which are known to have a nephrotoxic effect should be avoided as there may be an additive effect on nephrotoxicity; tetracycline, gentamicin, colistin, polymyxin B and amphotericin B have known nephrotoxic potential. Sevoflurane anaesthesia should be avoided following methoxyflurane analgesia, as sevoflurane increases serum fluoride levels

and methoxyflurane nephrotoxicity is associated with raised serum fluoride. Concomitant use of PENTHROX with CNS depressants, such as opioids, sedatives or hypnotics, general anaesthetics, phenothiazines, tranquillisers, skeletal muscle relaxants, sedating antihistamines and alcohol may produce additive depressant effects. If opioids are given concomitantly with PENTHROX, the patient should be observed closely. When methoxyflurane was used for anaesthesia at the higher doses of 40-60 ml, there were reports of drug interaction with hepatic enzyme inducers (e.g. barbiturates) increasing metabolism of methoxyflurane and resulting in a few reported cases of nephrotoxicity; reduction of renal blood flow and hence anticipated enhanced renal effect when used in combination with drugs (e.g. barbiturates) reducing cardiac output; and class effect on cardiac depression, which may be enhanced by other cardiac depressant drugs, e.g. intravenous praxolol during cardiac surgery. **Fertility, pregnancy and lactation:** No clinical data on effects of methoxyflurane on fertility are available. Studies in animals have shown reproduction toxicity. As with all medicines care should be exercised when administered during pregnancy especially the first trimester. There is insufficient information on the excretion of methoxyflurane in human milk. Caution should be exercised when methoxyflurane is administered to a nursing mother. **Effects on ability to drive and use machines:** Methoxyflurane may have a minor influence on the ability to drive and use machines. Patients should be advised not to drive or operate machinery if they are feeling drowsy or dizzy. **Undesirable effects:** The common non-serious reactions are CNS type reactions such as dizziness and somnolence and are generally easily reversible. Serious dose-related nephrotoxicity has only been associated with methoxyflurane when used in large doses over prolonged periods during general anaesthesia. The following adverse drug reactions have either been observed in PENTHROX clinical trials in analgesia, with analgesic use of methoxyflurane following post-marketing experience or are linked to methoxyflurane use in analgesia found in post-marketing experience and in scientific literature (refer to the SmPC for further details): **Very common (≥1/10):** dizziness; **common (≥1/100 to <1/10):** euphoric mood, headache, somnolence, dysgeusia, cough, nausea, feeling drunk; **uncommon (≥1/1,000 to <1/100):** increased appetite, anxiety, depression, disturbance in attention, inappropriate affect, verbigeration, amnesia, dysarthria, paraesthesia, peripheral sensory neuropathy, vision impairment, flushing, hypertension, hypotension, dry mouth, oral discomfort, oral pruritis, salivary hypersecretion, vomiting, hyperhidrosis, fatigue, feeling abnormal, chills, feeling of relaxation; **not known:** hypersensitivity, affect lability, agitation, confusional state, dissociation, restlessness, altered state of consciousness, nystagmus, choking, hypoxia, respiratory depression, hepatic failure, hepatitis, jaundice, liver injury, renal failure, hepatic enzyme increased, blood urea increased, blood uric acid increased, blood creatinine increased. **Overdose:** Refer to SmPC. **Legal Category:** POM. **NHS Price:** £18.46. **Marketing Authorisation Holder:** Medical Developments UK Limited c/o Price Bailey LLP, Causeway House, 1 Dane Street, Bishop's Stortford, Herts, CM23 3BT, United Kingdom. **MA Number:** PL 42467/0001. **Full prescribing information available from:** Galen Limited, Seagoe Industrial Estate, Craigavon, BT63 5UA, United Kingdom. **Date of Preparation:** March 2023.

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard). Adverse events should also be reported to Galen Limited on 028 3833 4974 and select the customer services option, or e-mail [customer.services@galen-pharma.com](mailto:customer.services@galen-pharma.com). Medical information enquiries should also be directed to Galen Limited.

## References:

1. Penthrox UK Summary of Product Characteristics. November 2025
2. JRCALC Guidelines. Available at: <https://www.jrcalc.org.uk/guidelines>

Before administering PENTHROX, make sure you have read and fully understood the SmPC and educational materials, which provide important information about how to safely use the device to minimise risk of serious side effects. PENTHROX educational materials and training on its administration are available from Galen on request.



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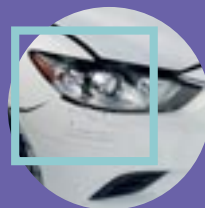
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## Meet the team

Connect with us at our ALF 2026 exhibition stand, or contact us via the number and email addresses below.

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\*Based on data provided by AACE comparing the total English Trust reported assaults from 2019/2020 to 2023/2024.



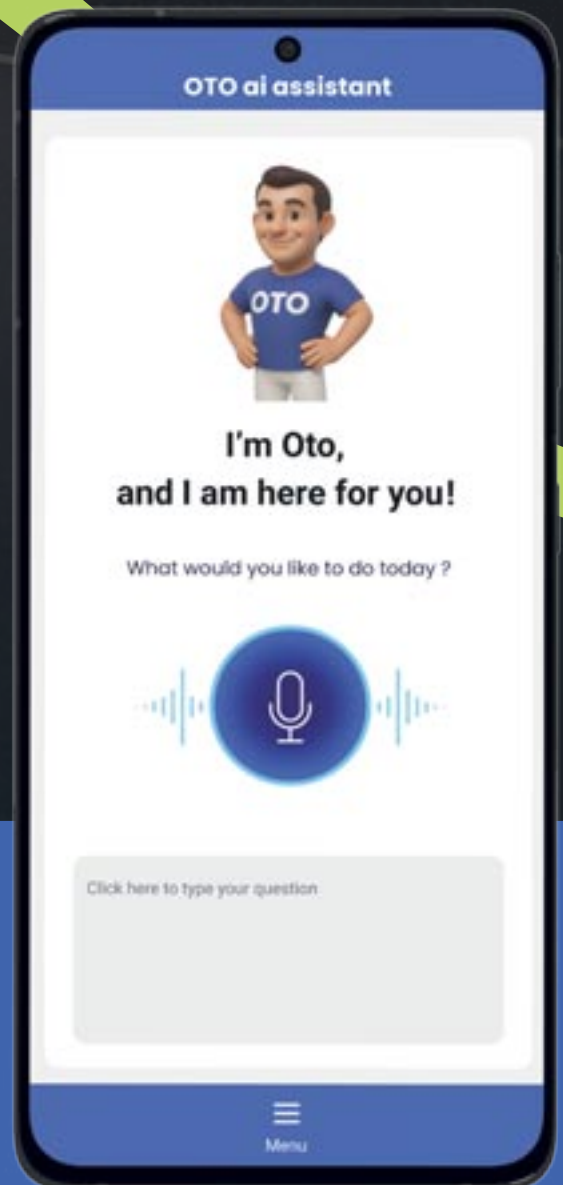
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# The ambulance sector in numbers

**There are  
13 ambulance  
trusts**

across the UK, including  
Scotland, Wales and  
Northern Ireland.

**66,800  
staff**

work in the UK  
ambulance sector.

**9,000  
volunteers**

currently work with UK  
ambulance trusts.

**Volunteers  
gave 1.7m  
hours of  
their time**

to UK ambulance  
services in 2025.

**7,400  
double-crewed  
ambulances and  
rapid response  
vehicles**

in the UK ambulance  
sector.



## ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

The following data is derived from the ambulance services in England alone:

### Volume of contacts to ambulance control rooms

The 12-month figure (Jan-Dec 2025) increased for the second consecutive year to over 13.6 million contacts (from 13.4 million during Jan-Dec 2024).

### Volume of 999 calls answered

The 12-month figure (Jan-Dec 2025) increased for the second consecutive year to over 9.85 million 999 calls answered (from 9.81 million during Jan-Dec 2024).

### Call answer time

Ambulance services answered calls on average three seconds faster during December 2025 than they managed in December 2024, with the annualised total remaining steady through the year.

### Demand - all incidents

The annualised volume of incidents (Jan-Dec 2025) shows clear year-on-year growth to 9.3 million, with over one-million more incidents in the most recent period compared with 2022.

### Response outcomes

Hear-and-Treat (H&T) continues to increase its share of overall outcomes, reaching 19.1% in December 2025, another series high. The average number of calls (Jan-Dec 2025) managed by H&T was 17%, up from 15% in Jan-Dec 2024. Our annualised data charts the increase of this outcome, which has seen use increase by well over half a million since 2022.

### Response outcomes

Conveyance rates (to emergency departments), although increasing in volume, dropped in share to 47.6% in December 2025: this is the second lowest to-date, the first being April 2020 at the start of the pandemic (43.6%). The annualised percentage of all responses where the patient was conveyed to ED reduced for the third consecutive year, to 49% of all responses, however the number of conveyances - almost 4.6 million during Jan-Dec 2025 - is the highest figure recorded to date.

### Response outcomes

See-and-Treat (S&T) reduced its share of overall outcomes for the fourth consecutive year, reaching 29% (Jan-Dec 2025). It was 32% (Jan-Dec 2022), 31% (Jan-Dec 2023) and 30% (Jan-Dec 2024). However, the volume of S&T rose for the third consecutive year to over 2.7 million responses - from 2.6 million the previous year.

### Response outcomes

Annualised data show four consecutive increases in face-to-face outcomes, reaching 7.7 million (Jan-Dec 2025). It was 7.2 million (Jan-Dec 2022), 7.3 million (Jan-Dec 2023) and 7.58 million (Jan-Dec 2024).

### Hospital handover delays

Ambulance service hours lost to handover delays of 15 minutes or more reduced from 1.7 million (Jan-Dec 2024) to 1.4 million (Jan-Dec 2025) while hours lost to delays over 30 minutes reduced from 1.14 million (Jan-Dec 2024) to 937,000 (Jan-Dec 2025). Hours lost to handover delays over 60 minutes also reduced from 722,000 (Jan-Dec 2024) to 531,000 (Jan-Dec 2025). While these figures represent some minor progress, they are still startling in terms of the wholly negative impact they have on the ambulance sector, its patients and its staff.

### Estimated harm caused by hospital handover delays

Around 27,000 patients experienced potential harm (as defined in the AACE hospital handover report of 2021) as a result of hour-plus delays in December 2025 alone. Over the same time, the sector lost the equivalent of 70,000 ambulance job cycles (where patients could have been attended): this is the equivalent of 11% of all face-to-face responses across the month. Multiplied out across the year, the totals represent an extremely worrying position that must remain a top priority for the health service to address collaboratively.



# Creating sustainable cultural improvement in the ambulance sector

**ALF2026 offers senior leaders and key stakeholders a welcome opportunity to pause, reflect and refocus on the cultural challenges and opportunities shaping the future of the UK ambulance sector. As services continue to evolve under significant operational pressure, the need for sustainable, values-driven cultural improvement has never been clearer.**

Throughout the event, our staff networks and Freedom to Speak Up Guardians will be based in the Hanover Suite, ready to discuss their work and the impact they are having across services. Delegates are encouraged to visit, connect and make their own Freedom to Speak Up pledge, reinforcing our collective commitment to meaningful cultural transformation.

AACE members remain steadfast in their ambition to build inclusive organisations where every member of staff and every volunteer feels respected, supported and safe. Evidence consistently shows that when people feel they belong, patient care improves and high-performing teams flourish. This principle underpins all of AACE's cultural improvement work.

We continue to support the implementation of recommendations from the NHS England review of culture, with equality, diversity and inclusion leads driving national and local initiatives through the EDI Improvement Plan. The message is clear: sustainable ambulance services depend on investing in our people as much as our performance.

## Progress is already visible

The sector-wide programme on reducing misogyny and improving sexual safety has led to increased reporting, demonstrating growing

confidence that concerns will be heard and acted upon. At the same time, AACE has strengthened engagement with ministers across all four nations to address violence against staff, supported by powerful public-facing campaigns urging greater respect for ambulance workers.

Chief executives have also renewed their commitment to building anti-racist organisations, working closely with the Black and Minority Ethnic (BME) Forum to understand and mitigate the impact of community tensions on global majority staff. This work is essential to creating environments where everyone can thrive.

Wellbeing remains a priority, with continued support for the Ambulance Staff Crisis Phoneline and the delivery of a suicide awareness session in the Uncomfortable Conversations series, produced in partnership with the Royal College of Paramedics.

During ALF2026, delegates will find a rich programme of sessions focused on cultural development, including accelerating female progression into operational leadership, the sector's neurodiversity inclusion pledge, the HSJ Award-winning shift-start initiative, the AACE / Ashridge Hult



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Aspiring Directors' Programme and the AACE toolkit supporting staff after major incidents.

Sustainable cultural improvement demands courageous leadership, honest dialogue and a long-term commitment to change. ALF2026 provides the space, the expertise and the shared ambition to continue that journey together.



**Helen Vine**  
Assistant Director,  
AACE



## PROTECTING THE PROTECTORS



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- Suppliers of body armour to a number of NHS Ambulance Service trusts
- Cooneen is a privately-owned, responsibly run group of companies, celebrating our 60th anniversary in 2026
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# Integrated resilience for ambulance services

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- **Respond:** Real-time incident coordination, crisis team activation and multi-channel mass notifications
- **Protect:** Staff safety management, security operations and post-incident investigation

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## Tackling handover delays through leadership, collaboration and system change

Hospital handover delays (HHDs) remain one of the most persistent and damaging challenges facing the urgent and emergency care system. ALF2026 arrives at a crucial moment: a chance for senior leaders and system partners to reflect on progress, confront the barriers that remain, and recommit to reducing the avoidable harm caused when patients wait too long to be transferred from ambulance to hospital care.

Since the last ALF, AACE has continued to lead national efforts to address this issue. Our work builds on our 2021 structured clinical review, which revealed the true scale of preventable harm caused when patients wait in ambulances or hospital corridors before being accepted into emergency department care. In that review we showed how more than eight in ten patients delayed over 60 minutes experienced some level of harm, including one in ten who may have suffered severe harm. It was a seminal moment for the sector, and a call to action that remains critical today.

The data shows a system under severe strain. Across England, hundreds of thousands of ambulance hours continue to be lost each year due to delayed handovers. These lost job cycles directly erode ambulance response performance, leaving the sickest patients waiting longer in the community and exposing them to avoidable harm. National data shows that in the first four months of 2025-26, 42% of acute trusts saw worsening handover times compared with the previous year. At 17 trusts, average handovers exceeded the NHS England “maximum” of 45 minutes.

Variation remains unacceptably wide. Some systems have made significant strides; others continue to struggle with entrenched delays linked to poor flow,

delayed discharges and gaps in social care capacity. AACE’s position is clear: these problems are not intractable. Leadership, culture and whole-system collaboration make the difference.

Despite the pressures, there are encouraging signs of recovery. In several regions, ambulance

services and hospitals have redesigned processes, improved flow and committed to a maximum transfer time. In these areas, consistent handovers under 45 minutes are becoming the norm - proof that improvement is possible even in challenging environments.

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The themes behind these success stories are clear, consistent and replicable:

#### Consistent leadership at the executive level

The theme mentioned most consistently - and with greatest emphasis - in the case studies collated by AACE. Executive level leadership is crucial in setting a culture where handover delays and corridor care are not tolerated. The success stories cite highly visible executive level leadership enacting a patient-centred approach with a focus on patient flow, clear escalation protocols and a cultural acceptance of the need to mitigate risks to patients, both in hospital and in the community.

#### Collaboration and close partnership working

The message is clear from the AACE case studies that schemes to improve hospital handover and corridor care are most successful when developed in a true spirit of partnership based on solid interpersonal relationships at a senior level and where a genuine sense of trust is present.

#### Ownership of the problem

Trust is developed where there is an honest and clear-eyed assessment of existing failures and where there is an honest acknowledgement of - and shared ownership of - the problem. Shared ownership of patient risk is crucial and acceptance that the risks to be considered extend to as-yet unattended patients in the community as well as patients already in the system.

#### Whole hospital response, patient flow and discharge

The case studies that show sustained improvement share a common theme in that during periods of surging patient demand, risks are not contained within the emergency department (ED) but are shared through a whole hospital response. The best examples cite multiple daily patient flow meetings led at a senior level, proactive support from specialties pulling patients from the ED queue, strong relationships with Same Day Emergency Care (SDEC) and community services, and a rigorous focus on discharge with close management of discharge lounges.

#### The road ahead

AACE is not naïve about the scale and range of challenges that NHS leaders face on a daily basis, and we readily acknowledge the conflicting priorities and heavy demands placed on executive teams. But we also believe that the problems of handover delays, ED delays and corridor care are not intractable. The positive results identified in the successful case studies have been achieved by organisations that experience the same system pressures as neighbouring trusts that continue to have longer handover delays and ED waits, and where corridor care and 'car park care' are prevalent. In some instances, the case studies cite the arrival of a new senior leader that sparks change; in all they cite the proactive engagement of executive leadership.

On behalf of its members, AACE will continue to work with the Department of Health and Social Care (DHSC), NHS England and other key stakeholders to champion national action to eliminate handover delays and protect patients from avoidable harm. But progress depends on local leadership, shared accountability and a relentless focus on flow.

**ALF2026 is the moment to recommit to that mission: our sector and our patients cannot afford anything less.**



**Mike Boyne**  
Operations Lead,  
AACE

# Scribe ePCR

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designed for care.



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Configurable workflows aligned to local operational practice

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#### High clinician adoption

Intuitive user experience that supports, rather than slows, frontline teams

#### Secure national integration

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#### Reduced delivery risk

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#### Hospital Portal

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# Unlocking better performance: AACE's operational development and quality improvement support

Driving improvement across ambulance systems, processes and practices has become a defining part of AACE's growing reputation as a trusted provider of expert support services in the UK and internationally.

Our operational development and quality improvement (ODQI) offer brings together high-quality audit, assurance and advisory expertise designed to help organisations overcome strategic and operational challenges, strengthen efficiency and deliver better outcomes for patients.

Crucially, all profit generated through this work is reinvested directly into activity that benefits AACE members. This helps keep membership costs down while expanding our national influence and ability to support the sector.

At the heart of this offer is a group of carefully selected subject matter experts (SMEs), most with board-level ambulance experience, supported by the core AACE team. Together they provide a unique depth of knowledge and capability, working alongside client teams to build internal capacity quickly and effectively.

Former AACE managing director, Martin Flaherty, has overseen the development of the organisation's ODQI support function since its inception and will hand over the reins to AACE's new assistant director of operational development and quality improvement, Cheryl McKay, in April 2026. Martin will however continue to support the delivery arm of the ODQI function during 2026/27.



Please visit our new website <https://odqi.aace.org.uk/> for further information on the range of services we can provide.

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### Cheryl says:

“ I'm delighted to be joining AACE at such a pivotal moment for the ambulance sector. Our support offer is going from strength to strength, as is the expansion of our client base. We typically work as part of the client's own team, identifying new ways of working, bringing in best practice from across the system and supporting organisations to implement meaningful change.

We examine operational processes, understand what might be impeding progress, and provide practical ideas, guidance and hands-on support to improve performance. My message to anyone interested in our specialist services is simple: get in touch and let's have a conversation. ”

Email contact: [cheryl.mckay@aace.org.uk](mailto:cheryl.mckay@aace.org.uk)

## What AACE can support you with

AACE's specialist support spans a wide range of operational and strategic areas, including:

- Mentoring and coaching for senior managers and executives
- Operational benchmarking, performance reviews and efficiency improvements
- Strategic planning and programme management
- Commissioning, stress-testing and delivery of complex demand and capacity reviews
- Control services performance improvement
- Support and review of business intelligence functions
- Critical friend audits, peer reviews and clinical assurance reviews
- Practical support for paramedic practice
- Reviewing emergency planning (EPRR) arrangements
- Technical and digital advisory support
- Specialist support to HR/OD, Finance and Quality teams
- Strengthening partnership working with trade unions
- Working with consultancy partners to enhance their ambulance sector offer
- Mentoring and coaching for senior managers and executives

This list is far from exhaustive. AACE members - and non-members - are encouraged to contact us to discuss their specific challenges. We will work with you to shape the support you need, whether that's a focused intervention or a longer-term improvement partnership.

For more information about AACE's sector support offer, please visit <https://odqi.aace.org.uk/>



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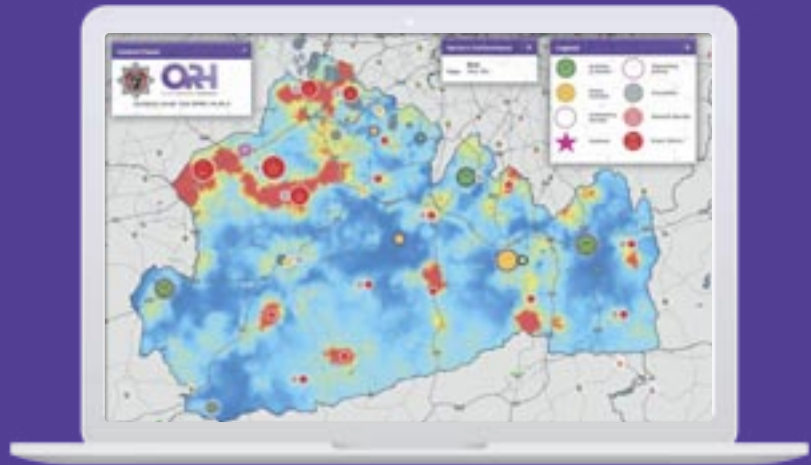


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- The DCT provides a live mapped display of the location and status of resources and incidents, and the current risk and response time coverage.
- It gives a sense of how much each resource is contributing to coverage now and how useful they could be in other locations.
- Users can test relocating resources and see how those changes would affect coverage.

#### HOW IS IT USED?

- Determine the best 'spoke' assignment for vehicles as they become available at their 'hub' or after clearing an incident
- Identify and test temporary changes to resource deployment (standby moves)
- Provide a historical review of dispatch decisions to support training and investigations
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# Progressing ambulance volunteering: achievements and next steps

Over the past year, ambulance volunteering has seen substantial innovation and development. Phase 2 of the national volunteering strategy has built on the strong foundations established in Phase 1, leading to a series of important national achievements.

## Key developments in Phase 2

### National CFR research and report

A comprehensive national report has provided new insight into the scale, contribution and impact of Community First Responder (CFR) volunteers. The report was formally endorsed by Karin Smyth, Minister of State for Health (Secondary Care).

### National ambulance volunteering dashboard

The dashboard expanded to include six paying member trusts and now offers richer intelligence on the impact of ambulance volunteering. It has become a core tool for national decision making and service improvement. A new summary dashboard was also introduced, capturing volunteer headcount and hours across all ambulance trusts.

### National volunteer survey

The national ambulance volunteer survey was delivered for the second time, giving volunteers a clear voice and enabling trusts to benchmark results and shape shared priorities. More than 80% of volunteers reported feeling “satisfied” or “very satisfied”.

### National guidance

Volunteering leads and subject matter experts collaborated to produce national guidance designed to strengthen consistency and quality across all trusts. This included guidance on:

- volunteering policy
- volunteer role descriptions
- volunteer voice
- medicines management for responders

### Leadership maturity matrix

A leadership maturity matrix was developed to support trusts in undertaking structured, multi stakeholder reviews of their volunteering services.

## Strengthening collaboration and innovation

Phase 2 also enabled national level collaboration to share learning and good practice. This included partnership working with the British Islamic Medical Association (BIMA) and its Lifesavers programme, which expanded from three mosques in 2024 to six in 2025. National volunteering manager forums were also convened, featuring spotlight sessions on the Community Welfare Responder role in Wales, the Assemble volunteering platform at SCAS, and youth volunteering through the Duke of Edinburgh’s Award.

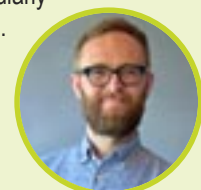
## Looking ahead to Phase 3

Phase 3, beginning in April 2026, will align volunteering development with the three shifts set out in the Government’s 10 Year Health Plan for England:

- shifting care from hospital to community
- accelerating the move from analogue to digital
- strengthening the focus from sickness to prevention

Volunteers already play a vital role in supporting their communities. The next phase will focus on empowering volunteers to contribute even more to low acuity care, falls response and avoidable conveyance, particularly in areas facing significant health inequalities.

For more information, please contact **Joe Crook**, National Volunteer Lead, AACE via [joe.crook@ace.org.uk](mailto:joe.crook@ace.org.uk)





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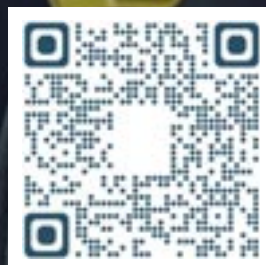
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Martin Frood:  
01274 046489



Andy Turton:  
07300 325729



# Driving system-wide action on violence and aggression towards ambulance people

The past year has seen AACE intensify its national efforts to confront one of the most serious and escalating challenges facing the ambulance sector: the rising tide of violence, aggression and abuse directed at its people.

As we gather for ALF2026, this moment offers an important opportunity to reflect on the scale of the problem, the work undertaken so far, and the collective action still required to influence behaviour change and strengthen deterrence.

AACE's latest data paints a stark picture. Reported incidents of violence, aggression and abuse against ambulance workers have risen sharply over the past four years. In 2021/22, there were 15,430 incidents. This increased to 15,857 in 2022/23, before surging by 23.8% to 19,633 in 2023/24. The 2024/25 figure of 22,536 represents the highest number ever recorded - an alarming 14.8% rise in just one year.

These numbers translate into a grim daily reality: at least 62 people working in the ambulance service are abused or attacked every single day, almost three every hour. Incidents range from verbal abuse and spitting to kicking, punching, head-butting, sexual assault and serious attacks involving weapons. Many more assaults go unreported. Female ambulance workers are three times more likely than the NHS average to be assaulted at work, and male ambulance workers twice as likely.

Against this backdrop, AACE - and indeed its members across the UK - have worked hard to keep the issue at the forefront of national attention. Senior leaders have appeared repeatedly on major news programmes to highlight the human cost of these attacks and to call for greater respect for ambulance workers.

This crucial media engagement has been paired with sustained political advocacy. Over the past year, AACE's Chair Jason Killens wrote to ministers responsible for ambulance services across England, Scotland, Wales and Northern Ireland, urging renewed national focus on tackling violence against ambulance people. These letters were followed by in-person meetings to explore what further policy interventions could be introduced to strengthen deterrence and improve staff safety.

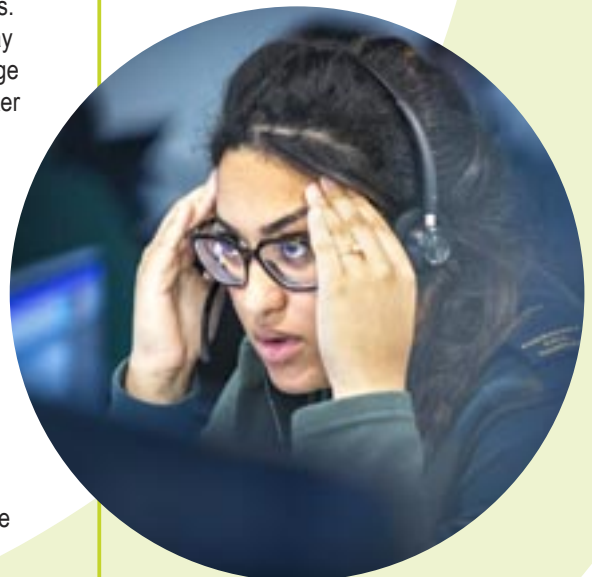
AACE has also taken every opportunity to help shape the justice system's response. In April 2025, the organisation welcomed the Crown Prosecution Service's updated prosecution guidance for assaults against emergency workers, developed with policing partners. The new guidance empowers prosecutors to select charges that best reflect the seriousness of each case, including those that can be dealt with more swiftly in magistrates' courts. This marks a significant shift away from default reliance on the charge of assaulting an emergency worker (AEW) introduced by the 2018 Assaults on Emergency Workers Act, which often funnels cases unnecessarily into the Crown Court, causing long delays.

By broadening the 'menu' of available charges, the CPS aims to deliver faster justice, stronger sentencing where appropriate, and greater consideration of victim impact statements. AACE hopes this will lead to more consistent and meaningful

consequences for offenders, something the sector has long called for.

Yet AACE is clear that sentencing reform alone is not enough. The organisation continues to push for new and innovative deterrence measures, alongside cultural and behavioural change within communities. Violence against ambulance staff is not inevitable; it is preventable. But prevention requires sustained national leadership, local partnership, and public engagement.

As ALF2026 brings leaders together, this is an important moment to deepen the conversation. The rising trend in violence demands renewed urgency, fresh thinking and collective resolve. AACE's work over the past year demonstrates what can be achieved through persistent advocacy and collaboration, but it also highlights how much more must be done to protect the people who dedicate their lives to protecting others.





# **Building momentum: the ambulance sector's collective impact on reducing health inequalities**

As we reach the two year milestone since the launch of the national consensus approach, it is an opportune moment to reflect on how ambulance services and their Integrated Care Systems (ICSs) are working together to reduce health inequalities.

The National Consensus Statement - published in June 2023 - was developed collaboratively by the Association of Ambulance Chief Executives (AACE), NHS England, the Office for Health Improvement and Disparities, the Royal College of Paramedics, NHS Providers, and the NHS Confederation.

With the Government's 10 Year Health Plan for England placing greater emphasis on prevention and care closer to home, this anniversary offers an important opportunity to reflect on the collective progress made against the commitments set out in the consensus. There is much to be proud of, and every achievement has been underpinned by the strong cross sector partnerships formed during its development.



40

## **Progress since 2023**

Over the past two years, the ambulance sector and its partners have delivered tangible progress across several priority areas:

- **Raising awareness and building capability through national webinars, board development sessions, media engagement, and conference presentations.**
- **Advocating for more effective use of ambulance data to support population health management and inform targeted action.**
- **Securing access to nationally available patient ethnicity data, enabling more personalised care and supporting efforts to reduce inequalities.**
- **Commissioning a scoping review of paramedic education on health inequalities, helping to embed a culture of equity from frontline practice to Board leadership.**

## **Sustainability for ambulance services:**

From environmental responsibility to financial resilience and lasting cultural change

## Reflections from The King's Fund



Jeremy Cox, Senior Consultant at The King's Fund, shared his perspective on the impact of the consensus and its value to AACE members:

“ I have had the privilege of being part of an advisory group supporting AACE as it develops its plans and actions around implementing the 2023 consensus statement and have been struck by the blend of pragmatic tactical change and longer-term strategic intervention that the consensus is stimulating. It is deeply unjust that some groups of people have significantly worse experiences of health and care than others. While these inequalities are both avoidable and widening, it can be overwhelming for people working at all levels in the system to figure out what they can do to make a difference. With limited resources, intelligence and goodwill, the consensus is generating some 'smart effort' towards creating some real-world change. ”

## A sector positioned for leadership

As Jeremy highlights, meaningful progress requires action at both the **micro level** - where patients and clinicians meet - and the **macro level**, where system wide barriers must be addressed.

The consensus has catalysed work across multiple interconnected domains: leadership development, access to actionable data and insight, innovative cross system improvement projects, and influencing commissioning frameworks to embed health inequalities as a core consideration.

Ambulance services occupy a unique and influential position within the health and care system. Their reach, data, and trusted relationships place them at the forefront of opportunities to lead collaborative, long term action to reduce inequalities.

**ALF2026** provides an ideal forum for senior leaders and system partners to come together, share learning, and explore how we can continue to embed the principles of the consensus into everyday ambulance practice. As we move into the next phase of implementation, collective leadership will be essential in sustaining momentum and driving further impact.

For more information, visit  
<https://aace.org.uk/reducing-health-inequalities/>  
or contact [ruth.crabtree@nhs.net](mailto:ruth.crabtree@nhs.net)



Ruth Crabtree  
National Lead for  
Public Health, AACE



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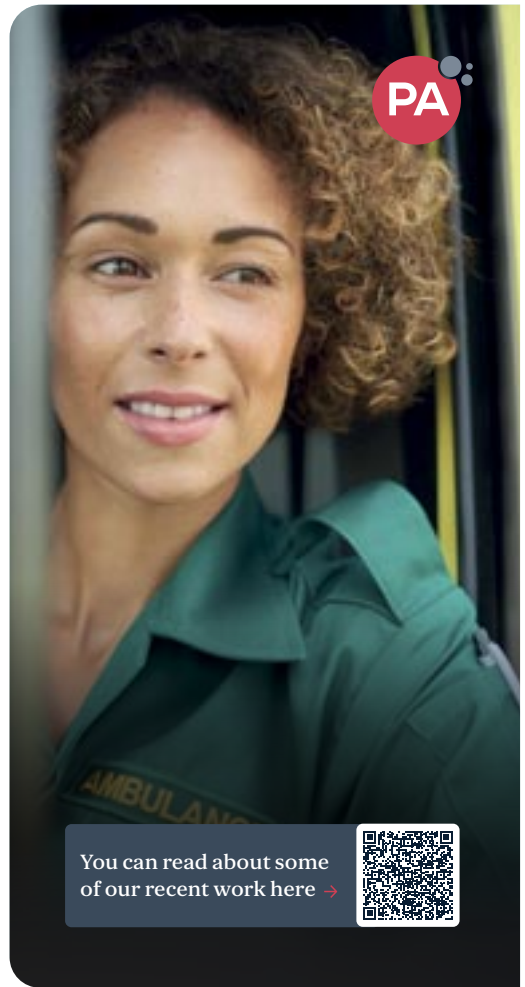
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Over the last 15 years, we have worked with UK ambulance trusts on projects ranging from strategy development to digital innovation. We are currently helping ambulance services across the following areas:

- Evolving care models alongside system partners, ensuring that patients receive the most appropriate care first time.
- Empowering the ambulance workforce by addressing cultural issues, creating new opportunities, and developing future leaders.
- Leveraging data and digital to maximise the potential of the valuable information trusts hold, unlocking significant opportunities from integrated data and AI.
- Understanding and improving productivity to ensure the ambulance service remains affordable while meeting required response times for patients.

If you would like to speak to one of our sector experts on any of these topics or other trust priorities, please reach out to Chris Nightingale at [chris.nightingale@paconsulting.com](mailto:chris.nightingale@paconsulting.com)

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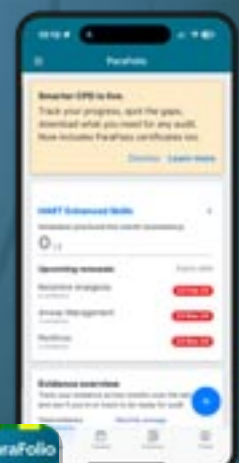
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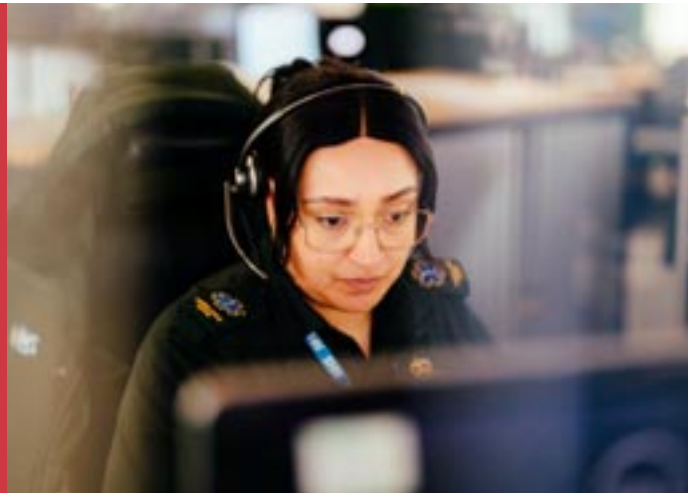
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The Circuit, the national defibrillator network - developed by British Heart Foundation in partnership with the Association of Ambulance Chief Executives, Resuscitation Council UK, St John Ambulance, NHS England and Save a Life Cymru.

# Empowering communities to save lives

Out-of-hospital cardiac arrest (OHCA) remains one of the most time-critical medical emergencies, with survival in the UK still hovering around 9%. In November 2023, the Association of Ambulance Chief Executives (AACE) partnered with NHS Charities Together to explore how inequalities in resuscitation and OHCA outcomes could be reduced. This collaboration led to the publication of the **AACE Out-of-Hospital Cardiac Arrest and Health Inequalities Report**, a comprehensive review of the chain of survival and the unrealised potential of community intervention.



Following an initial feasibility study, AACE secured further funding from NHS Charities Together to appoint a National Strategic Lead for OHCA, enabling focused national coordination and implementation of the report's recommendations. In this role, Liam Sagi is working closely with ambulance trusts, charities and system partners to drive improvements, prioritise investment and support projects that strengthen community readiness and reduce inequalities.

The report highlights significant variation across the UK in access to community interventions such as Community First Responders, public-access defibrillators and the GoodSAM alerting platform. As Liam notes, while ambulance services provide the statutory response to OHCA, the greatest opportunity for improvement lies in empowering communities to act quickly and confidently when every second counts.

AACE is also driving improvements across the chain of survival. Almost all trusts are now live with GoodSAM, with five expanding to alert self-certified responders, marking a major step forward in mobilising community action.

AACE is developing a framework to support trusts and assist with onboarding Police and Fire and Rescue alerting, helping to create a more unified national approach.

Data quality and sharing remain a priority. While inequality data, particularly ethnicity, continues to pose challenges, OHCA hotspot data will be published publicly for the first time, enabling more targeted, intelligence-led improvement. AACE also sits on two OHCA Outcomes Registry committees at the University of Warwick, strengthening national collaboration on evidence and evaluation.

Partnership working continues to expand. In collaboration with the Army Cadet Force, NEAS, NWS, The Circuit and the PEARS Foundation, AACE is piloting a programme to improve defibrillator availability and registration in schools. Building on a successful partnership with BIMA, further activity is planned ahead of Lifesavers Day 2026.

Whilst mobilising the community is key, providing aftercare and support to those involved in a resuscitation is also crucial.

Says Liam Sagi:

**“ We must look after those who do the right thing and attempt to save a life, as well as those whose lives we save. Survival is important, but recovery matters too and we should not underestimate the impact of a cardiac arrest on all involved. ”**

A key outcome of this work has been stronger communication across trusts and stakeholders, driving innovation, reducing duplication and supporting shared learning. With 80% of OHCA's occurring in the home, empowering communities to act remains essential. Driving survival above 9% is not only possible but within reach if we continue to engage, train and support the public to respond when every second counts.

**Be sure to visit the OHCA stand in main reception area and for more information, contact [Liam Sagi](mailto:liam.sagi@aace.org.uk), AACE National Strategic Lead for Out-of-Hospital Cardiac Arrest, at [liam.sagi@aace.org.uk](mailto:liam.sagi@aace.org.uk)**





## **AACE: delivering influence where it matters most**

AACE has firmly established itself as a powerful and respected voice for the UK ambulance sector, working collaboratively with national healthcare partners to articulate clear, consistent messages about the essential role ambulance services play for millions of patients every year.

At a time when demand for ambulance services continues to rise, colleagues across all member services have demonstrated exceptional commitment, professionalism and compassion. Alongside this frontline dedication, AACE's senior leaders have been working hard behind the scenes to ensure the sector's priorities are heard by politicians, civil servants and national decision makers, even as the wider NHS navigates ongoing political and operational uncertainty.

### These are some of the key things we do on behalf of our members:

#### Building relationships with influential politicians

We maintain active dialogue with key political figures, including the Secretary of State for Health, health ministers and local MPs. Ministerial representation at ALF conferences remains a core feature of our engagement.

#### High level stakeholder engagement

AACE meets regularly with the Department of Health and Social Care (DHSC) ambulance and urgent and emergency care (UEC) teams, as well as NHS England's UEC leadership. We have developed strong and growing relationships with the most senior leaders at NHSE, ensuring that the ambulance sector's priorities, challenges and strategic direction are clearly understood at the highest levels.

#### Securing representation in the right national forums

We held a valued seat on the Government's 10 Year Health Plan Partners' Council, enabling us to directly influence thinking on the ambulance sector's contribution to long term system reform. We also sit on the NHS IMPACT National Improvement Board, shaping the national approach to continuous improvement, and we contribute to NHS England's culture review delivery board, having played a significant role in the development of the national culture review. In her role as managing director of AACE, Anna Parry was asked to co-chair the second phase of the review's implementation alongside Tracy Nicholls, chief executive of the Royal College of Paramedics.

#### Proactive and balanced national media engagement

AACE works to ensure the ambulance sector is represented accurately and fairly in the media. We provide context, balance

and transparency to counter one sided reporting and protect the reputation of our members.

#### Influencing consultations and national guidance

We provide coordinated responses to national consultations and policy proposals, ensuring ambulance services have a meaningful voice before new guidance is developed and issued. This work is often detailed and time intensive and is always undertaken in partnership with our members and national director groups.

#### Collaborating with national healthcare organisations

Where appropriate, we join forces with organisations such as NHS Providers, NHS Confederation, the Royal College of Paramedics and the Royal College of Emergency Medicine to amplify shared messages and strengthen our collective influence.

#### Working with other blue light partners

AACE collaborates closely with the National Fire Chiefs Council (NFCC) and the National Police Chiefs' Council (NPCC) to share best practice and support joined up services for patients and the public. We also sit on the Royal Foundation convened Emergency Responder Senior Leaders' Board and contribute to interoperability work through JESIP (the Joint Emergency Services Interoperability Programme).

For more information about AACE's influencing work, please contact [carl.rees@aace.org.uk](mailto:carl.rees@aace.org.uk)





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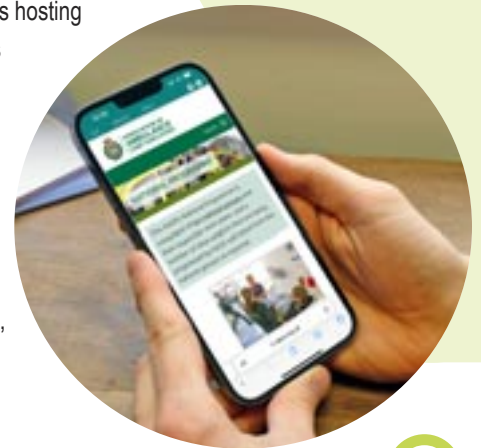
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## Digital media: website and social outputs

AACE continuously develops its digital presence and enhances the awareness of its work via daily website updates, and through ongoing relationships with other stakeholders' sites and social media accounts.

The AACE website contains a range of resources, reports and documentation, as well as hosting a number of videos, webinars and ambulance campaign materials, covering topics such as mental health and wellbeing, reducing health inequalities, building anti-racist organisations, improving hospital handovers, EDI initiatives, out-of-hospital cardiac arrest measures - and much more.



- Since the AACE website was launched it has racked up three million page views and continues to grow.
- AACE has attracted over 2,500 opted-in website subscribers, to whom it can send affiliated ambulance communications as required.

### Websites:

AACE website - [aace.org.uk/](https://aace.org.uk/)  
 Operational Development & Quality Improvement - [odqi.aace.org.uk/](https://odqi.aace.org.uk/)  
 JRCALC - [jrcalc.org.uk/](https://jrcalc.org.uk/)

### Socials:

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 on BlueSky at [aace.org.uk](https://bsky.app/profile/aace.org.uk),  
 or follow us on LinkedIn by searching "AACE"



For further info contact [john.mcneil@aace.org.uk](mailto:john.mcneil@aace.org.uk)



# **AACE Outstanding Service Awards Dinner 2026**

The Outstanding Service Awards take place during the annual awards dinner on the first night of the ALF event.

This is where AACE pays tribute to individual UK ambulance people who have demonstrated exceptional service, innovation, and dedication to improving patient care and community well-being during the past year.

Whether they are front-line clinicians, working in control centres, as managers or in support teams, students or volunteers, the award recipients all have the same thing in common - they have truly excelled themselves on behalf of their patients, colleagues and their trusts.

The award categories are as follows:

AWARD CATEGORY:	AWARD WINNER:	TRUST:
Outstanding Champion of Employee Wellbeing Award	 <b>Judith Grieves, Service Delivery Manager</b>	North East Ambulance Service NHS Foundation Trust
Exceptional Pre-registration Student Paramedic Award	 <b>Tegan Moorey, Student Paramedic</b>	South Western Ambulance Service NHS Foundation Trust
Outstanding Service as a Paramedic Award	 <b>Marcus Turner-Leeper, Paramedic and Clinical Adviser</b>	East of England Ambulance Service NHS Trust
Exceptional Volunteer / Volunteer Team Award	 <b>Peter Cooper, Community First Responder</b>	South Central Ambulance Service NHS Foundation Trust
Outstanding Service within EOC / Control Services Award	 <b>Vickie Whorton, Senior IUC Services Manager</b>	West Midlands Ambulance Service University NHS Foundation Trust
Exceptional Specialist Paramedic Award	 <b>Chris Rios-Love, Advanced Paramedic Practitioner</b>	London Ambulance Service NHS Trust
Outstanding Champion of Innovation or Change Award	 <b>SECAmb IPC Team - Gavin Thompson, Deputy Head of IPC</b>	South East Coast Ambulance Service NHS Foundation Trust
Exceptional Mentor or Tutor / Educator Award	 <b>Gerard O'Dea, Community Engagement Manager</b>	National Ambulance Service of the Republic of Ireland
Outstanding Service as a Manager Award	 <b>Kate O'Neil, Business Support Manager</b>	Island Ambulance Services



AWARD CATEGORY:	AWARD WINNER:	TRUST:
Exceptional Paramedic Manager Award	 <b>Gavin McIntosh,</b> Paramedic Team Leader	Scottish Ambulance Service
Exceptional Support Services Member Award	 <b>Angela Jennings,</b> Fleet and Equipment Support Manager	North West Ambulance Service NHS Trust
Exceptional Service in a Clinical Role - Non-Paramedic Award	 <b>Declan Mullen,</b> Emergency Medical Technician Station Supervisor	Northern Ireland Ambulance Service
Exceptional Team (operational or support services) Award	 <b>NHS Pathways Team</b>	Yorkshire Ambulance Service NHS Trust
Outstanding Service to NEPTS or NHS111 Award	 <b>Jeffrey Mills,</b> Patient Carer, Higher Level	East Midlands Ambulance Service NHS Trust
Exceptional Administrator Award	 <b>Jen Lloyd,</b> Business Manager	Welsh Ambulance Services University NHS Trust
Award for Excellence in the Field of Diversity	 <b>Pauline Hogarth,</b> Project Manager, Strategy, Planning & Transformation / Chair of Disability Staff Network	North East Ambulance Service NHS Foundation Trust
Award for Outstanding Contribution to Cultural Improvement	 <b>Kerry Gulliver,</b> Director of People and Chair of the National Ambulance Chief People Officers' Group	East Midlands Ambulance Service NHS Trust



## Speaker profiles

**Amanda Wray**  
PTS Programme Manager  
Yorkshire Ambulance Service  
NHS Trust



Amanda brings over 25 years of NHS experience and has led several major service redesign programmes within Patient Transport Services. She oversaw the national implementation of the PTS eligibility criteria, translating detailed policy into practical operational change. Her work as a PTS Programme Manager focuses on improving patient experience, strengthening service delivery and supporting long-term sustainability across the system. Amanda is recognised for her collaborative approach, clear communication and steady leadership, particularly when guiding teams through complex operational and organisational change.

**Professor Andy Knox MBE**  
PTS Programme Manager  
Yorkshire Ambulance Service  
NHS Trust



Andy Knox is Interim Medical Director for the Lancashire and South Cumbria ICB, a GP Partner at Ash Trees Surgery in Carnforth, and an Honorary Professor at Lancaster University Management School. His work focuses on population health, reducing health inequity, system improvement and developing compassionate cultures. He co-founded the LSC Population Health Leadership Academy and is associated with the King's Fund, the Centre for Population Health, the Institute for Health Improvement and the Poverty Truth Commission. He recently published his first book, *Sick Society*. His blog is available at [www.reimagininghealth.com](http://www.reimagininghealth.com)

**Andy Swinburn QAM, FCPPara MBE**  
Executive Director of Paramedicine  
Welsh Ambulance Services  
University NHS Trust



Andy joined Lancashire Ambulance Service in 1991 as a part-time Patient Transport Service Ambulance Person and progressed through roles including Emergency Medical Technician, Paramedic, Leading Ambulance Paramedic and Operational Trainer. He became Education and Training

Manager in 2002 after completing a BA (Hons) in Practitioner Leadership. Following the formation of North West Ambulance Service NHS Trust, he led regional clinical leadership development and later completed an MSc in Advanced Clinical Practice. He has since held senior paramedic roles across England and Wales and is now Executive Director of Paramedicine at the Welsh Ambulance Service. He received the Queen's Ambulance Medal in 2021.

**Anna Parry**  
Managing Director  
AACE



Anna is AACE's Managing Director, having taken up the role in October 2023 after serving as Deputy Managing Director for four years. She joined AACE in 2013 following roles at London Ambulance Service during preparations for the 2012 Olympic and Paralympic Games, and wider positions across health, social care and local government. Anna is committed to patient-centred care, employee wellbeing, suicide prevention and inclusion, which underpin her work at AACE. She is a strong advocate for collaboration and integration across the ambulance sector and the wider health and care system.

**Beata Malinowska**  
Deputy Director of Strategy  
and Transformation  
London Ambulance Service NHS Trust



Beata is Deputy Director of Strategy and Transformation at London Ambulance Service NHS Trust, leading the organisation's strategy, transformation and quality improvement functions. She brings extensive experience from both the public and private sectors, with expertise in organisational development, programme management and system-wide change. She has held senior roles at NEL Healthcare Consulting, Hounslow CCG and across community, mental health, acute and commissioning services. Her work has focused on large-scale transformation, cultural change and improving patient and staff experience. Key achievements include leading LAS's five-year strategy and establishing its organisation-wide Quality Improvement approach.

**Ben Copitch**  
**Questar UK**



Ben co-founded Questar UK (formerly Traffilog) in 2007 and has since overseen the introduction of in-vehicle technology across some of the UK's largest fleets and most recognisable organisations. Questar UK specialises in predictive diagnostics, in-vehicle cameras and fleet management services, delivering improvements in road safety, operational efficiency and compliance. The company's solutions consistently generate clear financial returns, with many fleets achieving five-fold savings, often within the first year. Working extensively with major government fleets, including Police Scotland and the Environment Agency, Questar has supported sustained year-on-year savings for almost a decade.

he has led complex programmes and overseen major contracts and tendering activity. As Senior Responsible Owner, he played a key role in implementing the NHS national eligibility criteria and introducing an award-winning electric PTS fleet at YAS, setting new standards for sustainability in patient transport. Alongside his professional work, Chris is also a qualified tennis and football coach.

**Carolyn Slater**  
**Senior Improvement Advisor**  
**London Ambulance Service NHS Trust**



Carolyn Slater is a Senior Improvement Advisor in the London Ambulance Service Quality Improvement Team, bringing over 17 years' experience as a registered Paramedic across operational and corporate roles. She has worked as Business Support Manager, Trust Risk Manager and Performance Manager, strengthening risk processes and supporting the transition of Make Ready into LAS. Her experience has reinforced her commitment to inclusive practice and the value of frontline insight. In her current role, she applies extensive LEAN-based QI training to facilitate workshops and support teams across the Trust to identify, test and sustain meaningful improvements.

**Christine Jacobs**  
**NHS People Profession Map**  
**Project Manager**  
**South Western Ambulance Service**  
**NHS Foundation Trust**



Christine Jacobs is a Senior HR and OD professional currently leading the national rollout of the NHS People Profession Map as Project Manager. With 17 years' experience in the NHS, she has driven strategic workforce transformation, championing innovation, capability development and sector-wide collaboration. She has led the adoption of the People Profession Map across the ambulance sector, embedding professional standards and supporting a more unified approach to HR practice. Christine's work has strengthened national networks, improved data-driven insight and aligned people strategies with wider NHS transformation priorities. She is committed to inclusive leadership and future-focused development.

**Chris Dexter**  
**Associate Director of Patient**  
**Transport Service**  
**Yorkshire Ambulance Service**  
**NHS Trust**



Chris is an experienced executive with over 13 years of leadership in private-sector and NHS patient transport services. A Chartered Member of the Institute of Logistics and Transport,

**Claire Marsh** MSc, NMP, BSc  
**Advanced Paramedic Urgent Care**  
**Yorkshire Ambulance Service**  
**NHS Trust**



Claire has worked as a Paramedic since 2009, later moving into primary care where she qualified as an Advanced Clinical Practitioner and non-medical prescriber. The experience she gained in that environment strengthened her commitment to returning to the ambulance service, where she now practises as an Advanced Paramedic Urgent Care. In this role, she leads across all four pillars of advanced practice, supporting the development of specialist and advanced roles within the workforce. Her focus is on promoting high-quality community-based care and supporting complex best-interest decisions for patients.



## Speaker profiles

**Clare McMillan**  
Chief Digital Officer  
London Ambulance Service  
NHS Trust



Clare is the Chief Digital Officer at London Ambulance Service NHS Trust, a role she has held since October 2023. She leads the organisation's digital, data and technology strategy, supporting frontline operations and patient care across one of the world's largest ambulance services. Before joining LAS, she spent eight years at Guy's and St Thomas' NHS Foundation Trust in senior digital leadership roles, delivering large-scale transformation across acute, specialist and system services. Clare is particularly focused on simplifying systems, reducing duplication and driving practical digital innovation through strong collaboration across organisations and the wider NHS.

**David Davis**  
FCPara FBCS Msc DIC PGCert FEDIPLeadPract  
Chief Clinical Information Officer  
London Ambulance Service  
NHS Trust



David Davis is a practising Paramedic and Chief Clinical Information Officer at London Ambulance Service NHS Trust, leading digital clinical practice, AI and clinical safety. He has held national clinical informatics roles at NHS England, the Health and Social Care Information Centre and the Department of Health, including leading the NHS 111 Workforce Development Programme. David has contributed extensively to the development of the paramedic profession, particularly in mental health and stroke care. He is a Fellow of the Royal College of Paramedics and the British Computer Society and holds an MSc in Digital Health Leadership from the NHS Digital Academy.

**Dawn Poulson Whelan** MSc, FSET  
Chair, National Ambulance  
Disability Network  
East of England Ambulance Service  
NHS Trust



Dawn is a dedicated healthcare professional with over 22 years' experience in emergency care and the ambulance sector. A Fellow of the Society for Education and Training, she has a strong interest in education, equity, diversity and inclusion. She has published national research on disability and is undertaking a Professional Doctorate at Edge Hill University,

exploring organisational culture and support for employees with disabilities. Dawn has contributed to major national reports, founded and chairs the award-winning National Ambulance Disability Network, and works with fire and police services to share best practice across emergency services.

**Dr Kat Noble**  
Executive Medical Director  
North East Ambulance Service  
NHS Foundation Trust



Dr Kat Noble has been Executive Medical Director of North East Ambulance Service NHS Foundation Trust since January 2023. An experienced Emergency Care GP, she has worked for over 20 years across primary, urgent and emergency care. Her leadership career began in 2009 with the development of the single point of access in Durham, the precursor to NHS 111. As a national advisor, she co-designed the governance assessment process for NHS 111. She has also served as Executive Medical Director at NHS Direct and Associate Medical Director at North West Ambulance Service NHS Trust. Kat is Executive Lead for Health Inequalities at NEAS.

**Ellie Orton OBE**  
Chief Executive Officer  
NHS Charities Together



Ellie Orton OBE has been Chief Executive of NHS Charities Together since July 2018. Under her leadership, the charity has undergone significant transformation, most notably through its award-winning Covid Urgent Appeal in 2020, which raised over £160 million to support NHS staff, volunteers and patients during the pandemic. Her contribution has been widely recognised, earning her the Charity Times Outstanding Individual Achievement Award in 2021 and an OBE the same year for services to the NHS.

**Emma Duncan**  
Clinical Research Fellow  
East of England Ambulance Service  
NHS Trust



Emma Duncan is a Clinical Research Fellow at East of England Ambulance Service NHS Trust, working across research design and delivery. A Paramedic for six years, she has transferred her

commitment to evidence-based patient care into a range of pre-hospital research roles. Her current work includes reviewing best practice in healthcare leadership and team management, and developing the evidence base for a Chartered Management Degree Apprenticeship in Emergency Healthcare Management and Control. Her research interests span staff wellbeing, pain management and older people's medicine, with a strong focus on improving care through high-quality research.

**Emma Wood**  
**Chief Executive**  
**Welsh Ambulance Services**  
**University NHS Trust**



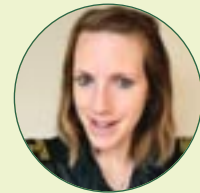
Emma Wood is the Chief Executive of the Welsh Ambulance Services University NHS Trust. She brings nearly two decades of board-level experience across the public and private sectors, with a strong track record of senior leadership in the NHS and emergency services. Her previous roles include Strategic Director of Human Resources at Avon and Somerset Police; Executive Director of HR and OD at South Western Ambulance Service; Director of People and Deputy Chief Executive at Gloucestershire Hospitals; and Chief People Officer and Deputy Chief Executive at University Hospitals Bristol and Weston. Emma is a compassionate, inclusive leader committed to high-quality patient care.

**Graham Norton**  
**NAA Digital Transformation Lead**  
**Northern Ambulance Alliance**



Graham was appointed Digital Transformation Lead for the Northern Ambulance Alliance in March 2020. Before joining the NAA, he was Head of the Implementation and Business Change Central Support Team at NHS Digital. He entered the NHS in 2017 following a 32-year military career, during which he led the Ministry of Defence Medical Information Systems Programme, served as an ADC to Her Majesty The Queen from 2012 to 2015, and was a Trustee of the Royal Signals Benevolent Fund. His military service included tours in the UK, Germany, the USA, Bosnia and Afghanistan.

**Hannah Lowther**  
**Professional Development Lead**  
**Advanced Practice**  
**Welsh Ambulance Services**  
**University NHS Trust**



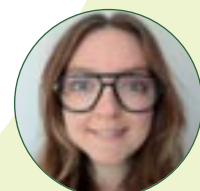
Hannah Lowther is the Professional Development Lead for Advanced Practice at the Welsh Ambulance Service NHS Trust, providing leadership for the development, governance and progression of Advanced Paramedic Practitioners. A practising Paramedic for 12 years, she has spent the past six years as an Advanced Paramedic Practitioner and holds a master's degree in Advanced Clinical Practice, alongside a Non-Medical Prescribing qualification. Her experience spans primary care, community settings and urgent and emergency care. Hannah leads advanced practice education and capability development across WAST, remains clinically active in primary care, and contributes to research, including studies on heat exposure in emergency staff.

**Hannah Maxwell**  
**Client Support Representative UK**  
**Priority Dispatch**



Hannah Maxwell is a Client Support Representative for Priority Dispatch Corp. UK. She has worked in healthcare for 11 years, beginning her career with the Northern Ireland Ambulance Service as a 999 call taker and later serving as Emergency Ambulance Control Continuous Development Manager. Her experience spans quality assurance, training and change management, all of which inform her current role supporting clients and ensuring PDC continues to meet the needs of patients and users. Passionate about mental health, she contributed to the first UK and Ireland implementation of Protocol 41 - Caller in Crisis, drawing on her Samaritans volunteering and BSc (Hons) Psychology.

**Hannah Russell**  
**Clinical Practice Development**  
**Manager**  
**London Ambulance Service**  
**NHS Trust**



Hannah is a Clinical Practice Development Manager within the Specialist Paramedic team at London Ambulance Service NHS Trust. She also practises as an Advanced Paramedic Practitioner (Urgent Care) and has previously worked as a Clinical Supervisor across urgent and primary care settings.



## Speaker profiles

Her career combines frontline patient care with professional leadership and the advancement of clinical practice across integrated care systems. Hannah focuses on developing clinicians moving into specialist and advanced roles, providing supervision, mentorship and support in clinical decision-making and governance. She is passionate about improving patient outcomes, strengthening clinical capability and building collaborative, resilient teams across urgent and primary care.

**Harsimran Nahal**  
**Medicines Operational  
Lead Paramedic**  
**South East Coast Ambulance Service  
NHS Foundation Trust**



Harsimran (Sim) joined South East Coast Ambulance Service NHS Foundation Trust in 2019 after completing her Paramedic training at the University of Brighton. In October 2023, she became a Medicines Operational Lead Paramedic, bringing together her pharmacy background and clinical practice. Before joining the ambulance service, Sim worked in community pharmacy and later as a locum across the South East. She is passionate about medicines optimisation in the ambulance sector and committed to improving processes for both patients and staff. Sim also serves on SECAmb's first Shadow Board, helping to amplify diverse voices and support positive organisational change.

**Ian Moses**  
**Area Director**  
**North West Ambulance Service  
NHS Trust**



Ian began his NHS ambulance career as a cadet in Merseyside in 1987, qualifying as a Paramedic in 1992 and receiving the Dr E Gardner Award in 1994. He led the clinical implementation of 12-lead ECG and pre-hospital thrombolysis before moving into operational leadership and transformation roles. He oversaw the North West NHS 111 pilot, growing it into a major regional service, and later led transformation of response models and acute visiting schemes. After a secondment to Greater Manchester's Health and Social Care Partnership, he returned to NWAS as Area Director for Cheshire and Merseyside.

**Janine Compton**  
**Director of Communications  
& Engagement**  
**South East Coast Ambulance Service  
NHS Foundation Trust**



Janine is a strategic communications specialist with almost 30 years' experience across the private sector, local government and the NHS, including more than 20 years in the ambulance sector. She is passionate about delivering communications that matter, engaging diverse audiences and stakeholders, and ensuring messages are clear, effective and impactful. Janine provides senior strategic leadership to embed communications and engagement as a core, value-adding part of organisational practice, championing approaches that strengthen understanding, build trust and support meaningful collaboration across complex health and care environments.

**Jason Killens KAM**  
**Chief Executive**  
**London Ambulance Service  
NHS Trust**



Jason is Chief Executive of London Ambulance Service NHS Trust, leading the delivery of 999 and 111 services across the UK's capital. He previously served as Chief Executive of the Welsh Ambulance Services University NHS Trust (2018-2025) and, before that, as Chief Executive of the South Australian Ambulance Service. His career spans three decades, beginning as an Emergency Medical Technician and progressing through senior leadership roles, including Executive Director of Operations at London Ambulance Service. Jason is passionate about high-quality, safe and effective patient care, delivered by a skilled, engaged and healthy workforce. He is an Honorary Professor at Swansea University's School of Human and Health Sciences, was awarded the King's Ambulance Service Medal in 2023, and became Chair of the Association of Ambulance Chief Executives in 2024.

**Jennifer Allan**  
**Chief Operating Officer**  
**South East Coast Ambulance Service  
NHS Foundation Trust**



Jennifer joined SECAmb in October 2024, bringing extensive leadership experience from her role as Chief Operating Officer at South West London and St George's Mental Health NHS Trust. She previously served as Director of Operations at Guy's

and St Thomas' NHS Foundation Trust, leading adult surgical services, and held senior operational roles at Central London Community Healthcare NHS Trust overseeing district nursing, rapid response and rehabilitation services. With a strong background in operational leadership, Jennifer is focused on improving patient care, strengthening system partnerships and supporting SECAmb's strategic development across its region.

**Jeremy Cox**  
**Senior Consultant, Leadership**  
**and Organisational Development**  
**The King's Fund**



Jeremy brings over 30 years' experience in international, multi-sector consulting and senior leadership, including serving as Director of Quality Improvement at the Care Quality Commission. With a background in mechanical engineering and an MBA, he began his career in manufacturing before moving into organisational development, financial services and later consulting across public, private and voluntary sectors. A former Visiting Fellow at Newcastle Business School, he has contributed to human learning systems research and postgraduate education. Since joining The King's Fund in 2021, Jeremy has supported health and care leaders with system-wide change, integration, culture and people-centred improvement.

**Jessica Cunningham**  
**Executive Director of Operations**  
**South Western Ambulance Service**  
**NHS Foundation Trust**



Jessica joined the NHS in 1992 through the National General Management Training Scheme, spending the first decade of her career in major acute teaching hospitals in the North of England. She joined the South West Strategic Health Authority in 2004 and was seconded to South Western Ambulance Service NHS Foundation Trust in 2012 to lead the acquisition of Great Western Ambulance Service. Appointed Director of Planning and Performance in 2013, she later became Executive Director of Operations in 2017, overseeing all frontline services. Jessica has supported the sector nationally and is the first female Chair of the National Directors of Operations Group.

**Joe Crook**  
**National Ambulance Volunteer Lead**  
**AACE**



As national ambulance volunteer lead, Joe provides strategic leadership on volunteering policy and development across UK ambulance services. He has extensive experience designing, leading and strengthening volunteering programmes across the NHS, universities, and the corporate and community sectors. Joe is committed to enhancing the role and impact of volunteers within urgent and emergency care, ensuring services are shaped around the needs of patients, communities and staff. His work focuses on building sustainable, high-quality volunteering models, supporting collaboration across organisations, and championing approaches that improve experience, strengthen engagement and embed volunteering as a valued part of the ambulance service.

**John Martin** KAM FCP<sub>Para</sub>  
**Chief Executive**  
**South Western Ambulance Service**  
**NHS Foundation Trust**



Dr John Martin was appointed Chief Executive of South Western Ambulance Service NHS Foundation Trust in December 2023. An experienced executive leader, he brings extensive clinical and operational expertise from roles across ambulance, acute, community and mental health services. John joined London Ambulance Service in 2021 as the first Chief Paramedic to sit on an ambulance Trust Board. He previously held director roles at Cambridge University Hospitals and Cambridgeshire and Peterborough NHS Trust and has dedicated his career to improving patient care and advancing the paramedic profession. John also played a key role in developing the now Royal College of Paramedics, completing his term as President in 2023.

**Julia Williams** PhD FCP<sub>Para</sub>  
**Professor of Paramedic Science**  
**Royal College of Paramedics**



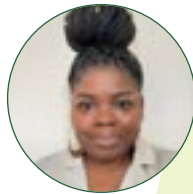
Professor Julia Williams FCP<sub>Para</sub> is a paramedic, researcher and academic leader committed to advancing the role of paramedics within healthcare research. She has extensive experience across diverse clinical and educational settings and has been instrumental in developing higher education



## Speaker profiles

programmes for both qualified paramedics and pre-registration students. Alongside her academic leadership, Julia undertakes clinical research, believing active clinical engagement is essential to producing relevant and impactful evidence. As Head of Research for the Royal College of Paramedics, she champions the development of research capacity and capability across the profession, promoting collaboration to strengthen evidence-based practice and improve patient outcomes.

**Karleen Huggins**  
**Senior Improvement Advisor**  
**London Ambulance Service**  
**NHS Trust**



Karleen began her Quality Improvement career in 2019 at Great Ormond Street Hospital, working in paediatric acute care before moving to a Community Health Trust, where she led projects on personalised care, early identification of deterioration and the co-production of a Haemoglobinopathy Focus Group. She joined the London Ambulance Service Quality Improvement Team in 2024, bringing strong experience and a commitment to locally driven change. Passionate about QI coaching, she facilitates workshops and training that help staff confidently apply QI in practice. Karleen holds multiple QI qualifications and is an active member of the Q Community, focused on supporting meaningful, sustainable improvement in patient care.

**Lee Brooks QAM MStJ**  
**Executive Director of Operations**  
**Welsh Ambulance Services**  
**University NHS Trust**



Lee is an experienced executive leader with a career spanning emergency healthcare and public service. As Executive Director of Operations for the Welsh Ambulance Services University NHS Trust, he oversees Emergency Medical Services, Non-Emergency Patient Transport Services and NHS 111 Wales, ensuring high-quality, patient-centred care across complex and high-pressure environments. His background includes senior leadership roles in the UK, New Zealand and Australia, alongside earlier experience in emergency contact centre management, frontline services and policing. Lee holds a postgraduate qualification in Board Practice and Directorship, is a Chartered Fellow of the CMI, and has been recognised with the QAM and MStJ.

**Liam Sagi MSc BSc (Hons) FdSc DipIMC RCSEd**  
**National Strategic Lead for**  
**Out-of-Cardiac Arrest - AACE**  
**Advanced Paramedic Critical Care**  
**- EEAST**



Liam is the National Lead for Out-of-Hospital Cardiac Arrest at AACE, funded by NHS Charities Together. He is also an Advanced Paramedic in Critical Care, working clinically for East of England Ambulance Service and East Anglian Air Ambulance. He has driven sector-wide improvements in cardiac arrest care, with a strong focus on reducing inequalities, and has supported trusts through the Community Resilience Grant Funding programme. Within EEAST, Liam led a UK-first project using GoodSAM live video to guide bystanders during CPR. He has published research, presented nationally and internationally, and volunteers with Suffolk Accident Rescue Service.

**Lord Victor Adebawale CBE**  
**Chair**  
**NHS Confederation**



Lord Victor Adebawale CBE has been Chair of the NHS Confederation since 2020, which formally merged with NHS Providers in 2026. He previously served as Chief Executive of Turning Point and now chairs Social Enterprise UK, Visionable UK Ltd and Collaborative CIC, as well as founding Leadership in Mind. He became Chair of IPPR in 2024. Victor has held non-executive roles with NHS England and the Co-operative Group and has chaired major commissions on policing, employment, mental health, housing and fairness. A crossbench peer since 2001, he is a Visiting Professor, an honorary fellow of multiple Royal Colleges and a recipient of a CBE.

**Louise Maunick**  
**Chief Pharmacist**  
**South Central Ambulance Service**  
**NHS Foundation Trust**



Louise is Chief Pharmacist at South Central Ambulance Service NHS Foundation Trust, providing strategic leadership for medicines governance, workforce development and system transformation across pre-hospital and urgent care. Her Senior Leadership Apprenticeship strengthened her focus on culture,

collaboration and innovation, supporting the development of a dedicated ambulance pharmacy service. Nationally, she is a member of JRCALC and Chair of its Medicines Governance Group, leading the development of national medicines monographs and promoting consistency and transparency in guidance. Recognised for her strategic insight and commitment to professional excellence, Louise is driving the modernisation of pharmacy within ambulance services.

**Matt Cooper**  
**Area Director for Cumbria and Lancashire**  
**North West Ambulance Service NHS Trust**



Matt has served in UK ambulance services for nearly 25 years, beginning as a frontline clinician before moving into senior education, operational and strategic leadership roles. Since 2022, he has been Area Director for Cumbria and Lancashire at North West Ambulance Service NHS Trust, leading service delivery across the Trust's largest and most complex region and holding the Trust-wide portfolio for volunteering. He previously spent a decade with the Scottish Ambulance Service in national and regional leadership roles, including Director of National Operations. A Paramedic for over 20 years, Matt continues to practise clinically in both NHS and voluntary settings.

**Maxine Paterson**  
**Chief Executive [interim]**  
**Northern Ireland Ambulance Service**



Maxine was appointed Chief Executive of the Northern Ireland Ambulance Service in April 2025, having previously served as Deputy Chief Executive from 2023. She became Director of Planning, Performance and Corporate Services in 2020 after joining the Health and Social Care system via the Business Services Organisation, where she held senior roles in HR and Finance Shared Services. Before entering public service, Maxine worked in operational management within the shipping and logistics sector. She holds a degree in Business Management and a postgraduate diploma in Contact Centre Management.

**Michael Dickson OBE**  
**Chief Executive**  
**Scottish Ambulance Service**



Michael was appointed Chief Executive of the Scottish Ambulance Service in July 2023. He previously served as Chief Executive of NHS Shetland and, during 2020, also as interim Chief Executive of NHS Orkney. He was awarded an OBE in the 2023 New Year Honours for his leadership during the COVID-19 pandemic. A qualified nurse, Michael has held Director of Nursing roles in both the NHS and independent sectors. Before joining NHS Shetland, he worked with NHS England's Getting It Right First Time programme, supporting clinicians to address unwarranted variation in care.

**Nic Moorhouse**  
**Internal Communications Manager**  
**South Western Ambulance Service NHS Foundation Trust**



Nicola is an internal communications specialist with extensive experience across the public and charity sectors. A national CIPR award winner, she was recognised for transforming internal communications at Torbay Council, where a people-centred approach significantly improved staff morale. For the past five years, she has been Internal Communications Manager at South Western Ambulance Service NHS Foundation Trust, introducing a highly successful staff app that has reshaped how frontline colleagues access information. Nicola believes good communication is everyone's responsibility and is committed to supporting leaders to communicate with clarity and impact. Her work is driven by meaningful colleague feedback, building trust, engagement and lasting organisational change.

**Nicola Ash**  
**External Communications Manager**  
**South Western Ambulance Service NHS Foundation Trust**



Nicola is an external communications specialist with extensive experience across the public service and charity sectors. She began her career at the BBC, supporting Charter renewal before moving into crisis communications and high-profile publicity work. An accomplished event manager, she has delivered royal visits, red-carpet screenings and an RHS



## Speaker profiles

programmes for both qualified paramedics and Chelsea Flower Show garden that won the People's Choice Award. For the past four years, Nicola has been External Communications Manager at South Western Ambulance Service NHS Foundation Trust, leading media relations, digital communications and political engagement. She is passionate about proactive storytelling, strengthening public understanding of 999, and building leaders' confidence in working with the media.

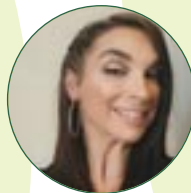
**Neill Moloney**  
Chief Executive  
East of England Ambulance Service  
NHS Trust



Neill became Chief Executive of the East of England Ambulance Service NHS Trust in September 2024. He brings extensive senior NHS experience and a strong understanding of urgent and emergency care, including the work of ambulance services. Before joining the Trust, he was Director of System Recovery at Mid and South Essex Integrated Care Board and Mid and South Essex NHS Foundation Trust, and previously Director of Urgent and Emergency Care Tiering Support at NHS England. From 2018 to 2023, Neill served as Managing Director and Deputy Chief Executive at East Suffolk and North Essex NHS Foundation Trust.

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**Paola Spiteri**  
Retention Lead  
Welsh Ambulance Services  
University NHS Trust



Paola is the Retention Lead at the Welsh Ambulance Services University NHS Trust, with a substantive role as Organisational Development and Equality, Diversity and Inclusion Manager. Her work focuses on strengthening workforce experience, building inclusive cultures and supporting colleagues to feel psychologically safe and valued. She created the award-winning programme From Bystander to Upstander, recognised nationally for advancing allyship and speaking-up cultures. Paola chairs WAST Purple Space and serves as EDI Board Trustee for Mirus Wales. A former lecturer and qualified integrative counsellor, she brings a trauma-aware, person-centred approach and contributes nationally to disability inclusion through the National Ambulance Disability Network.

**Pauline Hogarth**  
Project Manager  
North East Ambulance Service  
NHS Foundation Trust



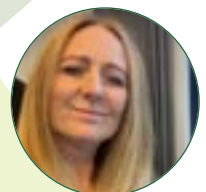
Pauline is a respected Project Manager at North East Ambulance Service NHS Foundation Trust, recognised for her leadership in operational delivery and her commitment to equality, diversity and inclusion. As Chair of the award-winning Able@NEAS disability network, she has driven cultural change, introducing a Dyslexia referral pathway, workplace needs assessments and manager training, and is now a qualified Dyslexia Workplace Needs Assessor. Nationally, Pauline is Deputy Chair of the National Ambulance Disability Network, co-producing the Neurodiversity Pledge and sharing best practice. She has secured specialist neurodiversity coaching for staff and also supports wellbeing as a TRiM Practitioner, championing inclusion across the ambulance sector.

**Peter Stone**  
Clinical Education Practitioner  
South East Coast Ambulance Service  
NHS Foundation Trust



Peter joined the ambulance service in 2011 after a career change from IT networking and management. He began with London Ambulance Service in an A&E support role and was part of the first cohort of Apprentice Paramedics, completing his studies with The Open University to gain HCPC registration. In 2019, he moved to South East Coast Ambulance Service, training as a Paramedic Practitioner before joining the clinical education team in 2024. Peter now leads on CPD delivery for clinical staff, supporting professional development and high-quality patient care across the organisation.

**Professor Rachael Fothergill PhD**  
Head of Clinical Audit & Research  
London Ambulance Service  
NHS Trust



Rachael has more than 25 years' experience in ambulance service research and is Head of Clinical Audit and Research at London Ambulance Service NHS Trust, leading high-quality research activity across the organisation. She holds senior academic appointments at Warwick University and Kingston

University and chairs both the UK National Ambulance Research Steering Group and the UK OHCA Registry Data Use Committee. Rachael has played a central role in many of the UK's largest pre-hospital trials, informing national guidelines and service delivery. Widely published, she has contributed to over 100 peer-reviewed papers and helped secure more than £15 million in research funding.

**Professor Sir Chris Whitty** КСВ  
**Chief Medical Officer**  
**UK Government**



Professor Sir Chris Whitty is the Chief Medical Officer for England, the UK Government's Chief Medical Adviser and head of the public health profession. A practising NHS Consultant Physician at University College London Hospitals and the Hospital for Tropical Diseases, he is also an epidemiologist whose clinical and research work has taken him across the UK, Africa and Asia. Professor Sir Chris Whitty previously served as Professor of Public and International Health at the London School of Hygiene and Tropical Medicine, where he remains an honorary professor. His senior national roles include interim Permanent Secretary at the Department of Health and Social Care, Chief Scientific Adviser for both DHSC and the Department for International Development, and interim Government Chief Scientific Adviser during the Novichok incident. He played key leadership roles in the UK's response to COVID-19 and the West Africa Ebola outbreak. A respected academic and public lecturer, he is also an expert adviser to Active Travel England.

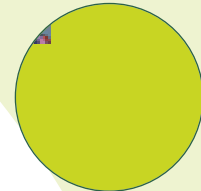
**Rebecca Lennox**  
**Emergency Medical Advisor**  
**North West Ambulance Service**  
**NHS Trust**



Becca joined NWAS in 2023 after having to leave her nursing degree when she became registered blind due to a rare brain condition. She has since supported colleagues as a neurodiversity champion and active member of the women's and disability networks. Living with severe endometriosis from the age of 16, she helped introduce and maintain emergency menstruation boxes across NWAS, which inspired her idea to provide reusable period underwear for staff - reducing single-use plastic, improving comfort and supporting colleagues experiencing incontinence.

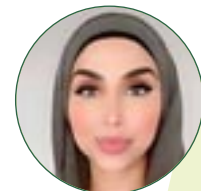
Following a hysterectomy at 30, Becca is proud that a small act of kindness has grown into a significant sustainability initiative. She hopes the project will inspire other ambulance services to explore similar approaches.

**Ruth Crabtree**  
**National Lead for Public Health**  
**AACE**



Ruth has worked in the ambulance sector for many years at both regional and national level, shaping Trust strategy and influencing the national direction of the sector. Nationally, she led the development of a suite of resources outlining how ambulance services can work in partnership to reduce health inequalities, including a consensus statement created with key stakeholders and an accompanying implementation toolkit. Ruth takes an evidence-based approach, using data and working closely with partners and communities to drive meaningful change. She applies this focus both in her role at Yorkshire Ambulance Service NHS Trust and through her national work with the Association of Ambulance Chief Executives.

**Sabia Hussain**  
**NHS 111 & 999 Integration**  
**Programme Director**  
**East Midlands Ambulance Service**  
**NHS Trust**



Sabia is the Director of NHS 111 and 999 Integration for DHU Healthcare and East Midlands Ambulance Service NHS Trust, bringing over 17 years of NHS experience across ambulance, acute, mental health and urgent care services. She leads work to integrate NHS 111 and 999 to improve patient outcomes and established the regional 999/111 Provider Collaborative in 2024, creating direct access into frailty, medical and surgical SDECs. Her background includes a decade in acute care leading major clinical improvement programmes, senior operational leadership in mental health, and five years as a BI analyst. Sabia is also a long-standing advocate for equality, diversity and inclusion.



## Speaker profiles

**Saffron Cordery OBE**  
**Strategy Advisor**  
**Freelance**



Saffron is an independent strategy consultant specialising in health care and public policy. Until summer 2025, she was Deputy Chief Executive of NHS Providers and has worked in the healthcare sector since 2007. She was awarded an OBE in the King's New Year Honours 2026 for services to the NHS. She has extensive experience in policy development, influencing and communications, and previously served as Head of Public Affairs at the Local Government Association. Her earlier career focused on EU policy and adult and community education. She holds a degree in Modern Languages, is studying for a Masters in Literary Translation, and is co-chair of Agenda Alliance.

project manager in the education sector, delivering Apprenticeships and employment projects for NEETs before moving into volunteer management. A committed volunteer herself, she has spent over 20 years with Girlguiding, progressing from Brownie Leader to regional and national roles, most recently Assistant County Commissioner for Royal Berkshire. Drawing on both professional and personal experience, Sarah is passionate about the positive impact volunteering has on organisations and individuals alike.

**Sasha Johnston**  
**Senior Academic Support Lead**  
**and NIHR Doctoral**  
**South Western Ambulance Service**  
**NHS Foundation Trust**



Sasha is a paramedic, Senior Academic Support Lead and NIHR-funded DPhil Research Fellow at the University of Oxford, specialising in workforce mental health and organisational culture in ambulance services. Her work generates evidence to inform national policy, strengthen system resilience and enhance psychological safety. She has held roles across frontline practice, research and service development in the UK and the Caribbean, and previously completed an NHS England AHP Clinical Fellowship. An inaugural recipient of the Chief AHP Officer Gold Award, Sasha's doctoral research examines behavioural, cultural and structural determinants of wellbeing, supporting strategic workforce planning and compassionate, high-performing ambulance services.

**Salman Desai KAM**  
**Chief Executive Officer**  
**North West Ambulance Service**  
**NHS Trust**



Salman has spent 29 years in the NHS, beginning his career in 1997 as a paramedic with Greater Manchester Ambulance Service. His frontline experience shaped his commitment to patient care, inclusion and community engagement. He joined the North West Ambulance Service NHS Trust Board in 2015 and became Director of Strategy, Planning and Partnerships the following year, leading major transformation and strengthening system collaboration. In 2022, he became Deputy Chief Executive and received the King's Ambulance Medal for distinguished service. After serving as Chief Operating Officer and Acting Chief Executive, Salman was appointed Chief Executive in January 2025. He remains a passionate advocate for equality, diversity and inclusion.

**Sean Edwards BSc (Hons)**  
**Advanced Paramedic Practitioner /**  
**Practice Development Lead**  
**South East Coast Ambulance Service**  
**NHS Foundation Trust**



Sean is an Advanced Paramedic Practitioner in Urgent and Emergency Care at South East Coast Ambulance Service NHS Foundation Trust in Kent. In his role as a Practice Development Lead, he supports the growth of advanced practice across the trust and drives innovation, particularly in frailty care and decisions to treat patients safely in the community. Sean has also played a key part in supporting the rollout of Pentrox within the organisation. He is committed to improving clinical practice, enhancing patient experience and strengthening the capability of the advanced practice workforce.

**Sarah Callaghan**  
**Volunteer Manager**  
**South Central Ambulance Service**  
**NHS Foundation Trust**



Sarah is an experienced Volunteer Manager at South Central Ambulance Service NHS Foundation Trust, where she leads the volunteer strategy and supports the growth and development of volunteering across the organisation. She began her career as a

**Simon Weldon**  
**Chief Executive**  
**South East Coast Ambulance Service**  
**NHS Foundation Trust**



Simon became Chief Executive of South East Coast Ambulance Service NHS Foundation Trust in April 2023, bringing more than 20 years of NHS leadership experience across both provider and commissioning sectors.

Before joining the organisation, he served as Group Chief Executive for the University Hospitals of Northamptonshire, where he played a key role in securing university hospital status. Prior to this, Simon led Kettering General Hospital NHS Foundation Trust as Chief Executive, successfully guiding the organisation out of quality special measures. His career is defined by a strong focus on organisational improvement, collaborative leadership and delivering high-quality care for patients and communities.

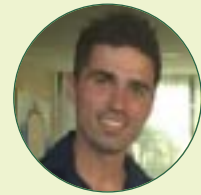
**Susannah Ashton**  
**Divisional Director (Leicester,**  
**Leicestershire and Rutland)**  
**East Midlands Ambulance Service**  
**NHS Trust**



Susannah began her professional career as an NHS Physiotherapist, working across acute, community and private healthcare settings before moving into operational leadership. A secondment with the NHS England Regional UEC team preceded her appointment as a Divisional Director within the Operational Directorate at East Midlands Ambulance Service in 2022.

Much of her role involves close collaboration with system health and social care partners. In 2025, she completed the Aspiring Operations Director Programme for the ambulance sector, strengthening her strategic insight and leadership network. Outside work, Susannah enjoys being active, warm weather and coffee after a long walk. This is her first time attending ALF.

**Tim Millington**  
**Interim Associate Director**  
**of Paramedic Practice**  
**Yorkshire Ambulance Service**  
**NHS Trust**



Tim is the Interim Associate Director of Paramedic Practice at Yorkshire Ambulance Service NHS Trust, providing senior professional leadership across paramedic practice, including advanced clinical practice, governance, workforce development and patient safety.

He recently led the Trust's Clinical Response Model programme, redefining the clinical offer across ambulance, critical care, urgent care and mental health services in line with the NHS Long Term Plan. Alongside his leadership role, Tim practises as an Advanced Clinical Practitioner in Emergency Medicine and has recently completed his PhD viva, focusing on paramedic dynamic risk assessment in safety-critical environments.

**Tracy Jayne Cunningham**  
**EMAS Rough sleeper / Homeless**  
**Community Paramedic**  
**East Midlands Ambulance Service**  
**NHS Trust**



Tracy began her career with East Midlands Ambulance Service NHS Trust in 2005 as a direct-entry Technician, later progressing to Community Paramedic. During this time, she completed a Foundation Degree, a BSc in Paramedic Science and a recognised Mentor qualification, supporting clinical education and workforce development. In 2017, she undertook a Health Education England rotational secondment as a Clinical Navigator, developing advanced assessment and care-navigation skills in primary care.

Since 2019, Tracy has delivered EMAS' Rough Sleeper Service in Derby, providing frontline care to people experiencing homelessness. She is committed to holistic, patient-centred practice grounded in resilience, empathy and professional integrity.



## Speaker profiles

**Victoria White**  
Director of Ambulance  
Isle of Wight Ambulance Service



Victoria is the Director of Ambulance Services and a member of the Trust Leadership Team at Isle of Wight NHS Trust, an integrated ambulance and acute organisation.

With over 33 years' NHS experience, including 21 in senior leadership, she has spent the past nine years leading the Isle of Wight Ambulance Service. Her background spans acute and ambulance care, including senior roles in radiology, ophthalmology and specialist medicine, and earlier practice as a neuro-radiographer and Interventional Radiology lead. Victoria now oversees the full ambulance portfolio and EPRR, with particular interests in integrated urgent care, system transformation, resilience and sustainable service design.

**Will Legge**  
Deputy Chief Executive Officer  
East Midlands Ambulance Service  
NHS Trust






Will is the Deputy Chief Executive at East Midlands Ambulance Service NHS Trust, having joined the organisation in 2014. He brings extensive experience in strategy, organisational transformation, intelligence and informatics. Nationally, he has supported the development of the ambulance sector through his leadership of the National Ambulance Strategy and Transformation Directors Group and is the CEO-sponsored executive lead for Health Inequalities on behalf of AACE.

Before joining the ambulance sector, Will ran his own business, worked in the private sector and served as Chief Information Officer at Leicestershire Partnership NHS Trust. He has since held multiple executive director roles within EMAS.

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

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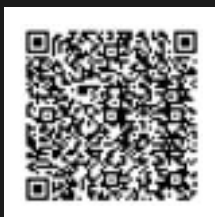


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