Annual Public Meeting

Schedule	Thursday 5 September 2024, 15:30 — 16:30 BST
Venue	Prospero House, 241 Borough High Street, London SE1 1GA
Description	Via Teams
Organiser	Committee Secretary

Agenda

Agenda

London Ambulance Service NHS Trust

Annual Public Meeting

3.30pm on Thursday 5th September 2024
Held on MS Teams

AGENDA

Time	Item	Subject	Lead
1. Opening Administration			
3.30pm	1.1	Welcome	Chair
2. 2023/24 Accountability Statements:			
3.35pm	2.1	CEO Overview	Daniel Elkeles Chief Executive Officer
3.40pm	2.2	2023/24 Annual Report and Accounts	Rakesh Patel Chief Finance Officer
3.45pm	2.3	2023/24 Quality Account	Pauline Cranmer Chief Paramedic Officer
3.50pm	2.4	WRES and WDES	Roger Davidson Director of Strategy and Transformation
3. Questions			
3.55pm	3.1	Questions from the public	
4.30pm	**Close**		

London Ambulance Service
NHS Trust

Annual Public Meeting

We are the capital's emergency and urgent care responders

London Ambulance Service
NHS Trust

Overview and performance
2023/24

Daniel Elkeles
Chief Executive

We are the capital's emergency and urgent care responders

This Year in Numbers 2023/24

We treated
189,132
patients on scene or over the phone

We answered
1,922,080
calls in 999

We answered
2,237,192
calls in 111

Number of patients seen
1,033,204

1,500
additional people recruited and appointed
(Since 1 April 2023)

38%
of new recruits from black and minority ethnic (BME) backgrounds

580
vehicles

New, more environmentally friendly ambulances, and new cars joined our fleet

You can read more about further achievements in our strategy section below.

Our performance through the year

999

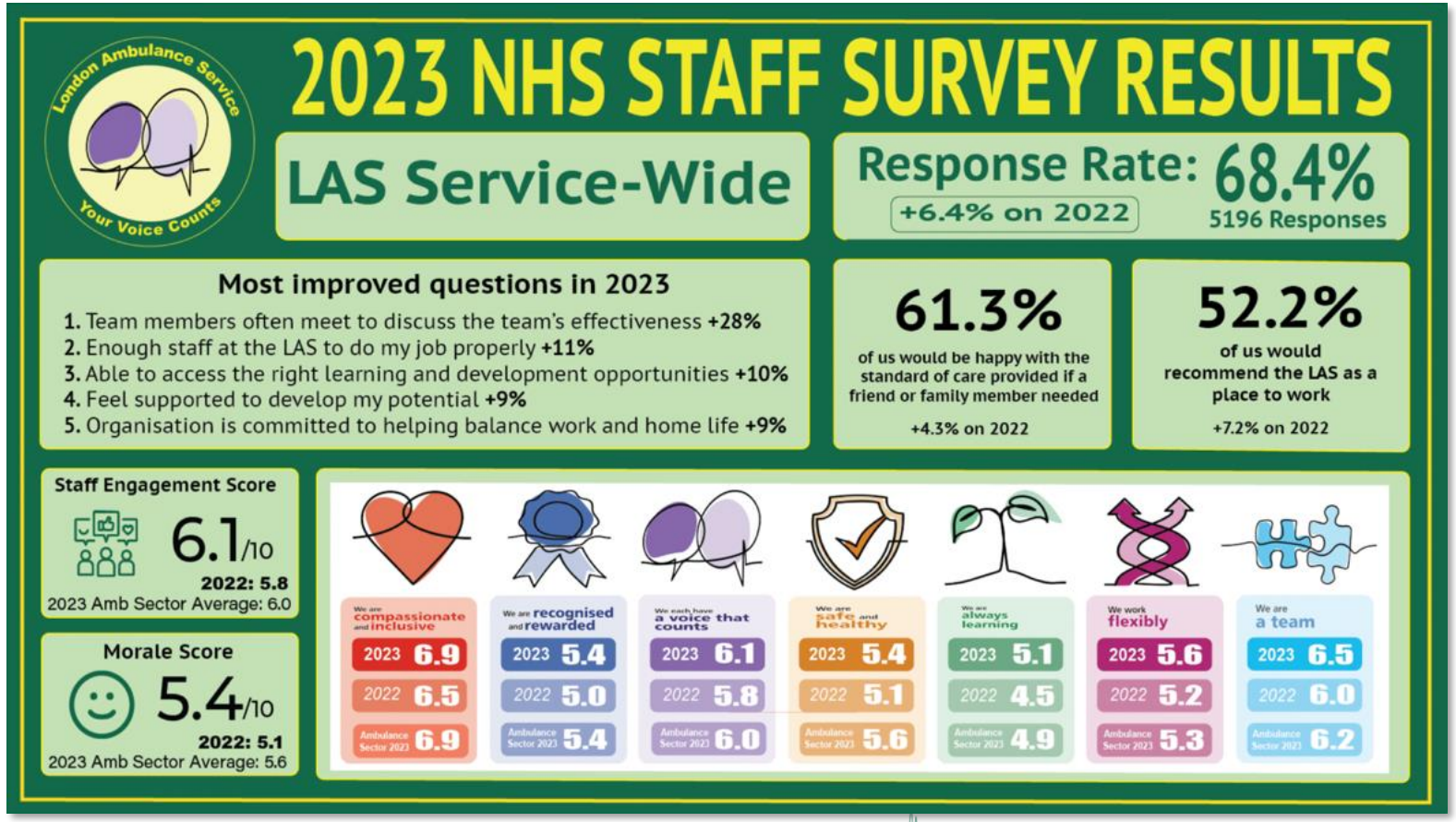
Metric	National standard	2022-23	2023-24
Category 1 mean response time	00:07:00	00:08:08	00:07:29
Category 2 mean response time	00:18:00	00:47:40	00:38:39

111

LAS plus resilience partners	2021/2022	2022/2023	2023/2024
Total number of calls answered	1,740,266	1,930,917	2,237,192
Abandonment Rate	8%	20%	10%
Calls answered within 60 seconds	996,029	1,226,567	1,298,127
Average speed to answer	Not available	Not available	124

Recruitment and staff wellbeing

- Completed a major recruitment campaign, adding 1,500 new staff, including over 700 frontline ambulance staff -allowing us to increase the number of ambulances on the road by up to 20 to 30 a day- and 500 call handlers.
- Latest NHS Staff Survey results show record improvements in staff experience, with the highest ever response rate among London providers and positive feedback in 92% of survey questions, highlighting significant gains in teamwork, learning, and development.



Making progress

Operational improvements

- Fully embedded the **Category 2 segmentation process**, allowing clinicians to assess calls more effectively and prioritise urgent cases
- Launched the **Future Dispatch Programme**, improving coordination between clinical teams and dispatchers, which increased 'hear and treat' rates to 18.8%.

Reducing delays and strengthening partnerships

- Introduced a new hospital handover process, significantly reducing handover times by over **42,000 hours** compared to the previous year.
- Continued collaboration with NHS partners to streamline patient transfers and improve overall care pathways.

The challenges of 2023/24

Extreme weather and high demand:

- Repeated periods of extreme weather led to unprecedented levels of emergency calls, with a peak of 7,751 calls to 999 services on June 12, the highest since New Year's Eve 2021.

Major events:

- Played a crucial role in the Coronation of HM King Charles III and HM Queen Camilla, deploying more than 200 additional frontline staff alongside multi-agency partners to ensure public safety.

Operational pressure and REAP Level 4:

- Moved to REAP Level 4, the highest pressure level, during periods of extreme demand, requiring the mobilisation of additional resources and sustained high-intensity operations

Industrial action and winter demand:

- Supported NHS partners during strikes by junior doctors, nurses, and consultants, playing a key role in coordinating patient care and maintaining service delivery during peak winter demand, with daily calls exceeding 7,000.

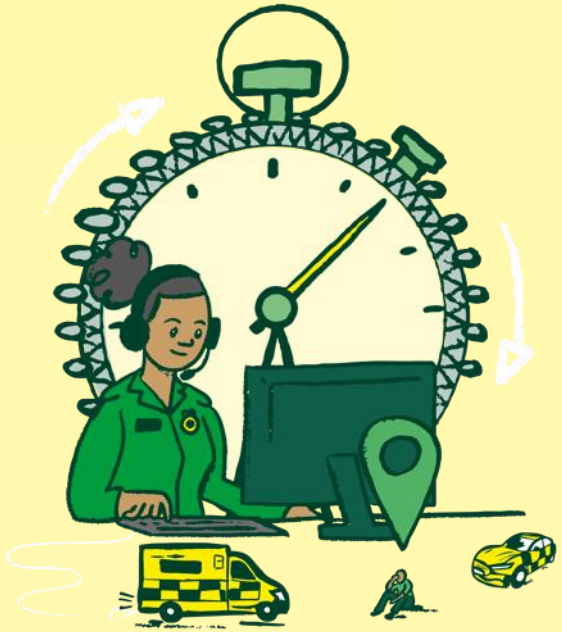
Key achievements and our strategy for 2023-2028

- **Launched a new five-year strategy which** focuses on three core missions and 50 commitments to deliver the best care for Londoners, foster a thriving organisational culture, and support London in becoming the healthiest global city.
- Engaged over 500 staff, 2,100 patients, and 300 leaders from 60 partner organisations to shape our strategic direction.

Our care

1 Delivering outstanding emergency and urgent care whenever and wherever needed.

- Rapid and seamless care
- Individualised clinical responses
- Outstanding care and leadership of major incidents and events
- A learning and teaching organisation



Our organisation

2 Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.

- Inclusive and open culture
- Well-led across the organisation
- Improved infrastructure

Our London

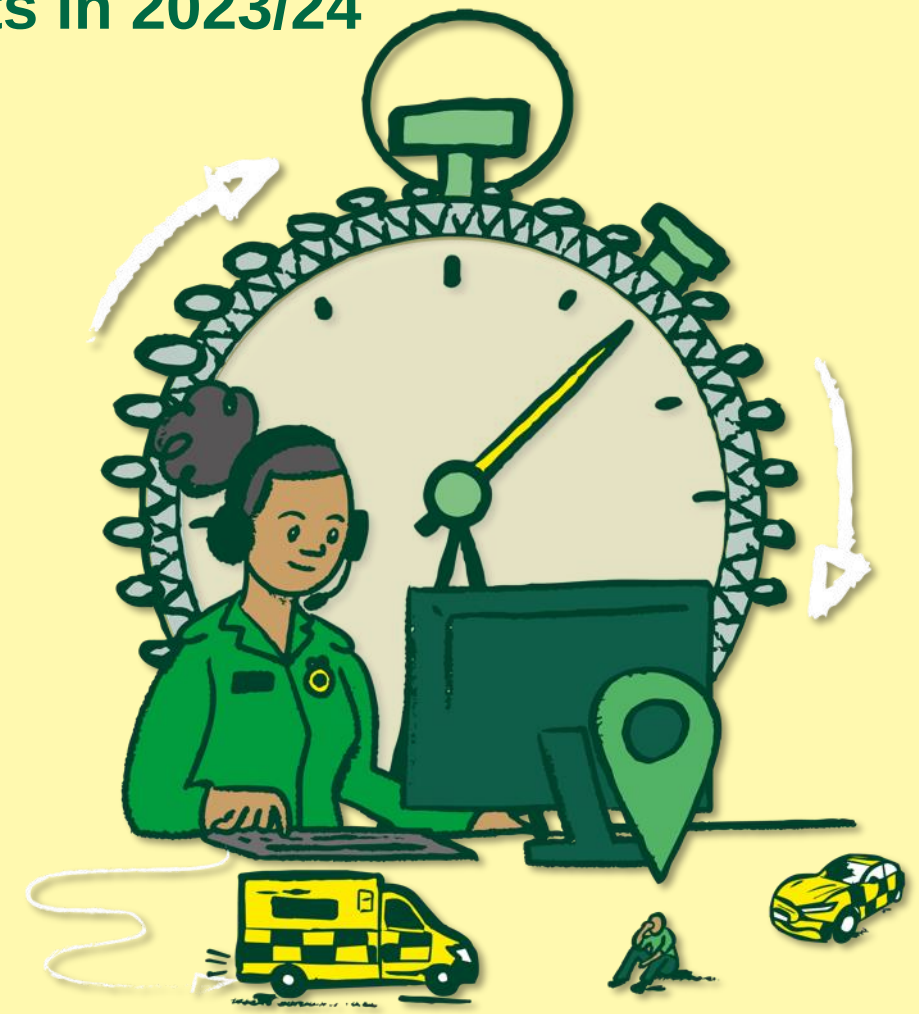
3 Using our unique pan-London position to contribute to improving the health of the capital.

- A system leader and partner
- Proactive on making London healthier
- Green and sustainable for the future

1 Mission 1: Delivering Outstanding Emergency and Urgent Care

Progress in delivering on our commitments in 2023/24

- **Reduced 999 response times for Category 1 calls** by 40 seconds and Category 2 calls by 9 minutes.
- **999 call answering** was on average 52 seconds faster than the previous year.
- **Awarded the National Ambulance Resilience Unit contract**, expanding LAS's role in training and equipping ambulance services across England for complex incidents.
- **Secured North Central London 111 contract**, making LAS a pan-London provider for NHS 111 services. This new service has improved patient access to timely assessments and alternative care pathways.



2 Mission 2: Building an Inclusive and Skilled Organisation

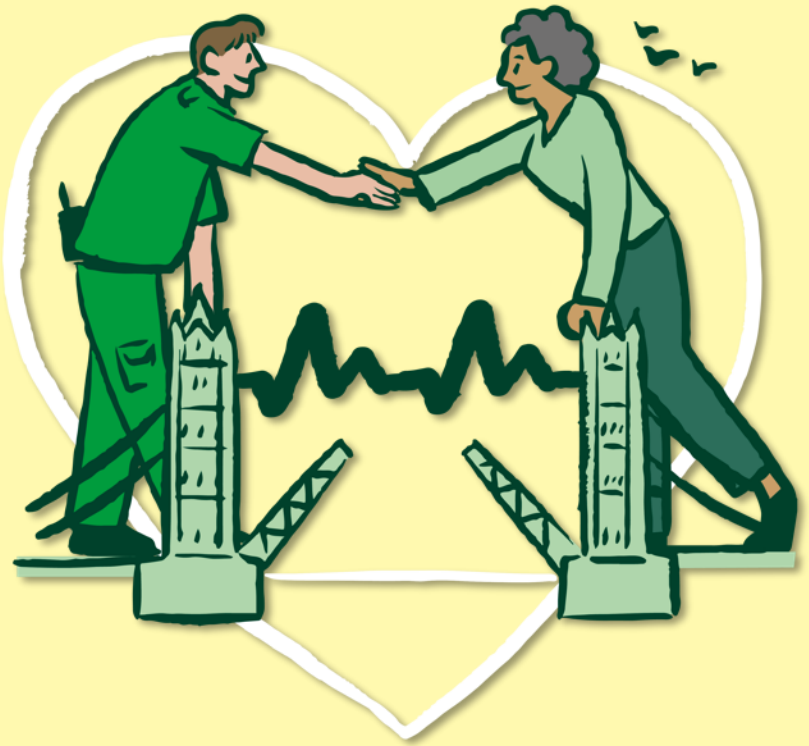
Progress in delivering on our commitments in 2023/24

- **Increased staffing levels**: Recruited a total of 1,500 new staff reaching unprecedented staffing levels.
- **Equality, Diversity, and Inclusion (EDI)**: Rolled out EDI training to 4,500 staff, including senior leaders, to foster a more inclusive culture.
- **Teams-based working**: Implemented teams-based working across all ambulance stations, promoting a supportive and collaborative working environment.
- **Investment in infrastructure**: Invested £35 million in estates, IT, vehicles, and medical equipment to provide staff with the necessary tools and resources to perform their duties effectively.

3 Mission 3: Contributing to the Health of London

Progress in delivering on our commitments in 2023/24

- **London Living Wage employer:** Confirmed as a London Living Wage employer, bringing key support roles, such as the Make Ready team and cleaners, in-house to ensure fair wages and job security.
- **CPR training expansion:** Trained over 10,000 people in life-saving CPR skills through the ‘London Lifesavers’ campaign, exceeding the target of 7,000.
- **Integrated Care Systems (ICS) model**: Developed an ICS Operating Model to enhance LAS's contribution to London's five Integrated Care Systems (ICSs) through better data use and coordinated engagement.



- **Sustainability initiatives**: Reduced carbon emissions by 5% and built the largest electric vehicle fleet of any ambulance service, demonstrating a commitment to environmental sustainability.
- **General Practice Support Service**: Successfully piloted a new service where LAS staff assist with phone answering and patient navigation for urgent primary care needs, reducing system pressures and improving patient care across London.

London Ambulance Service
NHS Trust

2023/24 Quality Account

Pauline Cranmer/Dr Fenella Wrigley MBE

Chief Paramedic/Deputy Chief Executive and Chief Medical Officer

We are the capital's emergency and urgent care responders

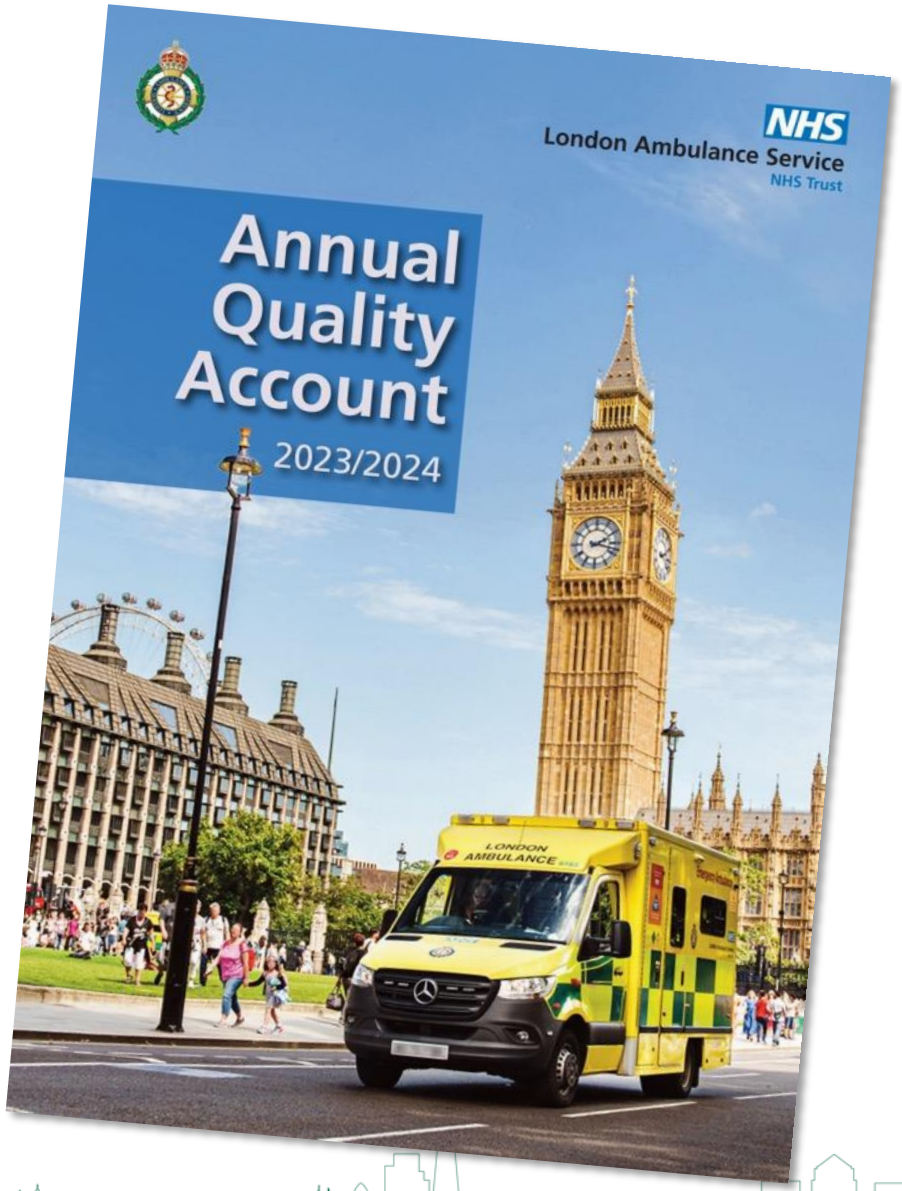
Background

London Ambulance Service NHS Trust is required under the Health Act 2009 and National Health Service Regulations to prepare Quality Accounts for each financial year.

The Quality Account must include:

- Looking Back: Our progress on our Quality Priorities for 2023/24
- Looking Forward: Our Quality Priorities for 2024/25

We also wanted to use the Quality Account as an opportunity to showcase the several programmes of work that was undertaken in 2023/24 to improve the quality of our services.



Looking Back:
Our progress on our Quality Priorities for 2023/24

These priorities were developed based on:

- Our business plan
- Our strategy
- Feedback from our stakeholders
- Internal sources of quality intelligence

This was an ambitious programme of improvement, and we have made progress and demonstrated improvement against all of these priorities.

Quality Priority	Key Performance Indicator (KPI)	Status
Cardiac Arrest Management	Improve Return of Spontaneous Circulation rates to 31%	Complete
	Deliver resuscitation update training to 85% of staff	Complete
Care After a Fall	Increase Urgent Community Response (UCR) provision to 10 cars	Partially complete
	Deliver spinal immobilisation update training to 85% of staff	Partially complete
Hear & Treat	Implement Clinical Guardian across 111 & 999	Complete
	Implement Category 2 Segmentation Programme	Complete
Reducing Delays	Achieve a ≤30 minute C2 mean in line with trajectory	Partially complete
	Achieve a ≤10 second call answering mean in line with trajectory	Partially complete
Infection Prevention and Control (IPC)	Achieve 90% hand hygiene audit compliance	Complete
	Implement audit software replacement	Complete

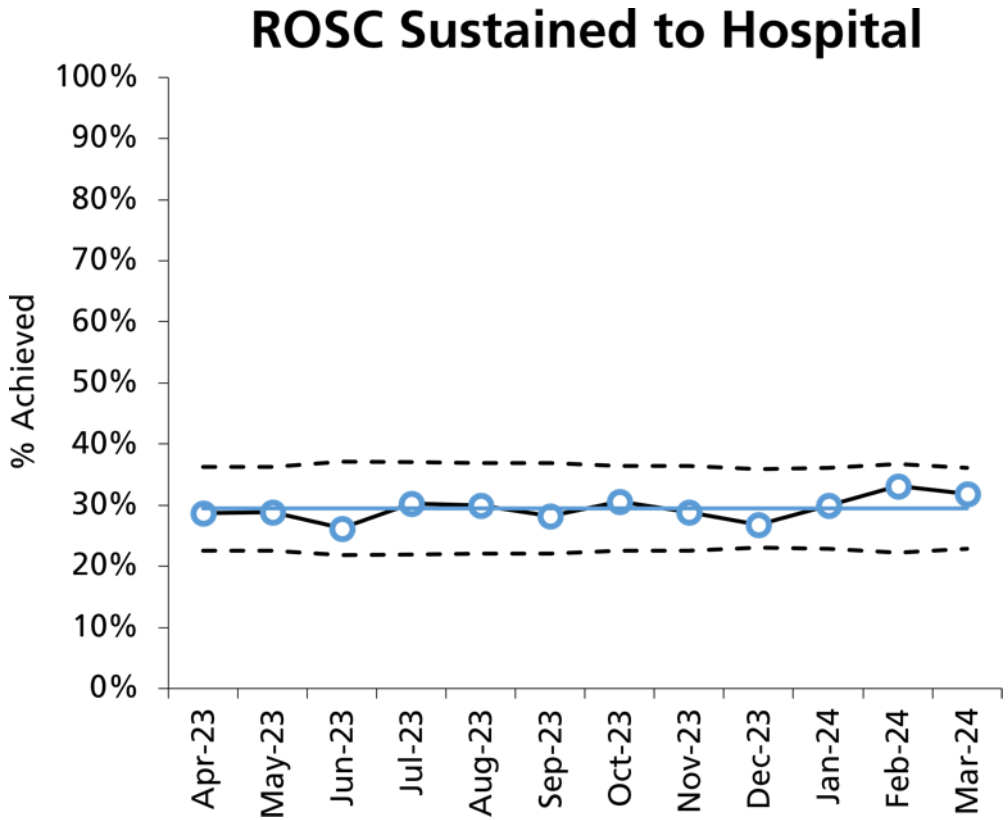
Cardiac Arrest Care Management

Aim:

To improve Return of Spontaneous Circulation Rates (ROSC) to 31%. Deliver resuscitation (adult and child) update training to 85% of ambulance clinicians.

Outcomes:

- In February 2024 & March 2024 our ROSC rate was **33%** and **32%** respectively.
- Reduction in variation in ROSC rates, reflecting better and more consistent care provision for our patients.
- Improvement in delivery of the ROSC care bundle.
- **1600** children trained in the first 6 months of the London Life Saver Schools Program.
- **92%** of ambulance clinicians trained in all areas.



Care after a fall

Aim:

Increase Urgent Community Response (UCR) provision to 10 cars.
Deliver spinal immobilisation update training to 85% of staff

Outcomes:

- **9** UCR Cars operationalised
- **10,320** patients have benefited *(as at the end of March 2024)*
- Enables between **65%** and **75%** of people seen to remain at home, avoiding an attendance at an emergency department and/ or admission to hospital
- Training delivery commenced in October 2023, a little later than planned and as a result, we fell below the 85% target, concluding the year at **75%** compliance.

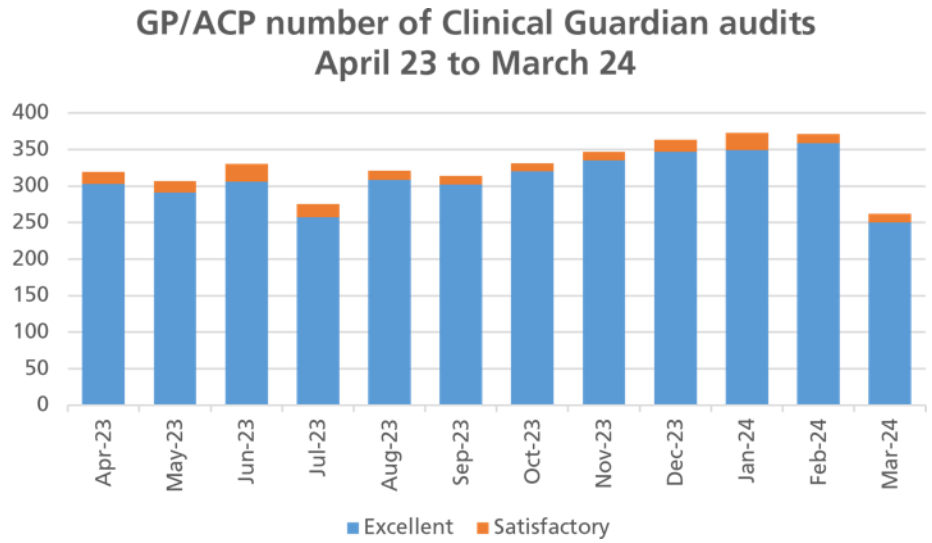
"Absolutely outstanding service. Highly professional and reassuring attitude. Both operatives were reassuring, efficient and sympathetic and I felt totally reassured and relieved. I cannot commend them highly enough they were marvellous. Thank you."

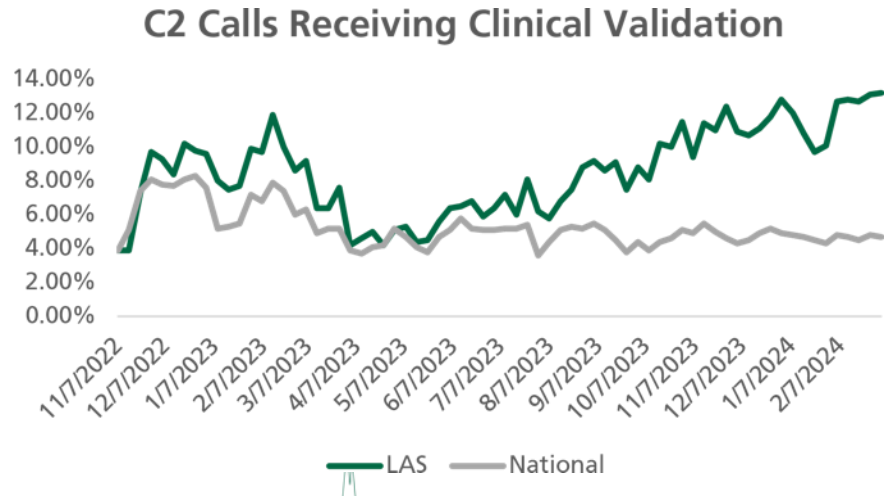
Hear and Treat Consultations

Aim: *Implement Clinical Guardian across 111 & 999 and implement Category 2 Segmentation Programme*

Outcomes:

- Clinical Guardian has been **fully implemented** in our 111 and urgent clinical advice service for consultations.
- Clinical Guardian has also been implemented in the clinical hub, and is used for all Manchester Triage System consultations where Adastra is utilised.
- Ability to track clinician outcomes more effectively, with high quality audits and learning optimising the safety of our CAS.
- Category 2 Segmentation Programme has been **fully implemented**.
- **40%** of the total number of C2 calls received are eligible for clinical navigation. Of these, **13%** receive clinical validation (4.9% nationally) of which an average of **44%** of patients are safely cared for via alternative care pathways.
- In operational terms, through the optimisation of our C2 segmentation model, around **1,300** additional DCA hours each week are being made available to respond to our sickest patients.



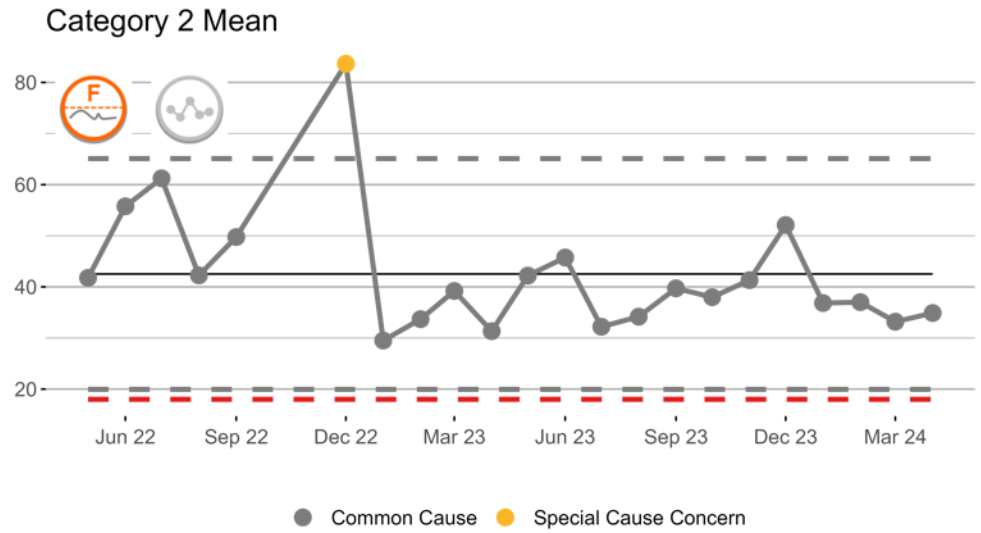


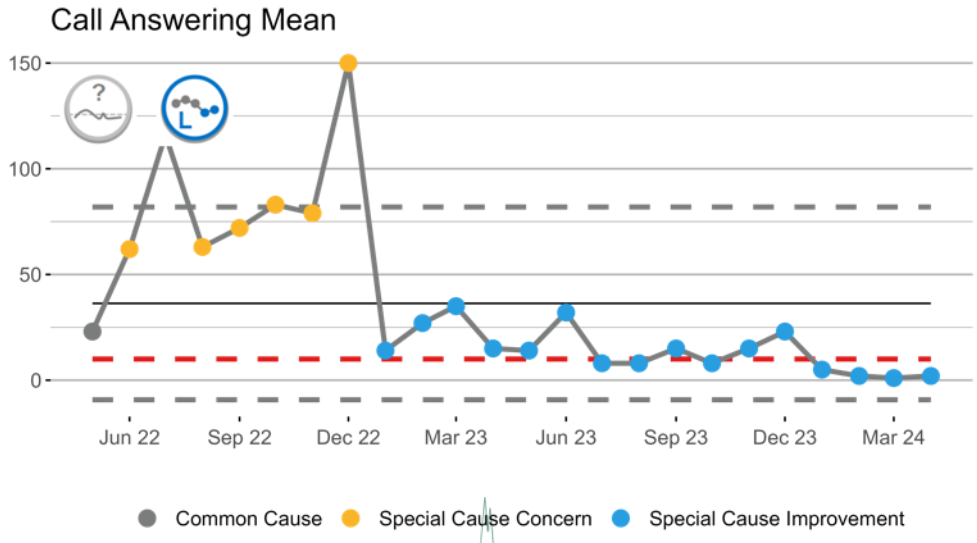
Reducing Delays

Aim: *Achieve a ≤30 minute C2 mean and achieve* a ≤10 second call answering mean in line with trajectory

Outcomes:

- We concluded the year with a mean response time of **38 minutes and 39 seconds**.
- Implemented a new incentive structure to support production at times of greatest need and to match our fleet availability.
- Allocated improvement trajectories for all station groups, to maintain local ownership and focus on this improvement priority.
- Implemented a 45 minute handover process in partnership with acute hospital trusts across London
- A sustained improvement in our category two response times when compared to last year.
- We concluded the year with a mean response time of **12 seconds**, a significant improvement on our 22/23 average of 64 seconds.



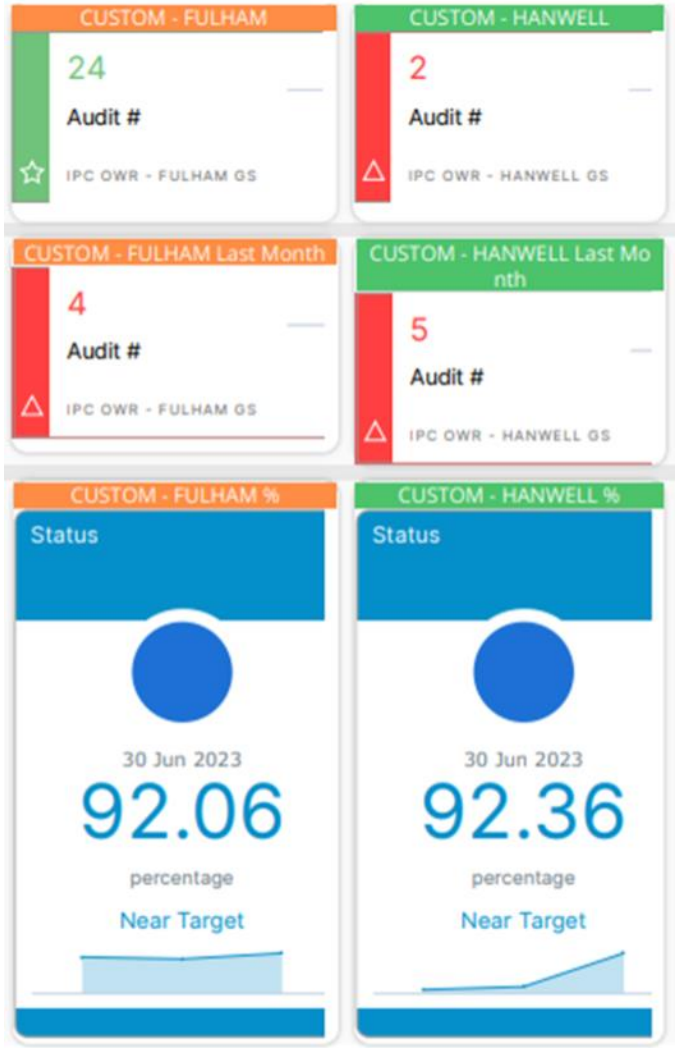


Infection, Prevention and Control

Aim: Achieve 90% hand hygiene audit compliance and implement audit software replacement

Outcomes:

- The overall annual compliance rate for the Trust was **97%**.
- **4,014** Hand Hygiene audits were submitted in 2023/24.
- This year we implemented a new audit software solution, which has been fully aligned to our IPC audit plan and has a user friendly single sign on (SSO).
- This software solution has enabled the Trust to complete more accurate audits which has led to better audit actions with a higher impact on the areas that matter.
- The system triangulates our audit results with CQC self-assessments enabling the Trust to achieve our broader continuous improvement ambitions.



Looking Forward: Our Quality Priorities for 2024/25

In identifying our priorities, we have considered :

- Progress against the 2023/24 quality priorities
- Quality and performance metrics
- Business plans and strategic commitments
- What matters to our staff, patients and the communities we serve.

These quality priorities are monitored through the Quality Improvement Programme Board on a monthly basis.

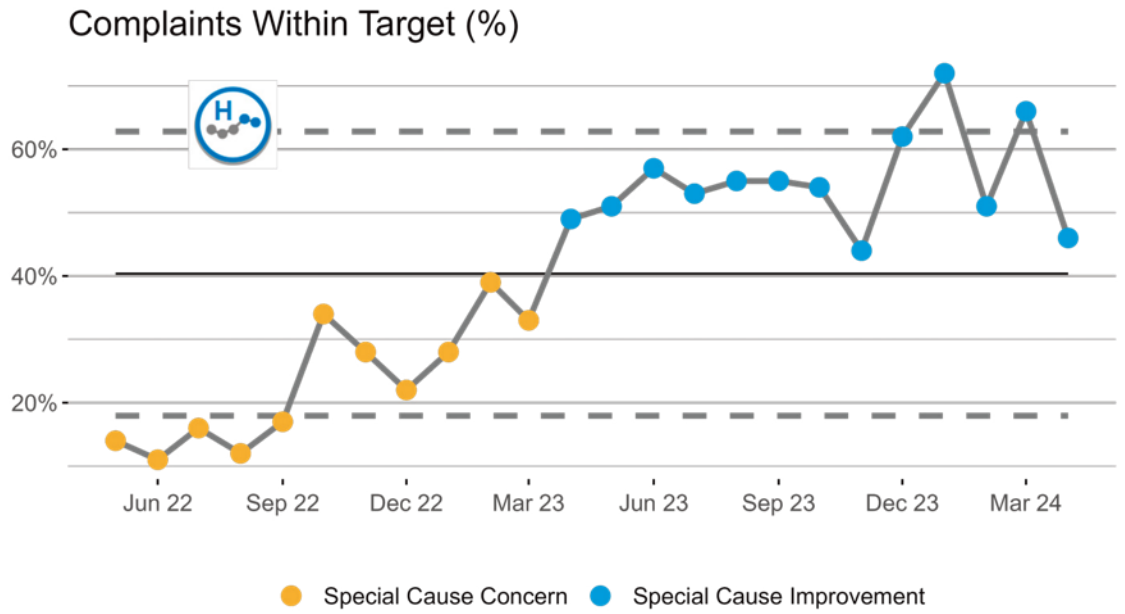
Theme	Quality Priority
Improving efficiency	Implement the Future Dispatch Model in all five of our operational sectors
	Ensure that 95% of category three and four ambulance dispositions are validated prior to dispatch
	Reduce the time that ambulances are out-of-service by 2%
Feedback and learning	Implement learning from after action reviews and inquiries, following significant and major incidents
	Implement a strategic partnership for developing improvement capability and capacity, and deliver the Trust's first rapid process improvement workshop (RPIW) using LASImprove methods
Improving outcomes	Reduce the time taken to match locations for 999 calls to less than 80 seconds
	Improve delivery of the ST segment elevation myocardial infarction care bundle to 80% compliance
	Gather and take action on patient feedback from people impacted by health inequality, starting with patients with sickle cell disease and new mothers from Black and ethnic minority backgrounds
Reducing delays	Improve our category two response time in comparison with last financial year
	Complete a quality improvement project aiming to reduce long waits for category one and two patients
	Ensure 75% of patients in P1, P2 and P3 priorities commence a clinical assessment within the commissioned timeframe

Part 3 – Quality and Improvement

Throughout 2023/24 we undertook several programmes of improvement work aiming to improve the quality of our services:

- Teams-Based Working in Ambulance Operations
- Mini Make Ready Hubs
- Patient Experiences Improvement Project
- Inaugural Quality Improvement Conference
- Tackling Discrimination & Promoting Inclusivity
- Graduate paramedics from Cumbria
- Stroke Care
- Fixing The Basics

In recognising the progress we have made during the last year, we would like to take this opportunity to publicly thank all our staff, volunteers, partner agencies and system partners, who have and continue to work incredibly hard in delivering high quality emergency and urgent care to the people of London.



London Ambulance Service
NHS Trust

2023/24 Annual Accounts

Rakesh Patel

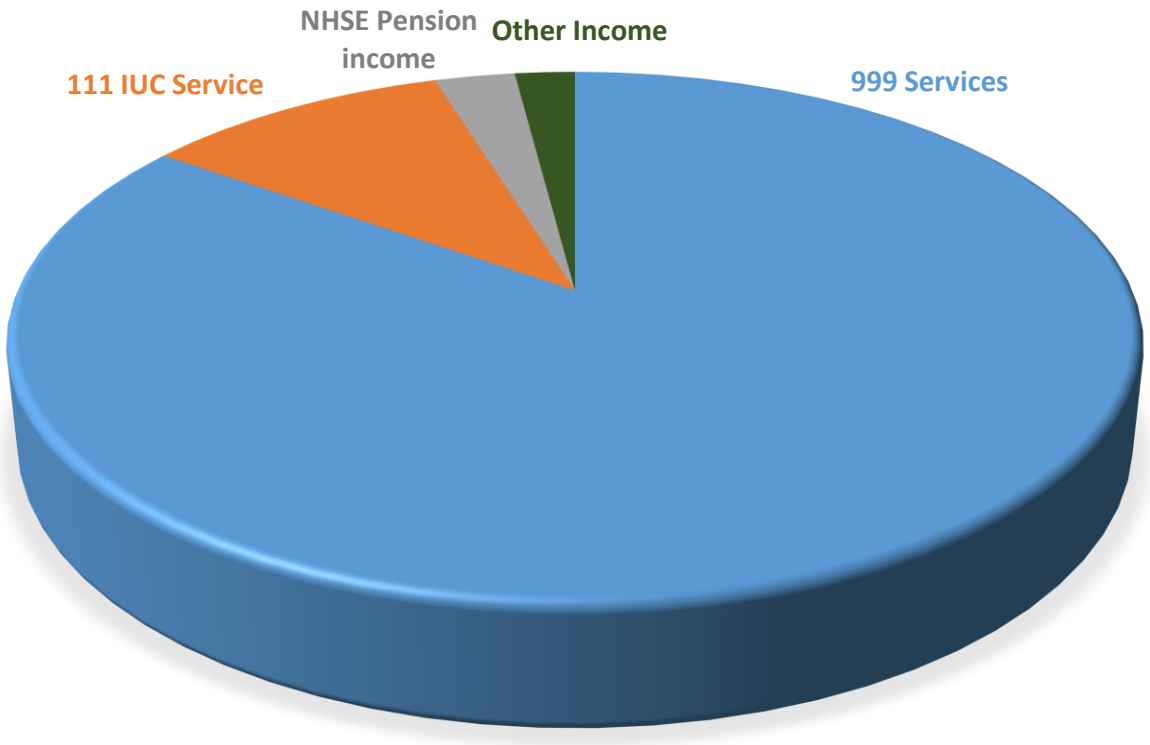
Deputy Chief Executive and Chief Financial Officer

We are the capital's emergency and urgent care responders

Financial Targets 2023/24

Duty	Target	Outcome	
Breakeven	*breakeven*	£0.2m *surplus*	✓
Capital Resourcing Limit (CRL)	£34.9m	£34.9m	✓
External Financing Limit (EFL)	£-0.9m	£4.1m *Better than target*	✓
Better Payment Practice Code (non-NHS) – volume	95%	89.2%	
Better Payment Practice Code (non-NHS) – value	95%	94.6%	

Income 2023/24



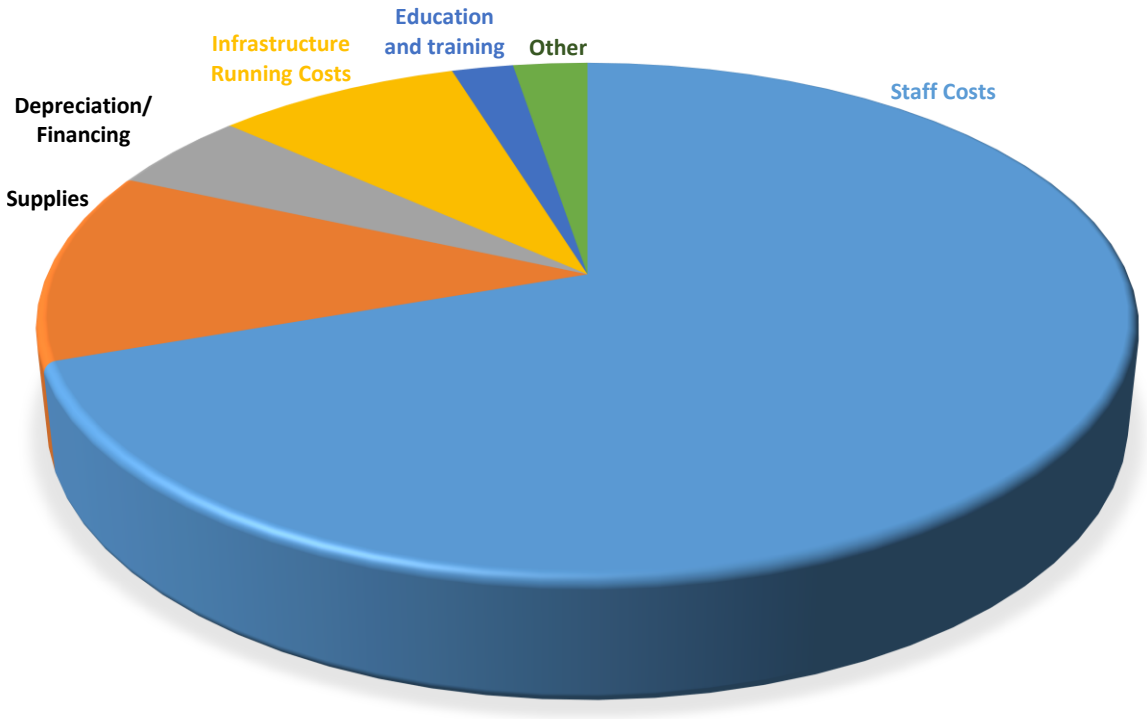
Total income: £688.6m

(up by £42.4m compared to 2022/23)

Highlights include:

- 999 Service Income was **£584.1m**
- 111 Service Income was **£71.8m**
- Notional pension contributions income from NHSE to fund 6.3% increase in pension costs was **£18.7m**.
- Other Income **£14.0m** includes: specialist response income, education and training, commercial income and staff secondment recharges.

Expenditure 2023/24



Total expenditure: £688.4m

(up by £42.3m compared to 2022/23)

Highlights include:

- **Pay expenditure was £479.2m, an** 8.3% increase compared to the last year. This includes:
  - **£391.1m** on frontline and contact centre staff and
  - **£88.1m** on Corporate and support staff

- **Non Pay Operating expenditure was £209.2m,** 2.7% higher than last year over a wide range of categories including:

  - **£83.0m** on general and clinical supplies and drugs
  - **£34.4m** on PDC dividends, depreciation, amortisation, financing costs
  - **£59.1m** on Infrastructure costs running our premises and ambulance and vehicle fleet
  - **£14.8m** education and training costs
  - **£17.9m** other costs

Capital Investment 2022/23 and 2023/24

2023/24 capital spend of £37.0m

Modernisation and replacement of vehicles (£20.7m)

Estates modernisation including new 111 centre in Croydon (£12.8m)

IT investment in digital programmes (£3.5m)

2024/25 capital funding of £53.3m has been agreed

Further investment in Fleet, including replacement DCAs and medical equipment (£20.3m)

Estate – expansion and lease renewals (£30.6m)

Further digital & IT development (£2.4m)

Looking ahead into 2024/25

- Income contracts are in place with our commissioners
- Income is planned to be £700.0m
- Planning to breakeven
- Planning efficiencies of £30.0m
- Continuing to invest in capital (£53.3m)

London Ambulance Service
NHS Trust

Workforce Race Equality Standard, Workforce Disability Equality Standard and Pay Gaps

LAS Reports and Action Plans – 2023/24

We are the capital's emergency and urgent care responders

Context

The LAS strategy 2023-2028 sets out the mission that LAS will be an increasingly inclusive, well-led and highly skilled organisation people are proud to work for. To achieve the work set out in the LAS strategy, we have developed three EDI objectives which will stay in place until 2028 and will contribute to the delivery of our vision and goals.

OBJECTIVE 1	Foster proactively a diverse and open culture with an equitable working environment, including through staff training on discrimination and impactful staff networks.
OBJECTIVE 2	Make measurable improvement in attracting and retaining a workforce that represents London, reaching out to relevant communities and helping staff to build great careers.
OBJECTIVE 3	Generate clear leadership accountability for action based on good management data and staff feedback, including compliance with legislation and equality standards.

Our EDI objectives will be delivered by a new dedicated EDI team which will allow the Trust to dedicate full time resource to carry out the work required to achieve our objectives over the next few years.

To focus on the delivery of our EDI programme, five business plan commitments were made

LAS business plan commitments 2024-25

LAS business plan commitments 2024 – 2025	
BPC	1. Increase by 10% the proportion of applicants from an ethnic minority background to jobs in ambulance operations and 999, agreeing and implementing an action plan which will include implementation of a new call handler to associate ambulance practitioner recruitment programme.
BPC	2. Continue strengthening staff networks, agreeing plans so they deliver a proactive agenda and grow their total membership by 20 per cent.
BPC	3. Improve the likelihood (currently 2x less likely) of ethnic minority candidates being successful at interview stage, by supporting the career advancement of colleagues.
BPC	4. Improve the proportion of disabled colleagues who say in the NHS staff survey that reasonable adjustments were made and reduce the number of concerns raised on this topic.
BPC	5. Develop and deliver an improvement plan against the six Equality, Diversity and Inclusion high impact actions with specific focus on all leaders to be held accountable for reducing discrimination and creating an inclusive LAS.

NHS EDI high impact actions

- **HIA1: Measurable objectives on EDI for Chairs, Chief Executives and Board members**
- **HIA2: Overhaul recruitment processes and embed talent management processes**
- **HIA3: Eliminate total pay gaps with respect to race, disability and gender**
- **HIA4: Address Health Inequalities within the workforce**
- **HIA5: Comprehensive induction and on-boarding programmes for international recruited staff**
- **HIA6: Eliminate conditions and environment in which bullying, harassment and physical violence occurs**

Our key actions in 2023/24

- Increased **diversity in LAS recruitment**, particularly for people from an ethnic minority background
- Established an Independent Panel Member programme to **de-bias our recruitment processes**, from selection to interview
- Conducted a **deep dive on our disciplinary process** in response to WRES indicator 3
- Developed and delivered **EDI training packages** to new clinical team managers
- Developed and shared an anti-discrimination statement and anti-racism charter to sit alongside our sexual safety charter, reinforcing our commitment to a **zero tolerance approach towards bullying, harassment and abuse**
- Developed a ‘Stepping up Support Package’ to **support staff from an ethnic minority background to develop skills** within the Trust
- Established a **reasonable adjustments policy and process**, managed through a centralised budget
- Established programmes to **support ethnic minority staff to progress to leadership roles**

Workforce Race Equality Report (WRES)

Key findings

Metrics 1-4 and 9 are a snapshot of our **workforce data** from 31 March 2024, while Metrics 5-8 are taken from the **NHS Staff Survey**, conducted in Autumn 2023.

1. Staff Representation

of our workforce has identified themselves as an ethnic minority

Ethnic minority

White

2. Shortlisting

White applicants are

2.0X

more likely to be appointed from shortlisting

3. Disciplinary

Ethnic minority colleagues are

2.0X

more likely to enter the formal disciplinary process

4. Training

White applicants are

1.22X

more likely to be access non-mandatory training and CPD

5. Bullying from public

42.0%

of ethnic minority colleagues reported experiencing harassment, bullying or abuse from the public

6. Bullying from staff

24.0%

of ethnic minority colleagues reported experiencing harassment, bullying or abuse from colleagues

7. Progression

47.5%

of ethnic minority colleagues believe the Trust provides equal opportunities for career progression and promotion

8. Discrimination

15.6%

of ethnic minority colleagues experienced discrimination from their manager or colleagues

9. Trust Board

31%

of our Trust Board (voting membership) are from an ethnic minority background

We are the capital's emergency and urgent care responders

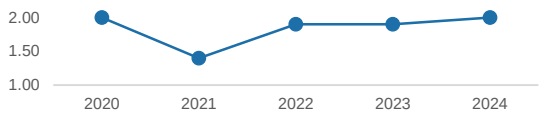
Comparisons

Metrics 1-4 and 9 are a snapshot of our **workforce data** from 31 March 2024, while Metrics 5-8 are taken from the **NHS Staff Survey**, conducted in Autumn 2023.

1. Staff Representation

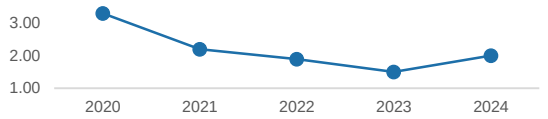
Last year (2023): 21% This year (2024): 24%

2. Shortlisting



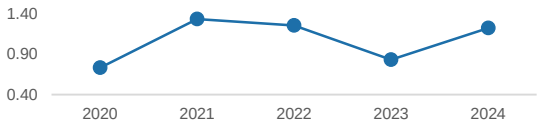
Last year (2023): 1.9 This year (2024): 2.0

3. Disciplinary



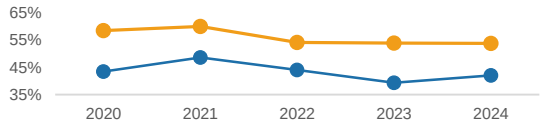
Last year (2023): 1.5 This year (2024): 2.0

4. Training



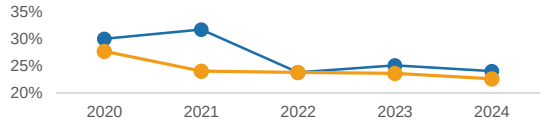
Last year (2023): 0.83 This year (2024): 1.22

5. Bullying from public



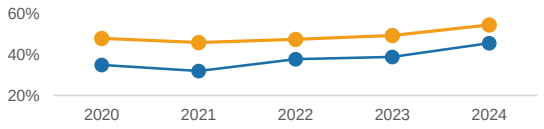
Last year (2023): 39.3% This year (2024): 42%

6. Bullying from staff



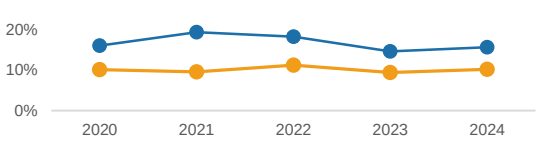
Last year (2023): 25.1% This year (2024): 24%

7. Progression



Last year (2023): 38.9% This year (2024): 45.7%

8. Discrimination



Last year (2023): 14.6% This year (2024): 15.6%

9. Trust Board

Last year (2023): 29% This year (2024): 31%

Summary of WRES action plan

Desired outcome	Actions	WRES Indicator(s)
Wider organisation inclusion culture shift, driven from leadership to all aspects of the Trust	• Establish data-led accountability and objectives for all executive and extended leadership • Deliver targeted workshops and training to all staff, particularly managers • Asserting firm organisational commitments through the Anti-Racism Charter and Anti-Discrimination Statement • Continue to grow effective Staff Networks and identify Inclusion Ambassadors across the Trust	3, 4, 5, 6, 7, 8 and 9
Recruiting fairly and closing the gap between ethnic minority and white applicants	• Deliver proactive positive action initiatives to review, identify and change interview processes where barriers are identified • Roll-out of the 'Stepping up Support Package' and diverse support offer for ethnic minority staff • Ensure Independent Panel Members challenge ethnicity bias • Report on the Ethnicity Pay Gap for the first time	1, 2, 7, 8 and 9
Reaching ethnic minority communities in ways that work	• Deliver targeted recruitment events in areas of high diversity, including recruitment fairs (LAS Fest), faith-organised events and joint partner events with LFB and MPS • Improve the LAS brand to create accessible and engaging communications for target communities • Create diverse marketing materials, including artwork on ambulances	1, 2, 7, 8 and 9
Removal of structural barriers for ethnically diverse communities in to paramedicine	• Develop and deliver targeted programmes and create internal pathways for a diverse talent pipeline • Develop apprenticeship programmes to target diverse Londoners • Work with universities in diversifying intake and exploring bursary schemes to incentivise ethnic minority communities	1, 2 and 7
Ending the disparity between ethnic minority staff being entered in to a disciplinary process	• Conduct a deep dive in to disciplinary cases • Introducing new measures to promote consistency across the disciplinary process • Improve recording of discrimination and disciplinary cases through the Freedom to Speak Up App InPhase'. • Deliver training and raise awareness of use of charters as part of disciplinary process	3

Workforce Disability Equality Report (WDES)

Key findings

Metrics 1-3 and 10 are a snapshot of our **workforce data** from 31 March 2024, while Metrics 4-9 are taken from the **NHS Staff Survey**, conducted in Autumn 2023.

1. Staff Representation

of our workforce has identified themselves as disabled

Disabled

Non-disabled

2. Shortlisting

Non-disabled applicants are

0.84X

more likely to be appointed from shortlisting

3. Disciplinary

Fewer than 10 disabled

<10

colleagues entered the formal capability process

4a. i) Bullying from public

60.1%

of disabled colleagues experiencing harassment, bullying or abuse from the public

4a. ii) From managers

18.2%

of disabled colleagues experiencing harassment, bullying or abuse from managers

4a. iii) From staff

23.2%

of disabled colleagues experiencing harassment, bullying or abuse from colleagues

4b. Bullying reported

44.9%

of disabled colleagues reported experiencing harassment, bullying or abuse

5. Progression

46.9%

of disabled colleagues believe the Trust provides equal opportunities for promotion

6. Presenteeism

30.2%

of disabled colleagues feel pressured to come to work when not feeling well enough

7. Feeling valued

24.5%

of disabled colleagues feel valued by the organisation

8. Reasonable Adjustments

64.0%

of disabled colleagues say reasonable adjustments were made

9. Staff Engagement

The 0-10 staff engagement score for disabled colleagues is

5.7

10. Trust Board

0%

of our Trust Board (voting membership) are disabled

We are the capital's emergency and urgent care responders

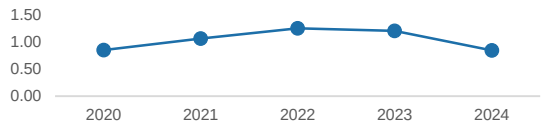
Comparisons

Metrics 1-3 and 10 are a snapshot of our **workforce data** from 31 March 2024, while Metrics 4-9 are taken from the **NHS Staff Survey**, conducted in Autumn 2023.

1. Staff Representation

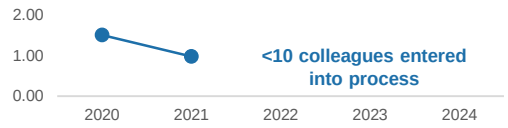
Last year (2023): 8% This year (2024): 10%

2. Shortlisting



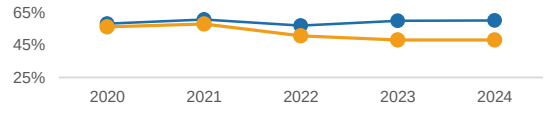
Last year (2023): 1.2 This year (2024): 0.84

3. Disciplinary



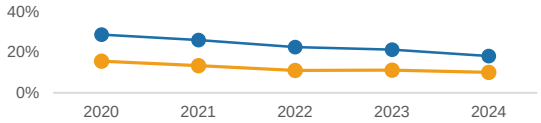
Last year (2023): <10 This year (2024): <10

4a. i) Bullying from public



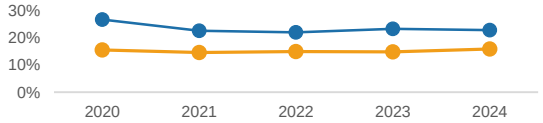
Last year (2023): 59.8% This year (2024): 60.1%

4a. ii) From managers



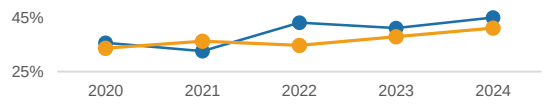
Last year (2023): 21.3% This year (2024): 18.2%

4a. iii) From staff



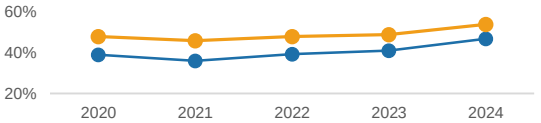
Last year (2023): 23.4% This year (2024): 23.2%

4b. Bullying reported



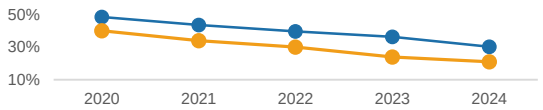
Last year (2023): 41% This year (2024): 44.9%

5. Progression



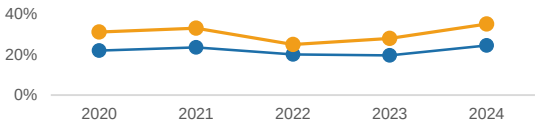
Last year (2023): 41.1% This year (2024): 46.9%

6. Presenteeism



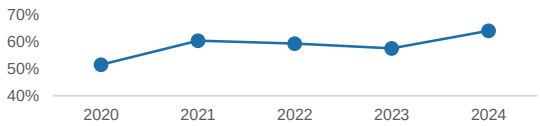
Last year (2023): 36.3% This year (2024): 30.2%

7. Feeling valued



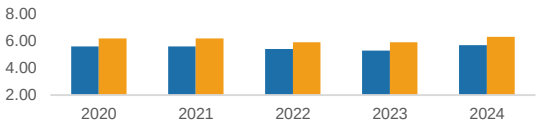
Last year (2023): 19.5% This year (2024): 24.5%

8. Reasonable Adjustments



Last year (2023): 57.5% This year (2024): 64%

9. Staff Engagement



Last year (2023): 5.3 This year (2024): 5.7

10. Trust Board

Last year (2023): 0%
This year (2024): 0%

Summary of WDES action plan

Desired outcome	Actions	WDES Indicator(s)
Continue focus on ensuring our recruitment and selection processes are inclusive and unbiased	• Ensure Independent Panel Member programme includes challenge for disability bias • Report on the Disability Pay Gap for the first time • Work to become a Disability Confident Employer (Level 2) • Improve disability representation in CTM recruitment	1, 2 and 5
Improve the quality, collection and analysis of our workforce data on all protected characteristics for staff	• Teams to create time to access ESR to complete equality data in areas where gaps are greatest, for example through huddles • Re-run of 'Safe to Say' campaigns on regular basis	1 and 9
Increase the diversity balance, including disability, at Trust Board and ELG levels	• Explore barriers to progression in leadership roles for disabled staff • Ensure completeness of equality monitoring form for Board members	1, 2, 5 and 10
Managers equipped with having meaningful and compassionate conversations	• Develop data packs and action plans to drive improvement and accountability at team, department, directorate and executive levels • Develop a People Scorecard with representation to use in Feedback and Focus Reviews • EDI training sessions are integral to leadership learning programmes	3, 6 and 7
Tackle, prevent and challenge bullying, harassment and abuse against staff and create a culture of civility and respect	• Socialise anti-discrimination statement through engagement events and training • Deliver drop-in surgery sessions to give staff increased opportunities about discrimination • Support the use of body-worn video cameras to de-escalate incidents of violence and aggression towards staff • Conduct a deep dive with the EnAbled network to understand why disabled staff are disproportionately affected by violence and aggression from the public	4a
Disabled staff are engaged in the EDI agenda and empowered to challenge inappropriate behaviours	• Close working with EnAbled network for lived experience insight, including promoting awareness, supporting positive action initiatives, influence policies and provide input into matters concerning disability • Close working with Freedom to Speak Up colleagues to support staff in speaking up and challenging inappropriate behaviours	4b and 9
Staff who require reasonable adjustments are supported to be at work and managers are equipped to support them	• Develop and implement neurodiversity toolkit for managers • Develop reasonable adjustments process for procuring necessary equipment and programs for staff • Develop and deliver reasonable adjustments training to all managers • Reduced health inequalities for staff through health and wellbeing programme	6, 7 and 8

Gender, disability and ethnicity pay gap

Key findings

1. Gender pay gap

51%

of our workforce are women

For every £1 that male staff earn, female staff earn

95p

2. Disability pay gap

10%

of our workforce identified themselves as having a disability

For every £1 that non-disabled staff earn, disabled staff earn

99p

3. Ethnicity pay gap

24%

of our workforce are from an ethnic minority background

For every £1 that white staff earn, ethnically minoritised staff earn

85p

Summary of pay gap action plan

Objectives	Actions
Improve all pay gaps	Deliver targeted EDI workshops and training raising awareness of bias, increasing understanding and tools to ensure fairness Drive data led accountability with objectives set for all executive and extended leadership Deliver proactive positive action initiatives - review, identify and change interview process where barriers identified Continue roll-out of Independent Panel Members, supporting recruitment and selection processes Drive ongoing improvements in data collection and quality of data, running ‘Safe to Say’ campaign
Improve disability pay gap	Support staff with reasonable adjustments and are equipped to carry out duties, thrive and progress at work
Improve ethnicity pay gap	Roll-out Stepping Up Support Package and diverse support offer Conduct targeted recruitment, reaching ethnic minority communities in ways that work including improved communications
Improve gender pay gap	Deliver targeted positive action for women of colour programme, supporting with progression in to leadership roles Explore alternative work patterns that enable women to move in to senior/leadership roles and part time opportunities to support all Support women to undertake caring responsibilities in parallel to work and carers policy developed Review relevant policies with the gender balance lens Ensure uniforms support improved work experience for women

Summary - progress and challenges

Workforce Race Equality Standard

- We have made some improvements against **overall representation of staff from ethnic minority communities in the workforce, equal opportunities for career progression and promotion** and **representation of staff from ethnic minority communities on our Trust Board membership.**
- Our data shows deterioration against **likelihood of ethnic minority staff entering the formal disciplinary process compared to white staff, staff experiencing harassment, bullying or abuse from the public** and **staff accessing non-mandatory training and CPD.** We have additionally seen no significant change against **likelihood of ethnic minority staff being appointed from shortlisting, staff experiencing harassment, bullying or abuse from colleagues** and **staff experiencing discrimination from their manager or colleagues.**
- The results of our WRES data show that although some positive changes have happened, there is still a strong need for a more collective and concerted effort to eradicate differences between colleagues from an ethnic minority background and white colleagues.

Workforce Disability Equality Standard

- We have made some improvements against **overall representation of disabled staff in the workforce, likelihood of disabled staff being appointed from shortlisting** and **provision of reasonable adjustments.**
- Against all other indicators, our data shows improvement, however there has been no significant change in **staff entering the formal capability process, staff experiencing harassment, bullying or abuse from the public, staff experiencing harassment, bullying or abuse from colleagues** and **disabled staff representation on our Trust Board membership.**
- The results of our WDES data show there have been great strides to improve the experience for our disabled staff, however there remains a need to further eradicate differences between disabled and non-disabled colleagues across all levels of the Trust.

Gender, disability and ethnicity pay gaps

- The **gender pay gap is continuing to reduce** with the current gap being women earning 4.53p less per £1 when compared to men. There is a slight improvement in women in leadership positions too, though there is still a general underrepresentation.
- The **disability pay gap at LAS is relatively low**, with there being less than 1% difference in pay between colleagues with a disability and without a disability, but more work needs to be done to improve the balance of disabled staff across the different pay bands, particularly in leadership roles.
- The **ethnicity pay gap currently shows the highest discrepancy**, with staff from ethnic minority communities receiving on average 15p less per £1 than their white counterparts and the data shows this demographic sit disproportionately in the lower banded roles.

London Ambulance Service
NHS Trust

The WRES, WDES and pay gap reports for 2023/24 will be available on our website.

We are the capital's emergency and urgent care responders

London Ambulance Service
NHS Trust

Questions from the public

2023/24 Accountability Statements

1. CEO Overview

For Information

Presented by Daniel Elkeles

2. 2023/24 Annual Report and Accounts

For Information

Presented by Rakesh Patel

NHS
London Ambulance Service
NHS Trust

Annual Report & Accounts

2023/24

* This annual report references reductions in the response times for our patients, but we have noticed inconsistencies in the way this is reported. At points (on page 2, page 20 and page 23 and 26), we refer to a 13 minute reduction in our category two response times, and a one minute reduction in category one response times. It should read 9 minutes for category two and 39 seconds for category one. The table on page 25 presents the true calculation.

Contents

Chair and Chief Executive Foreword

A message from our Chief Executive Daniel Elkeles and Chairman Andy Trotter

It is a privilege to introduce the annual report and financial accounts for London Ambulance Service 2023/24. This report allows us to look back on the last financial year, reflect on the improvements we have made in caring for our patients and the strides we have taken in bolstering our workforce and improving the working lives of our teams.

The past year was exceptionally demanding, and our dedicated staff worked tirelessly provided care to the people of London whenever they needed us most. We answered more than four million calls (with 1,922,080 calls into our 999 services and 2,237,192 calls into our 111 services), provided care to 1,033,204 people face-to-face, at the scene, and treated more than 189,000 people over the phone.

During the year, our teams have helped to drive down the time it takes to reach our patients in their time of need, with our response times for our most critically unwell patients reducing by one minute, getting us within seconds of the national target for category 1 responses and a 13 minute reduction in the time it takes to get to those who may be experiencing a heart attack or stroke. This was made possible by a dedicated focus on recruiting additional frontline staff members, investing in our ambulance and emergency vehicle fleet, as well as crucially, rolling out a new initiative called 'teams-based working', which allows our crews and operational staff to work more closely together with more access to their line managers and to development opportunities.

But, there is more for us to do. While there is so much to be proud of for last year, we also faced challenges. Our services remained very busy, as did the NHS organisations around us, which can have an impact on the care we can provide. When GP surgeries are busy across the capital, we can experience an increase in demand as people try to access healthcare. When our London hospitals are busy and their A&E departments are seeing high numbers of very sick patients, it is harder for our crews to transfer the care of our patients to them. To mitigate the challenges, we have increased partnership working and pioneering approaches,

We are London Ambulance Service, and we are proud to be the capital's emergency and urgent responders. We hope that rings loud and clear through the pages of this annual report.

such as a new agreement with hospitals and integrated care systems across the capital to handover patient care at hospital within a maximum of 45 minutes. During the past year, we have also launched a new pilot in supporting a local GP service to answer their calls with trained professionals and help to book appointments or identify other NHS services most suitable for the patient. We are pleased to play our part in working as a whole health system to reduce these challenges.

But for all of our new ways of working and improvement initiatives, we know we can only provide outstanding care to the people of London if our staff are supported to thrive at work. In recent years, we have kept a dedicated focus on our culture, morale and values and are pleased to say that our staff reported record improvements to their working lives over the past year, including being more supported to develop in their career and a greater sense of teamwork, according to the year's annual NHS Staff Survey.

The latest survey shows more positive responses from #TeamLAS, with our highest ever response rate which was the highest of all providers in London and in 92% of all questions, with improved positivity in 90 of 97 question areas especially relating to teamwork and learning and development. Staff feedback also showed improvements in all questions relating to the NHS People Promise – the seven commitments launched nationally in 2021 that aim to improve the experience of working in the NHS for everyone. This includes being compassionate and inclusive, staff having a voice that counts, and teams being recognised and rewarding teams. You can see from the graphic below that our scores against all of the People Promises, as well as staff engagement and morale, are significantly higher than last year – we are absolutely thrilled to see that sea of green.

We are pleased to say that, in a busy and demanding environment, we ended the year as we had forecasted at a breakeven position. This represents strong financial management and a commitment to getting the best value for taxpayers' money, and you can read more about our finances below.

When you see the blue lights on our ambulances flashing by, or hear our sirens in the distance, you know instantly that we are urgently trying to get to someone to provide life-saving care and help in their moment of need. But we are so much more than that. Our incredible staff are working behind the scenes to make that all possible, 24 hours- a-day, seven-days-a-week – from the schedulers in charge of staff rotas to the reassuring expert knowledge of a call-handler, or the teams who help GP surgeries answer their calls promptly, to the mechanics who fix and maintain our vehicles, and many, many more.

Daniel Elkeles
CHIEF EXECUTIVE

Andy Trotter OBE QPM
CHAIRMAN

1. Performance Report

Performance overview

This section provides an overview of who we are and what we do; a review of our achievements and performance in 2023/24 and a summary of our objectives for the coming financial year.

About us

What we do, our visions, values and purpose

We are the capital's emergency and urgent care responders.

We are the largest ambulance service in the UK, serving the city's nine million residents as well as those who visit from other parts of the UK and abroad. We aim to deliver outstanding emergency and urgent care whenever and wherever needed for everyone in London, 24/7, 365 days a year.

Each year we receive more than two million emergency 999 calls and two million urgent 111 calls. We provide care to a million patients face-to-face at the scene and treat 180,000 people over the phone.

London Ambulance Service was created in 1965, and today we have over 10,000 people working, studying, and volunteering with us.

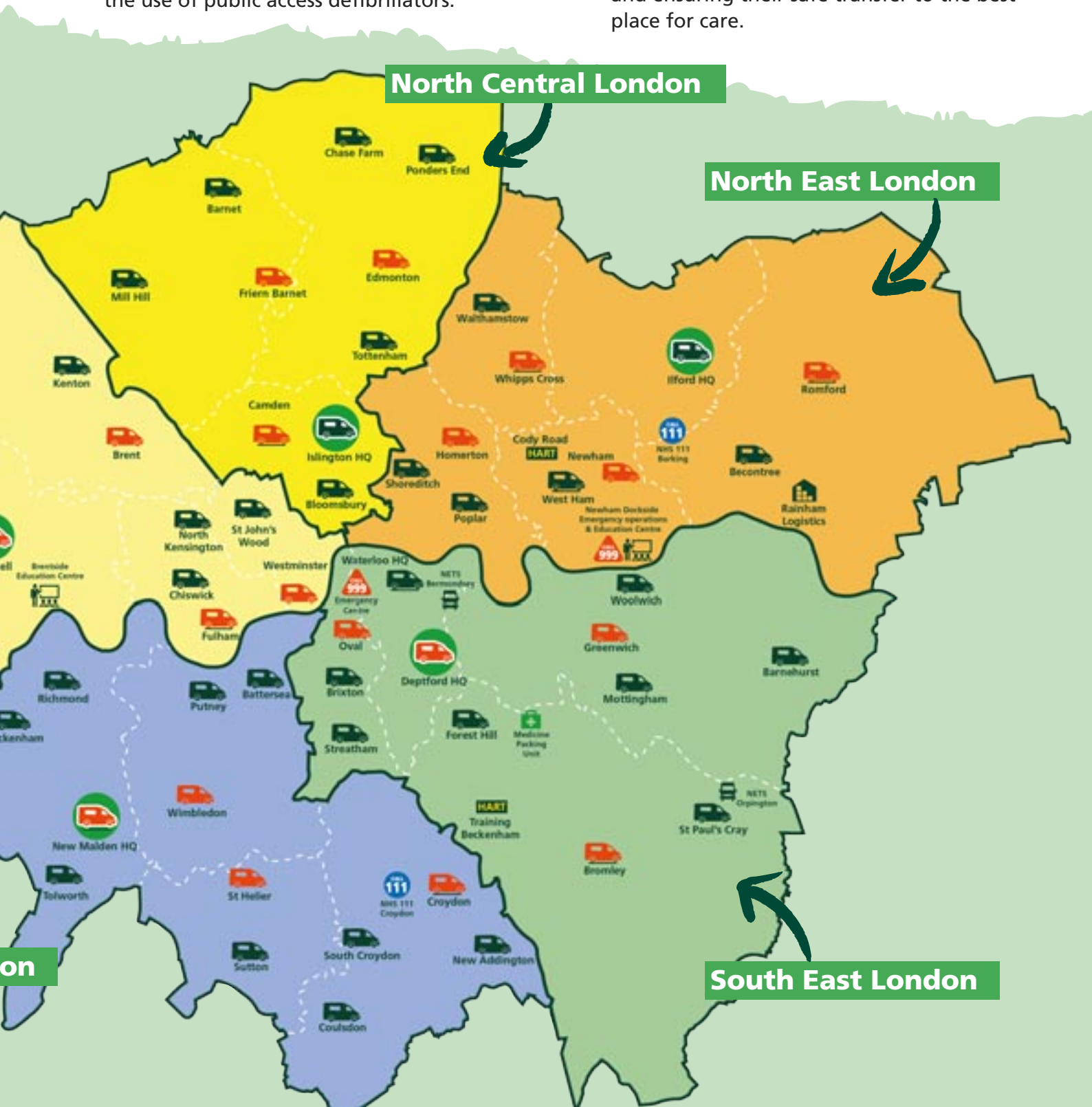
Our patient-facing workforce ranges from 999 and 111 call handlers to paramedics and other ambulance crews, as well as clinical specialists: nurses, midwives, mental health nurses, pharmacists, doctors, and advanced paramedics.

Behind the scenes are the mechanics keeping ambulances on the road, the vehicle preparation teams getting every ambulance clean and stocked, the warehouse staff ensuring we have the best equipment, the medicines packing and pharmacy

team providing our teams with the right drugs, plus all our housekeeping teams. Alongside this are vital support functions from human resources and finance to estates and communications.

Our other work includes:

- Planning for, and responding to, major and significant incidents (with our partners).
- Providing paramedics to work for London's Air Ambulance.
- Educating the public in life-saving skills and the use of public access defibrillators.
- Engaging with NHS partners, blue light services, local authorities, and the Mayor of London to encourage a healthier population and a safer London.
- Coordinating the Adult Critical Care Emergency Support Service (ACCESS), a pioneering specialist ambulance service for transporting critically-ill patients between hospitals that has been adopted as the model for the whole of London.
- Finding hospital beds for seriously ill patients and ensuring their safe transfer to the best place for care.




LONDON AM

Our values

Our LAS Values and Behaviours were created through conversations and feedback from thousands of our staff and volunteers across the London Ambulance Service. The result is a set of values and behaviours that are possible to put into practice every day so that together, we put Caring, Respect, and Teamwork at the heart of everything we do for Londoners.

We expect everyone who works at LAS to commit to our values, behaviours, and expectations.

Alongside our values, we have outlined our commitments to sexual safety, reducing violence and aggression, and promoting equality, diversity, and inclusion.

This Year in Numbers 2023/24

We treated
189,132
patients on scene or over the phone

We answered
1,922,080
calls in 999

We answered
2,237,192
calls in 111

Number of patients seen
1,033,204

1,500
additional people recruited and appointed
(Since 1 April 2023)

38%
of new recruits from black and minority ethnic (BME) backgrounds

580
vehicles

New, more environmentally friendly ambulances, and new cars joined our fleet

You can read more about further achievements in our strategy section below.

This year in awards

Our people have worked tirelessly over the last year in incredibly challenging circumstances and yet we have continued to innovate and inspire.

May 2023

Pioneering mental health joint response unit shortlisted for prestigious NHS Parliamentary Awards

The Trust's mental health joint response unit pairs a mental health professional with a paramedic to treat people experiencing a mental health crisis. Shortlisted for the prestigious NHS Parliamentary Awards, this unit tailors responses to patient needs, avoiding unnecessary hospital visits and has helped over 17,000 people since its expansion in January 2020. Ensuring equity of access to care is a key focus at LAS and, thanks to the expertise of this joint team, just 16% of patients experiencing a mental health crisis have needed to be taken to an emergency department (which we know is not always the best place of care for people with these conditions). The scheme has also benefited from close collaboration between LAS and mental health trusts to ensure the patient gets the right care in the right place, first time.

June 2023

John Martin, Chief Paramedic – King's Ambulance Service Medal

Our Chief Paramedic at the time, John Martin, was named as a recipient of His Majesty the King's Ambulance Service Medal for his distinguished service as part of the monarch's Birthday Honours. John helped LAS become the biggest apprentice provider in the NHS and spearheaded work to protect our staff from violence and aggression, including the installation of crew safety systems and body worn cameras.

July 2023

First LAS Cohort Graduated from the University of Cumbria's Paramedicine Course

45 students have graduated from this fully-funded program that started in 2021, aimed at making the path to becoming a paramedic more accessible and allowing clinicians who are already on the frontline to continue to work while they earn their degree. The degree programme runs alongside the successful Associate Ambulance Practitioner apprenticeship, which is a route to becoming an Emergency Medical Technician (EMT) without any prior medical qualifications. Following the apprenticeship, frontline workers can move onto the two-year degree course without pausing their careers.

August 2023

Shortlisted for the HSJ Awards' for the Trust of the year category

The Trust was shortlisted in the prestigious 'Trust of the Year' category at the national HSJ Awards, recognising our outstanding contribution to healthcare. Following a rigorous judging process, LAS made it to the final stage despite a record-breaking 1,456 entries. The Trust was recognised by judges for having "faced unprecedented demands and pressures head on" with a focus on patient outcomes and staff well-being.

September 2023

Who Cares Wins Award with The Sun '999 Hero'

Advanced Paramedic Kevin Cuddon and Incident Response Officer Chris Doyle received The Sun newspaper's '999 Hero' award alongside Dr Benjamin Marriage from London's Air Ambulance for their work to save a mother-of-two from a traumatic incident.

October 2023

Nigel Flanagan, King's Ambulance Service Medal

Paramedic Nigel received the prestigious King's Ambulance Service medal in the first Honours presented in King Charles' reign. He has been recognised for volunteering his free time to support London's communities on top of an already busy job, as well as for his exemplary clinical care. In 2009, Nigel set up Operation Christmas Present to make sure that children, sadly away from home on Christmas day, can wake up to a present.

October 2023

Sumithra Maheswaran, Chief Pharmacist, Innovation Champion at the 2023 ALF Awards

Sumithra was crowned Innovation Champion for outstanding work in spearheading the Medicines Modernisation Programme at LAS and improving patient safety by streamlining the way medications are stored, tracked, and accessed by our medical experts.

October 2023

Celebration of Service

London Ambulance Service honoured staff and volunteers who have each served the capital for over 20 years at a prestigious ceremony. A total of 187 staff were recognised for 20 years' service to the NHS, representing nearly 3,800 years of service. They were presented with either the Queen's Long Service and Good Conduct Medal or the London Ambulance Service Medallion by LAS Chief Executive Daniel Elkeles. The Medal is awarded to staff who have dedicated 20 years to emergency duties, responding to Londoners in need of urgent or emergency care.

Our LAS Awards 2023

October 2023

In October 2023 we held our first Our LAS Awards – an incredible evening held to celebrate the absolute best of London Ambulance Service recognising staff and volunteers who have gone above and beyond for our patients and their colleagues.

Excellence in Clinical Care Award:

Chelsea Thompson – Emergency Call Handler
Chelsea was awarded for her quick thinking and decisive actions during a complex 999 call that saved a patient's life during cardiac arrest.

Action on Health Inequality Award:

Claire Kirby – Assistant Ambulance Practitioner
Claire was recognised for advocating and educating staff about patients with varying levels of disabilities so they can provide better patient care to them and their families.

Champion of Equality, Diversity and Inclusion Award:

Daniel Phillips – Mental Health Paramedic Lead.
Daniel was honoured for his commitment to providing a safe and supportive environment to the LGBT+ community through his work on the LGBT+ network, developing the 'chemsex' resource for patients and rewriting the Trust's trans+ policy with the input of colleagues with lived experience.

Inclusive Leadership Award:

Carolyn Slater – Performance Manager for Make Ready Team
Carolyn exemplifies LAS values by providing unwavering support and inspiration to her team, encouraging consistently high performance.

Team of the Year Award:

Quality Compliance Team
Recognised for efficiently managing additional responsibilities and successfully implementing a new audit system across the trust during their manager's extended absence.

Outstanding Supporter Award:

Keith Plummer – Cycle Team Instructor
Honoured for his dedication to LAS Cycle Response Unit and the LAS as a whole over the past 20 years, sharing his wealth of knowledge on everything from sports to knife crime to pastoral care.

The Rising Star Award:

Teresa Agudo – Sustainability Manager
Teresa was recognised for her role in establishing and promoting the LAS sustainability programme across the trust, significantly raising awareness and engaging departments.

Improvement and Learning Award:

Joseph Chilton – General Manager, Clinical Hub.
Joseph was awarded for proactively managing rapidly changing information within Emergency Clinical Assessment Service enabling clinicians to make safe and appropriate decisions for their patients.

Our LAS Culture Award for an individual:

Andy Forrester – Workshop manager at West Ham.
Andy received the award for exceptional dedication and maintaining a positive attitude while managing challenging fleet operations, making him an unsung hero of the Service.

Our LAS Culture Award for a team:

Premises Cleaning Team
The team were praised for creating a culture of shared ownership and responsibility, effectively making our cleaning staff an integral part of the organisation and enhancing service delivery.

Individual Partnership Working Award:

Alex Boda - Senior Sector Clinical Lead – Emergency Operations Control.
Alex was awarded for his exemplary approach to professional medicines governance, leading a team through a complicated change whilst showing care and respect for internal and external stakeholders.

LAS Patients' Award:

Elaine Hutton – Trainee Emergency Medical Technician, Kane Bascoe – Paramedic, Hannah Bray – Student, Abigail Trelfa – Paramedic, Rebekah Woodhams – Paramedic, Hollie Thompson – Paramedic.
All were recognised for providing extraordinary care and compassion, allowing a patient to die peacefully in their preferred setting.

CEO Above and Beyond Award:

Moataz El din – Enterprise Architect (Information Management and Technology).
Celebrated for his hard work and commitment, helping the organisation to take advantage of new technologies enabling the trust to achieve our ambition to deliver a better outcome for our staff and patients.

CEO Commendations went to:

Team who responded to the Wimbledon tragedy

During a distressing incident where a car crashed into a school in Wimbledon, our teams immediately dispatched multiple resources, including specialist critical care paramedics, London's Air Ambulance and a number of ambulances and declared a major incident, standing up a specialist operations centre shortly after those first calls.

Team who responded to a stabbing at HQ

Whilst on a rest break, our staff stepped in swiftly to help an individual stabbed outside our building. These individuals took decisive live-saving action, stemmed the bleeding, getting help and supporting the family members who were nearby.

Ray Lyons – Paramedic

For demonstrating immense courage and bravery, when he responded to a patient whose car had crashed into a gas main. Putting the patient ahead of his own safety, he ensured everything could be done for the patient, administering excel- lence care.

November 2023

LAS Apprenticeship Scheme – Apprenticeship Employer of the Year at the 2023 Adult Learning Awards

For the second year running, LAS Apprenticeship Scheme won the prestigious award from the Mayor of London for its exceptional work in training individuals with no previous clinical skills to get the medical training and experience they need to be- come qualified paramedics.

December 2023

Dr Fenella Wrigley awarded MBE as part of King's New Year's Honours List

Dr Fenella Wrigley MBE, Chief Medical Officer and Deputy Chief Executive, was recognised for her dedication to caring for Londoners. Since graduating from medical school in 1996, Fenella has worked in emergency medicine and with London's Air Ambulance, before becoming an A&E Consultant in 2006. Fenella joined LAS in 2008 and still maintains her consultant role at an emergency department in the capital.

November 2023

Ben Lees, the Good Work Award at the 2023 Adult Learning Awards ceremony

Ben Lees, Emergency Medical Technician, received the Good Work Award from the Mayor of London for pursing his lifelong dream of becoming a paramedic at the age of 48, despite a traumatic incident and significant injuries he suffered when he was young.

December 2023

Cathy-Anne Burchett, awarded the King's Ambulance Service Medal

Cathy-Anne Burchett, Associate Director of Operations for South East London, has worked in various roles at the Service since 1995, from an Emergency Call Handler to her current role. She has played a pivotal role in creating the right environment for staff at the new LAS Control Room, having led the commissioning of the new purpose-built facilities in Newham with staff welfare and wellbeing at heart.

This year in pictures

April 2023

New ambulance and response cars

As part of a £37 million investment programme, we took delivery of a fleet of new ambulances and response cars. The MAN ambulances are replacing older vehicles in the fleet and were designed after consultation with frontline crews to ensure they were suitable for the demands of caring for patients in the capital. The new ambulances are lightweight, greener and more efficient to help meet London's clean air targets. A fleet of electric Ford Mustang Mach-E cars were converted to suit paramedics responding to 999 emergencies in the capital. It takes just 40 minutes to charge the Mustang battery to 80% and that allows the car to travel more than 300 miles, which is about ten times further than an ambulance would normally cover on a shift.

May 2023

King's Coronation weekend

LAS played a crucial role during the King's Coronation weekend. With huge crowds in London lining the coronation procession route and gathering around Buckingham Palace, and with many people celebrating at home or at street parties, we had more than 250 additional staff working to support the historic occasion. Behind the scenes, staff in our control rooms took 16,000 calls in total over the three-day weekend. On the ground in the heart of the capital, staff were out on bicycles, motorbikes, on foot in the crowded areas to reach the most seriously ill patients as quickly as possible. The Service also supported St John Ambulance at several first-aid stations and treatment centres along the coronation route.

June 2023

Gemma Pardo and trainer

A woman who learned how to save a life at a London Ambulance Service event in June said that her niece's "miraculous" cardiac arrest survival motivated her to get trained.

Gemma Pardo's niece, who was just 19 at the time, was saved by her brother's effective chest compressions when she collapsed during a run four years ago. The incident inspired Gemma to join the London Lifesavers event to get the vital training. She said "My niece's survival was miraculous and what my nephew did to help his sister is beyond any words. "Before the incident, she was a fully healthy person who loved sports. She has made a great recovery now, but wears a pacemaker. "Since her incident, I have been thinking that I need to get trained. I'm so pleased I managed to learn how to save a life with London Lifesavers, I feel confident that I'd be able to intervene if it came down to it. I can't wait to tell my sister."

July 2023

NHS 75 & International Paramedics Day

We joined the nation in celebrating 75 years of the NHS by marking the birthday with events that reflected on our past, looked to the future, and honoured the contribution of staff and volunteers past and present. One of those celebrations involved displaying a historic Daimler ambulance outside the Waterloo headquarters, which entered service a few months after the birth of the health service in 1948. In the same week we continued the festivities by marking International Paramedics Day, sharing stories from our staff about what being a paramedic means to them. Paramedic Andy Summers who has saved lives for over four decades said the most powerful memory of his career has been resuscitating a newborn girl – and discovering she was in perfect health two years on.

August 2023

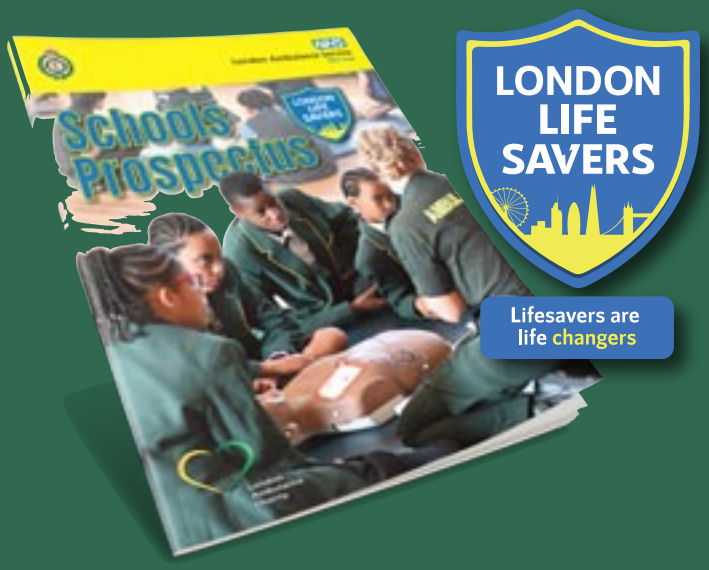
Channel 4 'Emergency' documentary

Ambulance crews who respond to the most traumatic emergencies in the capital featured in the new Channel 4 series 'Emergency' which aired over two weeks. The series followed London Ambulance Service medics and patients throughout the trauma system in the capital. The nation saw our expert medics treating the most critically ill patients, bringing a range of pioneering skills to the scene to ensure that patients make the best possible recovery once in hospital.

September 2023

London Ambulance Service Strategy launch

After months of extensive patient, public and staff engagement, we launched our new five-year strategy at an event in Central Hall Westminster. Over 300 people including LAS staff and some of our partners, came together to hear about our ambitions to collaborate with our NHS partners to manage increasing levels of demand in the coming years and to tackle and health inequalities in the capital.



October 2023

London Lifesavers School programme launch

In October, the London Lifesavers School programme was launched, coinciding with Re-start a Heart Day. The programme sees LAS paramedics teach life-saving skills to Year 8 children in the biggest initiative of its kind to reach youngsters in the capital. The service is free to schools and forms part of our drive to make London the one of the best cities in the world at responding to cardiac arrest. As part of the campaign launch, we also hosted an event at the heart of Parliament, training 30 politicians and more than 100 people working across the parliamentary estate.

November 2023

London Lifesavers TfL video

Paramedic Alexa Barton featured alongside television

Presenter Dr Chris Van Tuleken in a video teaching people how to save lives by recognising when someone is in cardiac arrest, performing chest compressions (CPR) and using a defibrillator. The video, which was made in partnership with London Ambulance Service, the Mayor of London and Transport for London (TfL), will be part of the free training offered to schools through the 'London Lifesavers' campaign. The Mayor of London Sadiq Khan launched the training video alongside LAS and TfL. Londoners can access the video whilst across the TfL transport network by scanning a heart-shaped QR code on any of the 500 defibrillator cabinets.

December 2023

TfL 999 call handlers safety messages across stations

999 call handlers recorded safety messages that were broadcast across the Transport for London (TfL) network during the busy festive period. This time of year is traditionally a very busy period for the capital's emergency services and transport networks, with Londoners travelling across the city to enjoy seasonal parties and attractions. The recorded messages reminded people to dress for the weather, eat before drinking alcohol, and plan their journeys so they can get home safely.

January 2024

Health Secretary visit

Secretary of State for Health and Social Care Victoria Atkins visited our Waterloo Headquarters and met with LAS Chief Executive Daniel Elkeles and staff from across the Service to observe how they provide high-quality urgent and emergency care for Londoners. The Health Secretary listened to 999 calls, saw how our services are co-ordinated across the capital and heard first-hand the experiences of staff from the pioneering Mental Health Joint Response Car and Cycle Response Unit, as well as NHS 111 advisers and Advanced Paramedic Practitioners. Finally, Mrs Atkins saw the Trust's new fleet of green vehicles, including the country's first electric ambulance.

February 2024

Rosamund Pike visit

Film star Rosamund Pike joined paramedics on a busy night shift to prepare for her new film role. Rosamund spent an evening on ambulance observing paramedics Erica Greene and Tom Hazelwood as they responded to sick and injured patients. Paramedic Sam Palyfreyman-Jones who leads the London Lifesavers Programme also taught Rosamund lifesaving CPR skills as she was keen to learn how to save a life. The star went on to record a video for LAS, urging all Londoners to learn life-saving skills and sign up to be a London Lifesaver.

March 2024

London Ambulance Service Charity O2 challenge

Supporters of the London Ambulance Charity conquered the O2 dome and also smashed their fundraising target by an impressive £8,000 to raise £20,000. Braving inhospitable weather of wind and rain, 80 people climbed up the iconic London landmark to support the dedicated charity which raises money to support the patients, staff and services of London Ambulance Service.

Key achievements and our strategy for 2023-2028

This year, we launched our five-year strategy 2023-2028 outlining our vision for the future. We engaged extensively both inside our organisation, with our partners and with our patients on how they would like to see us develop. This included more than 500 face-to-face interviews with our staff, hearing from more than 2,100 patients and public via local Healthwatch organisations, and 300 leaders in 60 health and care partner organisations. We also analysed population trends and horizon scanned the future to ensure our strategy reflected the changing external environment we operate within.

We have given ourselves three missions:

Our care

1 **Delivering outstanding emergency and urgent care whenever and wherever needed.**

Our organisation

2 Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.

Our London

3 Using our unique pan-London position to contribute to improving the health of the capital.

To achieve these three missions we have set ourselves 50 commitments to deliver over the next five years, all underpinned by a determination to deliver the best care for Londoners, to create the best organisation and culture for our teams to thrive, and contributing to making London the healthiest global city in the world.

We put our staff at the heart of our strategy launch event, which saw over 200 staff and external stakeholders attend, with high profile speakers including Deputy Mayor Fiona Twycross, Chair of North West London ICS Dr Penny Dash and NHS England Medical Director and Chief Clinical Information Officer Dr Chris Streather.

We have already made good progress in delivering on our commitments.

Mission 1:

Our care – delivering outstanding emergency and urgent care whenever and wherever needed.

- Reduced 999 response times for Category 1 calls by more than a minute, and by 13 minutes for Category 2 calls, helping us to meet the national Ambulance Response Programme standards
- 999 call answering was on average 52 seconds faster
- We successfully piloted 'My Clinical Feedback' app, which provides patient outcome information to all our frontline clinicians, promoting learning and better job satisfaction. We now also have agreed funding to roll this out across London
- We won the National Ambulance Resilience Unit contract, which expands our role in ensuring that all ambulance services in England are effectively trained and fully equipped to provide the best frontline healthcare during the most complex incidents
- We won the North Central London 111 contract, which means that we are now a pan-London provider of 111. The new service has meant a further 1.5 million people are benefiting from having direct access to our multidisciplinary team of professionals, meaning timelier access to assessments, greater clinical oversight and an increased use of alternative pathways to ensure access to the right service, first time.

- Working with hospital trusts we developed and implemented a handover process that ensures our patients are accepted so that ambulances can be released within 45 minutes helping to reduce handover delays

Mission 2:

Our organisation – being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.

- Increased staffing levels to unprecedented levels, recruiting a record 300 WTE by the year end for frontline ambulance operations
- Achieved a 68.4% response rate to NHS staff survey and improved in all 'People Promise' areas focused on people's experience of working at LAS
- Rolled out Equality, Diversity, and Inclusion training to 4,500 staff, including our executive leadership team
- Rolled out teams-based working to all ambulance stations to promote a support working culture
- £35m invested in estates, IT, vehicles and medical equipment to ensure our staff have the right tools and equipment to do their jobs

Mission 3:

Our London – using our unique pan-London position to contribute to improving the health of the capital.

- Confirmed London Living Wage employer, and brought our make ready team and cleaners in-house
- Trained over 10,000 people in life-saving CPR skills through our 'London Lifesavers' campaign, exceeding our target of 7,000
- We developed an ICS Operating Model for managing our contribution to our five integrated care systems with better use of data and coordinated engagement
- Cut carbon emissions by 5%, including building the largest electric vehicle fleet of any ambulance organisation
- Successfully piloted our 'General Practice Support Service', where LAS staff answer phones and navigate patients requiring same-day urgent primary care, playing our role in supporting reduction in system pressures across London.

Working in collaboration with colleagues from hospital trusts and the ICBs, we have developed, agreed and implemented a handover process that ensures patients are accepted by hospitals and ambulances are released within 45 minutes of their arrival.

Highlight of our achievements from 2023/24

LAS finished 2023/24 in financial balance

Improving culture, diversity and wellbeing

Turnover rate fell

13% to 10%

Work to improve staff wellbeing and career progression has seen our turnover rate fall from 13% in 2021/2022 to 10% this year, with our sickness rates reducing from 12% to 6%.

We are working towards ensuring our workforce better reflects the diversity of the population we serve. 38% of all our recruits in 2023/24 being from black and minority ethnic (BME) backgrounds.

BME staff up from

18% to 24%

Better survival rates for cardiac arrest patients outside of hospital

31% → 32% → 33%

We are committed to continually improving survival rates from out of hospital cardiac arrest, and sought to improve return of spontaneous circulation rates (ROSC) to 31%. We have made good progress and achieved higher ROSC rates than we did in the previous three years, and reached 32% and 33% in February and March.

Reducing hospital handovers

5 ICSs

28 emergency departments

We reduced hospital handovers by two thirds by working with all five ICSs and all 28 emergency departments in London to implement our maximum 45-minute hand over policy.

999 call handlers up by almost

50%

Our performance against all the national targets has improved this year. Having increased the number of 999 call handlers by almost 50% over 12 months, our teams answered calls 52 seconds faster in 2023/24 than 2022/23, took more calls than any other Trust, and achieved the joint fastest answering times in the country (March 2024).

52
seconds faster

Our teams answered calls 52 seconds faster in 2023/24 than 2022/23, took more calls than any other Trust, and achieved the joint fastest answering times in the country (March 2024).

Improved response times and highest 'Hear and Treat' rates in England

1 minute

In 2023/24 LAS improved response times by almost one minute for Category 1 patients, achieving just over the national standard of seven minutes. We reduced our Category 2 response by 13 minutes over the year and got much closer to the national average.

In 'Hear and Treat' where we provide care on the phone, we have the highest rates in England.

More ambulances on the road for our sickest patients

1,300 hrs

During the year, we worked to embed the NHS England Category 2 Segmentation Pilot, which we began as an early adopter in November 2022. This enhanced model of care allows for increased clinical oversight of category 2 calls through a combination of rapid review (Clinical Navigation) and where appropriate, assessment over the telephone (Clinical Validation). In operational terms, the model involves our clinicians assessing appropriate calls to check whether these patients need to be prioritised for an ambulance or could be treated more quickly elsewhere. This ensures that those who are most in need receive the fastest response. This has resulted in around 1,300 additional double-crewed ambulance (DCA) hours each week now being made available to respond to our sickest patients.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Performance Analysis

This section provides a summary of performance across our key services

999 Operations

Ambulance Response Programme

The Ambulance Response Programme (ARP) sets the performance standards for all ambulance trusts in the UK, and uses the following definitions:

Category	Response	Target average response time
Category 1	An immediate response to a life threatening condition, such as cardiac or respiratory arrest	7 minutes
Category 2	A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport	18 minutes
Category 3	An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting	2 hours
Category 4	A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic	3 hours

How we performed against national ambulance service response targets 2023/24

			2021/22		2022/23*		2023/24	
Category	Measure	Target	Response time	Incidents (n)	Response time	Incidents (n)	Response time	Incidents (n)
Category1	Mean average	7 minutes	00:06:50	116,304	00:08:08	139,125	00:07:29	151,743
	90th percentile	15 minutes	00:11:35		00:14:02		00:12:40	
Category 2	Mean average	18 minutes	00:38:18	713,613	00:47:40	622,311	00:38:39	646,186
	90th percentile	40 minutes	01:27:20		01:48:54		01:27:10	
Category 3	Mean average	120 minutes	01:37:12	213,032	01:41:03	181,276	01:16:04	174,351
	90th percentile		04:08:09		04:19:24		03:06:45	
Category 4	Mean average	180 minutes	07:22:25	146,565	07:29:50	9,272	04:41:17	8,488

**2022/23 Response Time Performance excludes Oct'22 and Nov'22 data. Please key challenges in 2023/24 section.*

The past year has been another extremely busy and challenging 12 months for our 999 services – with 1.9 million 999 calls and our crews attending over a 1 million incidents.

Behind the scenes, a huge amount of work has gone into reducing the time it takes to answer 999 calls and to reach patients. We have demonstrated good progress in 2023/24 across all ARP (Ambulance Response Programme) targets.

For Category 1 calls, which involve life-threatening illness and injuries we reduced our response times by more than a minute – close to the 7 minute target and consistently met the 90th percentile target of 15 minutes. For Category 2, which includes seriously unless patients – those experiencing a heart attack or stroke we reduced the average response time by 13 minutes compared with March 2023, and focused efforts throughout the year to work towards the target of 18 minutes.

Despite these improvements we recognise that there is still more work to be done. The Trust continues to implement several key pieces of work to ensure every patient gets the care they need in the most appropriate setting and ambulances are sent to our sickest patients as quickly as possible.

Our teams and patients continue to benefit from the Service having fully embedded the Category 2 segmentation process, which sees our clinicians assessing appropriate calls to check whether these patients need to be prioritised for an ambulance or whether they could be treated more quickly elsewhere. This ensures that those who are most in need receive the fastest response.

Working in collaboration with our health and social care partners across London, we have enhanced and expanded innovative solutions that

are helping us better manage patient care and reduce handover delays through alternative care pathways. Our mental health response cars continued to work across the capital, pairing paramedics with mental health nurses to deliver a more tailored response to a patient's mental and physical needs. This year we expanded our Urgent Community Response cars so that these teams of paramedics and community nurses are able to provide care for elderly and frail patients in their home across London.

In our Emergency Operational Centres (EOCs), teams of Emergency Call Handlers answer 999 calls and

dispatch our vehicles across London to treat patients. Working in this environment is extremely demanding and our teams coped well throughout the year to maintain patient and public confidence. Having increased the number of 999 call handlers by almost 50% over 12 months, our teams answered calls 52 seconds faster in 2023/24 than 2022/23, taking more calls than any other trust, and achieving the fastest answering times in the country.

At the end of 2023, we launched our Future Dispatch programme between our Clinical Hub and EOC teams. Co-locating clinicians with the teams dispatching our crews enables calls to be clinically and reviewed, with decisions on the correct response or suitability for onward assessment and referral made jointly. This model led to a substantial increase in the number of patients given clinical advice over the phone, with hear and treat rates reaching 18.8% in those sectors where it was operating in December against a trust-wide average of 16.6% and a national average of 14.3%. Increased staffing will enable us to launch the model across all sectors.

In 2024, our clinical advisors and clinical navigators in our Clinical Hub have been moving to a new model where they focus on a specific area of London and primarily work on calls within the sector in which they work operationally. By more effectively capitalising on their knowledge of local care pathways, geography and hospitals, we are ensuring we are sending the right response to our

patients and those who need us most get the fastest response. Thanks to closer working between teams answering calls in EOC, the clinical hub and those dispatching our crews, individual sectors saw 24% of their calls managed through hear and treat in the week to 11 March 2024.

Working closely with our NHS partners throughout the year, we have led the introduction of a patient handover process at hospital emergency departments that takes a maximum of 45 minutes when it is safe and appropriate.

This has meant the length of the handover of patient care to emergency departments has fallen significantly freeing our clinicians to attend to patients needing their care most. We began by piloting the new approach in North West London from the end of May 2023, with the staggered introduction of the programme across all five of our ICS partners completed by October. The total number of hours lost to hospital handovers has dramatically fallen this year to 105,412 hours in 2023/24 compared to 148,346 in 2022/23.

To keep pace with the increasing demand for our services, in the past year we also completed our most ambitious recruitment campaign ever with 1,500 new starters, including over 750 frontline ambulance staff and almost 400 call handling staff. This has further supported our work to improve our response times and increase our 'hear and treat' rates.

Key challenges in 2023/24

Across the year, we met the challenges posed by a number of different incidents, including repeated periods of extreme weather conditions (which can have an impact on the health and wellbeing of people across the capital), played a leading role in a series of major events on the world stage, supported our healthcare partners during periods of industrial action and spearheaded new measures to ensure our patients received the care they needed. With the Coronation of HM King Charles III and HM Queen Camilla in May bringing many thousands of visitors to the capital, our Emergency Preparedness Resilience and Response team once again worked alongside multi-agency partners to ensure people could mark the occasion safely. We had over 200 additional frontline team members on duty working alongside St John Ambulance to provide medical care at treatment centres and within the event footprint, with 65 additional command and event control room staff also on duty during the bank holiday weekend.

May saw the publication of the report into the findings of the independent review into our data

reporting, which we had commissioned in conjunction with NHS England and our commissioners in North West London. It concluded a data coding error had led to the misreporting of some Category 1 calls from August 2020 until the introduction of a new dispatch system in September 2022. There is no evidence to suggest patients came to harm as a result of the reporting error. We subsequently published an action plan in response to the findings and are confident we have the safeguards and systems in place to ensure trust data is accurate. The Trust has established a new Digital and Data Board Sub-Committee of the Trust Board and it will have oversight of implementation of the 12 recommendations included in the report as part of its terms of reference. The Board has agreed that the action plan has been successfully completed and all actions have been closed.

During June, periods of extreme hot weather, thunderstorms, a high pollen count and pollution had a very real impact on the health of people in the capital and meant we were responding to levels of emergency calls not seen since the height of the COVID-19 pandemic. On Monday 12 June, we received 7,751 999 calls – the highest number since New Year's Eve 2021 – and more than 7,600 111 calls.

We moved to the most severe level of pressure for ambulance services – known as REAP (Resource Escalation Action Plan) level 4 – during these periods of high demand. REAP 4 allows us to put

increased focus on responding to and caring for patients by mobilising additional resources and working in different ways. Although it is only ever meant to be a temporary way of managing demand, sustained pressure meant we found ourselves spending protracted periods of the year operating at this level.

Just before 10am on Thursday 6 July, we received the first of a number of 999 calls to a collision at a school on Camp Road, Wimbledon. It quickly became clear how significant this incident was and we immediately dispatched multiple resources. We declared a major incident and quickly stood up a specialist operations centre. We treated 16 patients at the scene. Sadly, and despite our crews doing everything they could to help, two eight year-olds died. Our thoughts remain with the families affected by this tragic incident.

August and September saw continued extreme heat, again resulting in challenging call volumes and high demand for our services. Our increased use of alternative care pathways and our work on validating and reviewing many of our Category 2 patients helped us to even more effectively manage the number of patients we saw face-to-face. Increasing our workforce has meant we have been able to increase the number of ambulances on the road by up to 20 to 30 a day, further supporting us to improve our performance.

While the Service has not been subject to industrial action in the last year, we worked closely with our partners as the NHS came through strike action by junior doctors, nurses and consultants. During these periods, we played an integral role in the delivery of urgent and emergency care for patients.

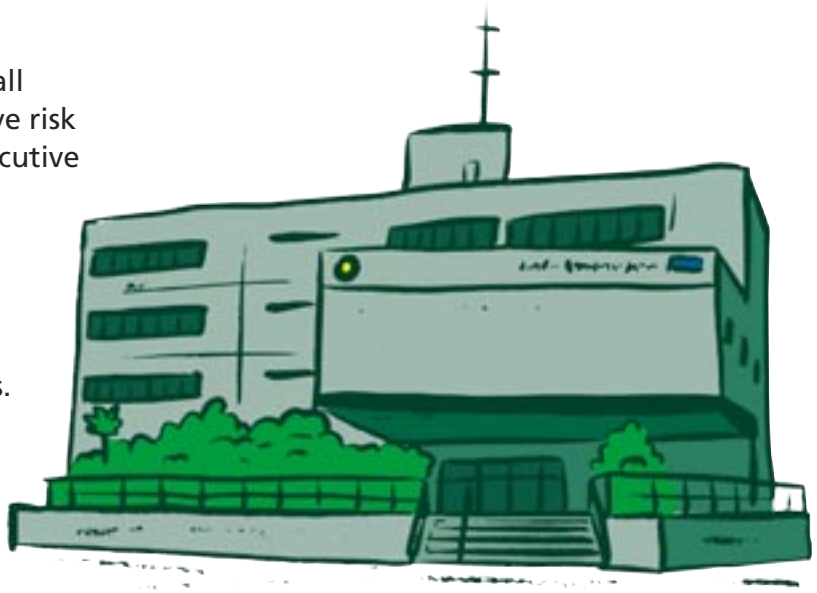
This included the coordination and flow of patients across the capital to ease pressure on local health systems and the provision of clinicians to support delivery at hospital emergency departments.

Once more, demand for our services grew as we entered winter. While the Service was receiving 6,000 calls a day as we moved into November, December saw demand peaking at more than 7,000 daily calls. To meet this pressure, we took steps to maximise the number of our crews responding to patients, operating more than 420 ambulances on the road on certain days – a significant increase on the 385 maximum we were able to deliver previously.

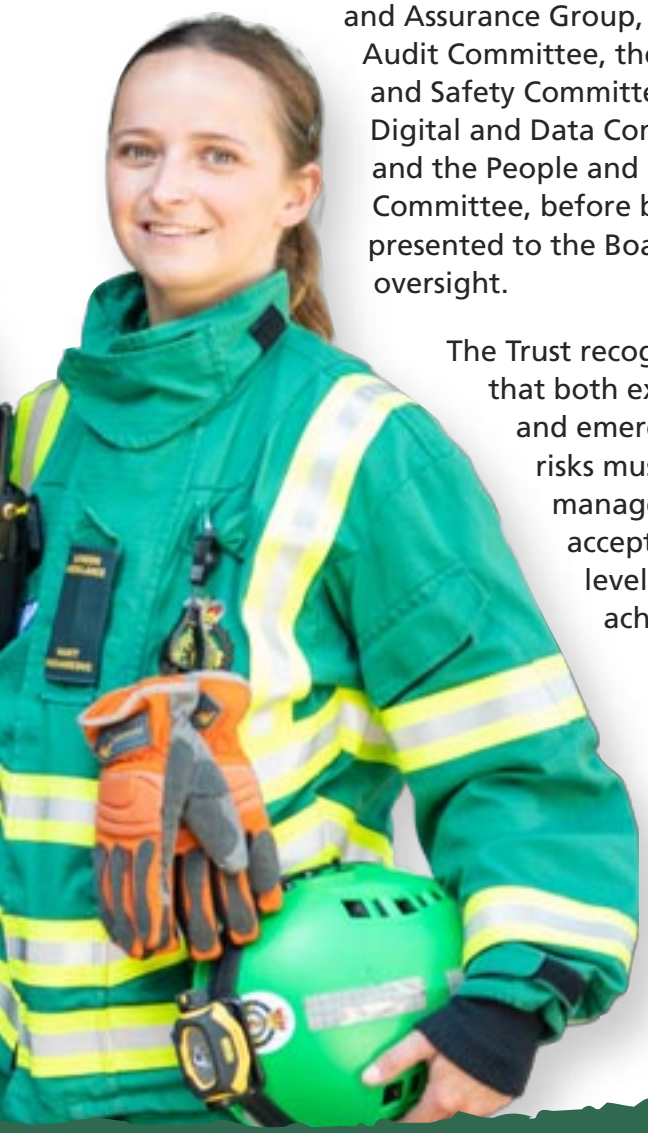
Risks and challenges to the service we provide

Governance

The Trust formally assesses and records all significant risks through a comprehensive risk management framework. The Chief Executive oversees risk management across all organisational, financial, and clinical activities, supported by the executive directors, whose performance is aligned with both individual and corporate objectives reflective of the Board's goals.



The Trust's Risk Management Strategy and Policy outlines clear accountability and reporting arrangements, ensuring a systematic approach to managing risks, which are documented in the Corporate Risk Register for operational risks and the Board Assurance Framework for strategic risks. These risks are reviewed regularly by various committees including the Risk, Compliance, and Assurance Group, the Audit Committee, the Quality and Safety Committee, the Digital and Data Committee, and the People and Culture Committee, before being presented to the Board for oversight.



The Trust recognises that both existing and emerging risks must be managed to an acceptable level to achieve its operational and strategic objectives. Effective risk management is essential to ensure the Trust meets its responsibilities to the public through the 999 and 111 services, maintaining national response times and delivering safe and effective care.

Detailed information on how each risk is managed is provided in the Risk and Control Framework section of the Annual Governance Statement.

During 2023/24, we identified the following risks:

- **Achieving Ambulance Performance Standards in view of demand pressures, handover delays and capacity in UEC.**

We have seen significant improvements over the last year in our responses to both Category 1 and 2 patients despite significant pressure in terms of demand and time lost at hospitals while our staff wait to hand over patient care.

Working in collaboration with colleagues from hospital trusts and the ICBs we have developed, agreed and implemented a handover process that ensures patients are accepted by hospitals and are ambulances released within 45 minutes of their arrival.

We have significantly increased the number of frontline staff through dedicated recruitment campaigns, and the introduction of teams-based working which has reduced the number of our people leaving the organisation but also improved our sickness levels.

Similar increases in our fleet in combination with working patterns more closely aligned to demand have allowed an improved response to our patients in greatest need.

The implementation of a 'proof of concept' pilot that seeks to provide additional clinical support to dispatch decisions and a localised focus on resolving patients' concerns without the need to send an ambulance have brought success and will be rolled out more widely in the coming year.

We continue to maintain an ongoing focus on our high acuity patients and seek to improve our response to them throughout the coming year.

- The potential for failure in IT systems and disruption through cyberattacks

Over the last 12 months, we have continued to mitigate the risks we have around legacy and out of support infrastructure and improving our resilience with the implementation of our revised architecture model to migrate to tier three data centres. We have upgraded our data network to include failover and resilience at our core sites providing assurance on our key systems.

We now have a full replica of our computer-aided dispatch (CAD) system and a full test suite of environments for our key clinical and operational products. We continue to develop both our CAD and electronic patient care record (ePCR) product sets to support frontline staff.

The programme to replace the existing Mobile Data Terminals (MDTs) in emergency vehicles is underway with a third of both our legacy and new fleet now fitted with the new MDTs. These data terminals communicate information between the computer-aided dispatch system and our ambulances and are crucial for our colleagues on the ground.

We continue to mitigate this threat of one word cyberattack through technical solutions and utilising support from NHS England. Over the last 12 months, we have established a fully staffed cyber, risk and governance team and implemented Artificial Intelligence threat detection software with cyber security monitoring and assurance.

- Emergency Preparedness, Resilience and Response

Like all NHS organisations, LAS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. The Civil Contingencies Act (2004) requires NHS organisations and providers of NHS-funded care to show they can deal with such incidents while maintaining services. The Health and Social Care Act of 2012 requires all NHS providers to be properly prepared to deal with a relevant emergency. This programme of work is referred to in the health community as emergency preparedness, resilience, and response (EPRR).

The NHS England Core Standards for EPRR are the minimum standards NHS organisations and providers of NHS funded care must meet.

Following the annual assurance review in November 2023 by the NHS England London EPRR team, the final report has been received. LAS was rated substantially compliant for both NHS core standards for EPRR and the Interoperable Capabilities. The review team recognised the hard work the Trust had put in to EPRR and Business Continuity arrangements, especially in light of the challenges of the last 12 months.

Staring from April 2024, London Ambulance Service will host a national unit which aims to ensure ambulance services across the country can provide the best frontline care to patients during the most complex incidents. We have been awarded the five-year contract to host the NHS Resilience Interoperable Capabilities Team from April. This means that, working with NHS England and specialist resilience teams across the country, we will ensure the ambulance service can respond to a range of hazardous and demanding occurrences in the safest and most efficient manner possible.


Urgent Care Centre

NHS 111

LAS plus resilience partners	2021/2022	2022/2023	2023/2024
Total Number of calls offered	1,956,286	2,027,997	2,237,192
Total number of calls answered	1,740,266	1,930,917	1,737,923
Abandonment Rate	8%	20%	10%
Calls answered within 60 seconds	996,029	1,226,567	1,298,127
Average speed to answer	not available	not available	124
% cat 3 and cat 4 ambulances validated	90%	75%	86%
Number of ambulance validations completed	122,299	108,882	146,418
Number of ambulances stood down	106,458	99,095	132,474
% of ED referrals validated	64%	32%	46%
Number of ED validations completed	95,265	43,931	60,060
Number of ED referrals avoided	65,786	28,101	40,802
Number of CAS cases excluding validations	321,044	306,813	335,120
Number of CAS cases called within timeframe excluding validations	210,623	151,311	114,447
% of CAS cases called within timeframe excluding validations	65.6%	49.3%	34.2%

The Integrated Urgent Care (IUC) team at London Ambulance Service has had a successful year overseeing the expansion of services to become the only pan-London provider of Integrated Urgent Care services and one of the largest in the country. The service now holds NHS 111 contracts in each London ICB, is the sole provider in South East London and North East London, and lead provider in North Central London and North West London. In addition to this, the directorate has continued to deliver ambulance and Emergency Department (ED) validation activity across London, has launched a new General Practice Support Service, and provided specialised services such as 'Right Care Right Person', 'Urgent Community Response', and '999 warm transfer' (a process whereby 999 callers can be directly transferred to 111 if their concerns are better dealt with by that team).

Call handling performance has improved in 2023/24. We handled 2.2 million calls and achieved an abandonment rate of 10%. This was made possible by our team of service advisors and health advisors supported by supervisors, floor walkers, and clinical navigators. We are working towards the national 3% target or abandoned calls and are doing well compared to local and national benchmarks. Our main challenges include the rapid growth of the service and periods of peak demand which have put pressure on the whole team to deliver rapid improvements. To address this, we have expanded the team and focussed on reducing staff turnover, increasing stability, and improving absence rates, which has helped maintain safety and performance.

The Clinical Assessment Service (CAS) has managed 114,447 cases during the year and called 34% of

patients back within the required timeframes (P1=20 min, P2=40 min, P3=60 min, P4= 2 hours, P6= 6 hours, P12 = 12 hours, P24 = 24 hours). The team consists of paramedics, nurses, general practitioners, doctors, and Clinical Decision Support System (CDSS) clinicians supported by clinical supervisors, clinical floor walkers, and clinical deputy general managers. To improve CAS performance in 2024/25, we have made changes to the queue management process, designed a rota which is aligned to clinical demand, and increased performance oversight. The team is still working towards the 95% target, and future improvements are being managed through the IUC Transformation Programme. CAS performance has been impacted by high acuity in the service with patients finding it difficult to access their GP which has driven demand in the CAS.

The IUC team has also delivered a successful validation service during the past year. We have completed 146,000 category 3 and category 4 ambulance validations alongside 60,000 Emergency Department validations. This work has enabled the team to safely stand down 132,000 ambulances and reduce ED attendances by 41,000 during the year by redirecting to other services or managing the patient in the CAS. LAS is one of the top validation performers in the country and is meeting the key performance indicators.

Another important development this year has been the development of the General Practice Support Service (GPSS). This service is available in selected practices and enables GPs to deliver same-day access to urgent care for patients by ensuring the practice phone lines are answered and patients receive a timely response. The GPSS has resulted in 6,800 GP appointments being booked as well as 1,400 pharmacy appointments. This has reduced abandonment rate to 19% and also allowed 43 very unwell patients to be sent an ambulance without having to call 999 after seeing their GP.

The 'Right Care, Right Person' service was launched in November 2023 in collaboration with the Metropolitan Police Service (MPS). 111 has provided health advisors to ensure that health-related calls to the MPS are managed by the most appropriate team. Similarly, the Urgent Community Response service which was also launched this year has led to fewer ambulances being dispatched, fewer conveyances to hospital and more personalised care. The IUC directorate has played a key role in enabling this work.

To facilitate the expansion of the services, the IUC team will move into a new call centre in Croydon. Bernard Wetherill House is a state-of-the-art facility with the latest technology and resilience as well as training and meeting facilities. Following an extensive renovation and integration of new technologies, it is planned that the site will open in May 2024 and lead to improved efficiency, greater staff wellbeing, reduced turnover of staff, and better patient experience.

For the next year, the priority for the directorate is to continue expanding the service and to meet the KPIs for call abandonment rate and CAS call back. This will be done alongside improving our facilities and technology, and providing further support for our team to enhance wellbeing, efficiency, and the safety of our service. We will focus on

gathering and acting on more feedback from staff and patients to ensure that LAS continues to operate at a high level of performance and safety. The ongoing Transformation Programme along with close partnership working and securing future contracts will support us to be able to achieve our goals.

Right Care, Right Person (RCRP)

Right Care, Right Person (RCRP) is an operational model developed by Humberside Police that changes the way emergency services respond to calls involving mental health concerns. The goal is to ensure the appropriate agency handles health-related calls instead of the police being the default first responder. This national scheme is being rolled out across England as part of ongoing collaboration between police forces, ambulance trusts, social care services, and the NHS to ensure patients in health crises receive the right care when they call 999 or 111.

In June 2023, the Metropolitan Police Service (MPS) announced its intention to introduce RCRP from 1 August 2023. While supportive of the programme, LAS and other health and care organisations across London had concerns about implementing RCRP, given the need to change several governance and operational processes in a short timeframe. Partners required more time to ensure that any changes ensured patient safety and the appropriate response.

Additionally, as the Trust had to respond to RCRP with existing funding and staffing levels, it was crucial to assess any potential increase in activity and manage it safely while dealing with existing pressures. Consequently, partners worked with MPS to delay the implementation of RCRP to 1 November 2023.

In preparation for the launch of RCRP, LAS placed clinicians in the MPS control room at Lambeth to assess the volume of calls likely to be redirected to LAS due to these changes. This setup enabled real-time discussion and informed our processes as we developed our response. For most of these calls, it was evident that the 111 system would be appropriate for carrying out health assessments and deciding on the right care for these patients.

Upon launching RCRP, all callers with a health need are transferred from the MPS control room to LAS through a dedicated IT link to NHS 111. We are receiving approximately 300 referrals from the police daily. The majority of these calls involve patients with health needs, making it appropriate for the police to no longer provide a response. The Trust has implemented systems to ensure these additional patients are assessed for an LAS response or referred to more appropriate NHS services for treatment.

Implementing RCRP has been challenging for all partners involved. It often requires providing a response to complex cases involving vulnerable people who need help from multiple services and agencies. However, our relationship with MPS on RCRP remains very strong, and we continue to meet regularly to discuss operational challenges. We have recently developed an escalation process with MPS to help both organisations learn from resolved incidents and further improve joint-working. This process works alongside our real-time escalation procedure for live cases, enabling LAS, MPS, and other blue light partners to efficiently address challenges while ensuring our patients receive the care they need. It is vital that every patient gets the right treatment in the most appropriate place.

Later in 2024, we will introduce six new dedicated mental health ambulances, allowing MPS to transport fewer patients to the hospital and free up more of their resources. The external design of these ambulances will match the existing LAS fleet and will not differ significantly from other vehicles already in use. These vehicles will support the ongoing work of our mental health response cars and paramedics working alongside nurses with the elderly in communities. We are pioneering ways of working to ensure all Londoners receive the care they need.

Patient care and quality

Maintaining safety for our patients and people remains our highest priority and we continue to use well governed processes, including the dynamic use of our clinical escalation plans, to ensure the best possible outcome for all patients.

We are aware that during periods of sustained pressure some of our patients waited for longer than the national standards for an ambulance, particularly those patients with non-life threatening conditions. We would like to apologise to those who waited longer than we would have wanted for an ambulance response. We can assure our patients that we continue to take daily clinical safety reviews and are increasing clinical oversight in our EOCs through the greater presence of clinicians. This has meant that patients waiting for an ambulance can be continually monitored, treated over the phone or managed closer to home with a referral to an appropriate community service. By providing high-quality clinical assessments for our patients who will be better treated closer to home, we continued to protect our response capacity for patients whose care needs required a physical attendance.

With multidisciplinary clinical assessment areas in both our 999 and 111 teams, patients can be triaged quickly and accurately to determine whether they require an emergency ambulance or can be treated over the phone or referred to another provider (such as a GP). Access to patient records, care plans and video consultation provides our clinicians with the information they need to support decision-making in order to achieve the best outcomes for patients. The ability to e-prescribe and access to referrals and direct booking via the national directory of services enable us to provide the most appropriate care based on clinical need.

We are continuing to work with our Commissioners to map available healthcare pathways, clarify and streamline options available for ambulance clinicians and further understand referral rates.

To ensure our patients get the correct treatment in the appropriate setting as soon as possible we delivered a bespoke training package called 'Right Care Right Place First Time' for our ambulance

teams in 2023 to support the use of alternative healthcare pathways for patients when appropriate. The training is designed to equip teams with the skill and knowledge necessary to make accurate decisions about patient care. This helps the Trust use healthcare resources efficiently and improves patient outcomes by reducing unnecessary conveyances to hospital and delays in care. In addition we also took steps to support other healthcare professionals to access alternative pathways, maximising the number of patients who are able to receive an enhanced telephone clinical assessment (with video consultation).

During periods of extreme pressure we have used the clinical safety escalation plan to ensure we are providing the best possible response to our sickest and most seriously injured patients, which includes advising patients where to access the best care for their condition when an emergency ambulance is not immediately required.

We have continued to review our care to patients where there is a delay to call answering, clinical telephone assessment or ambulance dispatch. This is undertaken both in real time – in the form of clinical safety reviews – to ensure the patient's condition has not changed and retrospectively to look at the end-to-end care and experience for the patients through continuous re-contact audits, incident reports, quality alerts and feedback.

The national category 2 segmentation process is now embedded in London. By having senior decision makers safely supporting early referrals to alternative healthcare pathways where appropriate, we have increased the availability of double-crewed ambulances and ensured those patients who need an emergency ambulance receive one faster.

The Service is a partner in the new Adult Critical Care Emergency Support Service, which began transporting critically-ill patients between hospitals at the start of April 2023. Working alongside Barts Health, St George's and Imperial NHS hospital trusts, we have made a fleet of specialist ambulances available on standby in the capital so the sickest patients who need expertly tailored care at a specialist hospital can be safely moved between local hospitals and specialist centres.

We are also delivering ground-breaking technology to equip our staff with data to help them further enhance the quality of care they are delivering. The My Clinical Feedback app allows our paramedics, for the first time, to see what happens to their patients after going to hospital and deepens their understanding of the implications of their on-scene and pathway choices. The app is live across our North West sector and we are working on expanding its use across the capital.

The Clinical and Quality Directorates continued to undertake a daily review of the incidents reported to ensure any of note are escalated and there is early identification of themes and learning. Weekly meetings have also been held to discuss potential incidents led by the Chief Paramedic and Quality Officer and Chief Medical Officer.

Reducing health inequalities

Reducing health inequalities underpins much of our five-year strategy and we are wholeheartedly committed to ensuring everyone receives the highest quality of care with equal access to services, and a consistently positive experience with LAS.

This year, we set up a health inequalities steering group in order to identify where LAS will most effectively tackle health inequalities. This programme of work has focused on bringing together a number of exciting projects to build the foundations for our Reducing Health Inequalities Action Plan, due to be launched in the summer of 2024.

LAS was an early implementer of the Association of Ambulance Chief Executives (AACE) Health Inequalities Maturity Matrix. This self-assessment tool, designed for ambulance services to explore their progress and to consider relevant actions to take, was completed following comprehensive stakeholder engagement from members of clinical and non-clinical staff in operational roles, in addition to department leads, subject matter experts and the Trust's Executive Committee. The self-assessment identified areas of emerging practice and also recommended a number of new actions which were agreed and will form part of the Action Plan. We also conducted a Theory of Change mapping exercise to understand where patient-centred impact would be highest and to help us under-stand a wide-ranging and complex area.

Based on the Core20PLUS5 framework, a national approach to reducing health inequalities, LAS has worked to identify its own PLUS cohort. As the only pan-London NHS provider, LAS interacts with a broad variety of patients affected by differing health inequalities and has focused on clinically-led indicators to identify patient cohorts for which we can have the greatest impact in reducing the inequalities they experience. These will form specific quality improvement projects which will be co-designed with patient and operational staff input. We held a number of workshops with staff from across the whole organisation, and members of our Patient and Public Council to input into our direction of work.

We are also committed to listening to putting patients and service users at the forefront of change, and have invested in patient engagement with groups most affected by health inequalities. Starting with two projects in partnership with the Sickle Cell Society, Croydon Sickle Cell and Thalassaemia support group, we held a number of patient focus groups to identify areas of positive practice in LAS' treatment of patients experiencing Sickle Cell Crisis, in addition to identifying areas in which care and patient experience can be improved.

The team's data scientist has developed a data set that highlights key considerations relating to health inequalities, to incorporate multiple aspects of the Core20PLUS5. This includes information relating to the 5 national priorities, inclusion groups, condition-specific cohorts and wider determinants of health, including analysis into the 20% most deprived community as per the Index of Multiple Deprivation. These insights, alongside the wider work of the health inequalities steering group, are informing the development of the rust's five-year action plan for reducing health inequalities.

Quality Account

Every year, the Trust sets specific quality priorities which are reported in the annual Quality Account. These priorities are identified in consultation with both internal and external stakeholders, as well as sources of quality intelligence to ensure they are relevant and robust for the coming year.

For the 2023/24 financial year the Trust identified five quality priorities. In order to shape the priorities around the needs of our patients, we developed a task and finish group, and undertook engagement with key stakeholders, including members of the Public and Patients Council (which provides a voice for patients in the design, development and delivery of services).

In identifying these priorities, we have considered:

- Our progress against the 2022/23 quality priorities
- Triangulation of data sources
- The new CQC strategy and framework
- Sources of quality intelligence and performance metrics, business plans and our strategic intentions
- What matters to our staff, patients and the communities we serve.

Our five priorities for 2023/24 were:

- Cardiac arrest management
- Care after a fall
- Hear and treat consultations
- Reducing delays
- Infection prevention and control

We have made significant progress against all of these priorities. We have completed delivery of both the Hear and Treat, and Infection Prevention and Control priorities, and made significant improvements on our Cardiac Arrest Management priority. Both the Reducing Delays and Care after a Fall priorities require further work, which is planned to take place in 2024/25. A summary of our progress against all five priorities can be found in our 2023/24 Quality Account, and are highlighted below.

Quality Priority	Key Performance Indicator (KPI)	Status
Cardiac Arrest Management	Improve Return of Spontaneous Circulation rates to 31%	Partially complete
	Deliver resuscitation update training to 85% of staff	Complete
Care After a Fall complete	Increase Urgent Community Response (UCR) provision to 10 cars	Partially
	Deliver spinal immobilisation update training to 85% of staff	Partially complete
Hear & Treat	Implement Clinical Guardian across 111 & 999	Complete
	Implement Category 2 Segmentation Programme	Complete
Reducing Delays	Achieve a ≤30 minute C2 mean in line with trajectory	Partially complete
	Achieve a ≤10 second call answering mean in line with trajectory	Partially complete
Infection Prevention and Control (IPC)	Achieve 90% hand hygiene audit compliance	Complete
	Implement audit software replacement	Complete

In 2024/25 we continue our improvement journey, and have identified four priority areas. In identifying our priorities, we have considered our progress against the 2023/24 quality priorities, our quality and performance metrics, our business plans and strategic intentions, and what matters to our staff, patients and the communities we serve.

Our quality themes for 2023/24 are: improving efficiency, feedback and learning, improving outcomes and reducing delays, within which we have set ourselves 11 quality priorities:

Theme	Quality Priority
Improving efficiency	Implement the Future Dispatch Model in all five of our operational sectors
	Ensure that 95% of category three and four ambulance dispositions are validated prior to dispatch
	Reduce the time that ambulances are out-of-service in comparison to last financial year
Feedback and learning	Implement learning from after action reviews and inquiries, following significant and major incidents
	Implement a strategic partnership for developing improvement capability and capacity, and deliver the Trust's first rapid process improvement workshop (RPIW) using LAS Improve methods
Improving outcomes	Reduce the time taken to match locations for 999 calls to less than 80 seconds
	Improve delivery of the ST segment elevation myocardial infarction care bundle to 80% compliance
	Gather and take action on patient feedback from people impacted by health inequality, starting with patients with sickle cell disease and new mothers from Black and ethnic minority backgrounds
Reducing delays	Improve our category two response time in comparison with last financial year
	Complete a quality improvement project aiming to reduce long waits for category one and two patients
	Ensure 75% of patients in P1, P2 and P3 priorities commence a clinical assessment within the commissioned timeframe

Safeguarding

We have continued to maintain and improve our support to children and those at risk of abuse and neglect during the year. We have seen a 30% increase in concerns and referrals from staff last year, with 42,750 safeguarding referrals made.

Our staff have raised the following safeguarding referrals and care concerns:

- Children 18,456
- Adult safeguarding 11,378
- Adult welfare 12,916

Safeguarding activity and compliance have continued to increase throughout the year with the addition of a new safeguarding specialist for Integrated Urgent Care, ensuring all areas of the trust have a named local contact for safeguarding.

The Trust exceeded the 85% safeguarding training compliance in all areas except Level 2 (which covers our call taking staff). Unfortunately this is the second year we have not met the standard and we are working with managers to ensure we have longer term compliance in this area.

Training	Trust wide figures
Safeguarding Level 1	91.58%
Safeguarding Level 2	75.97%
Safeguarding Level 3	89.97%
Prevent level 1	92.46%
Prevent Level 2	92.19%
Mental Capacity Act	94.02%
Trustboard training	86.67%
Oliver McGowan tier 1 part 1	82.59% (new 2023/4 no target set)

There have been 79 safeguarding issues raised for staff allegations this financial year of which 43 were related to sexual safety concerns and 36 of these related to concerns from staff about colleagues.

For the first time in the NHS Staff Survey, staff were asked if they had experienced behaviour of a sexual nature from colleagues. The Trust was deeply concerned to learn that 462 staff had experienced unwanted behaviours of a sexual nature and that 136 of those experienced this six to ten times and 102 colleagues experience sexual harassment more than 11 times in a year. This is shocking and unacceptable at London Ambulance Service.

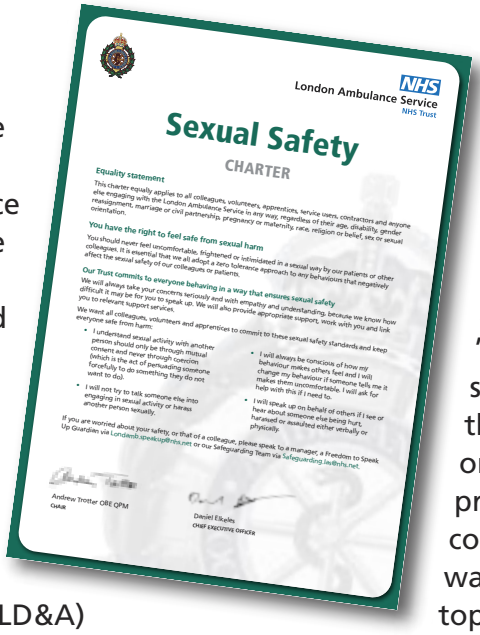
As a trust we have made progress in some key areas, including our zero tolerance approach to sexual misconduct leading to all cases of sexual misconduct reported being investigated and 12 staff being dismissed in 2022/23.

Since the introduction of the Trust's Sexual Safety Charter in February 2022, there has been an increased awareness and subsequent increase in reporting the number of sexual safety allegations. The Charter sets out our commitment to make sure everyone behaves in a way that ensures sexual safety and shows our commitment to take any concerns raised seriously with empathy and understanding. A drive to improve education and communications on sexual safety amongst the Trust has been implemented along with updated and strengthened guidance relating to professional standards.

We have also focused education and training on this subject and expected to see a further increase in reporting as a positive step forward to making the LAS a great place to work. A working group for Sexual Safety is being established to focus on sexual safety and staff experiences.

We are committed to moving away from inappropriate attitudes and behaviours to improve the working lives and experiences of everyone working or volunteering in the Service, regardless of their background, gender, race, disability or sexual orientation. Therefore, we welcomed the recent publication of the independent culture review at ambulance trusts and are working to implement the changes recommended in that report, as well as addressing concerns raised in our

NHS Staff Survey results. Additionally, we are eager to learn from other blue light partners about the actions they have taken to enhance their workplace cultures. Both the Metropolitan Police Service (MPS) and the London Fire Brigade (LFB) have recently conducted culture reviews, and their experiences and actions taken to improve workplace culture provide valuable learning opportunities for us.



London Ambulance Service NHS Trust

Sexual Safety

CHARTER

Equality statement

This charter equally applies to all colleagues, volunteers, apprentices, service users, contractors and anyone else engaging with the London Ambulance Service in any way, regardless of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

You have the right to feel safe from sexual harm

You should never feel uncomfortable, frightened or intimidated in a sexual way by our patients or other colleagues. It is essential that we all adopt a zero tolerance approach to any behaviours that negatively affect the sexual safety of our colleagues or patients.

Our Trust commits to everyone behaving in a way that ensures sexual safety

We will always take your concerns seriously and with empathy and understanding, because we know how difficult it may be for you to speak up. We will also provide appropriate support, work with you and link you to relevant support services.

We want all colleagues, volunteers and apprentices to commit to these sexual safety standards and keep everyone safe from harm:

- I understand sexual activity with another person should only be through mutual consent and never through coercion (which is the act of persuading someone forcefully to do something they do not want to do).
- I will not try to talk someone else into engaging in sexual activity or harass another person sexually.
- I will always be conscious of how my behaviour makes others feel and I will change my behaviour if someone tells me it makes them uncomfortable. I will ask for help with this if I need to.
- I will speak up on behalf of others if I see or hear about someone else being hurt, harassed or assaulted either verbally or physically.

If you are worried about your safety, or that of a colleague, please speak to a manager, a Freedom to Speak Up Guardian via Londamb.speaktoFTN.nhs.net or our Safeguarding Team via Safeguarding.las@nhs.net

Andrew Trotter ORE QPM
CHAIR

Daniel Elkeles
CHIEF EXECUTIVE OFFICER

The Trust has undertaken considerable work and engagement with Learning Disability and Autistic (LD&A) community, establishing a Patient and Public sub-group which sits as a sub-group of the LAS Patient and Public Council. We continue to develop a number of accessible and online digital resources for this group to help them understand what happens when they call an ambulance.

We submitted 82 reports to the Learning Disabilities Mortality Review (LeDeR) and as a result of the actions continue to deliver bespoke education and training to a range of staff groups.

From April 2023, the Trust started rolling out Oliver McGowan tier 1 Mandatory Training on Learning Disability and Autism and we have made good progress. Part 2 is yet to be released.

The Trust undertakes Disclosure and Barring Checks on eligible staff and the trust is 99.9% compliant with this. From 2023 the Trust began undertaking a full recheck and requiring staff to sign up to the update service to improve internal recruitment and DBS checking.

The Trust raises safeguarding concerns with the local authority for both children and adults at risk. In addition we also report fire safety concerns to the London Fire Brigade, concerns about radicalisation or extremism to the Metropolitan Police and concerns of involvement with gangs to Redthread, a charity that supports vulnerable young people in crisis and those with complex needs.

We have continued to develop safeguarding pathways including a fire safety referrals pathways direct and a high intensity user pathway to alert local authorities to children who call 999 three or more times a year.

We held our annual Safeguarding Conference in April 2023 with the theme of 'Have You Seen Me' focusing on safeguarding issues and topics that are less obvious, recognised or spoken about both professionally and within our communities. The aim of the day was to shine a spotlight on these topics and enable further understanding as well as strengthen our awareness of these subject matters. We had expert speakers from both a professional and lived experience background sharing with us their knowledge, expertise and insight.

Taskforce on climate related financial disclosures (TCFD)

The Government Accounting Manual (GAM) has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar 2023/24. These disclosures are provided below as part of the section 'Green Plan'. They specifically cover:

- The Board's oversight of climate-related issues.
- Management's role in assessing and managing climate-related issues.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Green Plan

Climate change presents one of the most significant public health emergencies. Without action and adaptation, the changes to our climate will disrupt care and affect patients and the public at every stage of life, with poor environmental health contributing to major diseases, including cardiac problems, asthma and cancer.

NHS organisations, like the London Ambulance Service, have social and environmental responsibilities as public sector anchor institutions, to positively contribute to the local areas that they serve in ways beyond providing direct health care alone.

In December 2021, the Trust Board approved the first Green Plan, in which LAS committed to the NHS targets set up in the Delivering a Net Zero NHS strategy, which are:

- Net zero for the emissions that we directly control by 2040, with an interim target of an 80% reduction by 2028-32; and
- Net zero for the emissions that we can influence by 2045, with an interim target of an 80% reduction by 2036-39.

The Green Plan is a three-year programme with over 120 sustainability actions across six different areas. Following the approval of this plan, a formal governance structure (including a Delivery group and Board) was set up to ensure delivery and implementation.

Monitoring and reporting on progress

LAS ensures effective governance and risk management in delivering the Green Plan and sustainability initiatives through a structured approach. The Chief Finance Officer (CFO) holds the senior responsibility for sustainability across the Trust, ensuring accountability at the Trust Board level. To support this, LAS has recruited a Sustainability Manager who leads the updating of the Green Plan, collects and reports sustainability data, and coordinates a network of eco-champions.

The governance structure includes regular progress reports to the Trust Board, informed by the recommendations of the Good Governance Institute audit. A dedicated sustainability program board meets bi-monthly, involving representatives from all areas of the Trust, to maintain engagement and oversee the progress of sustainability projects. This structure ensures that sustainability initiatives are aligned with the Trust's strategic goals and that any risks are promptly identified and mitigated.

Carbon Footprint

In line with the Greenhouse Gas Protocol and reporting guidelines from the Department for Business, Energy and Industrial Strategy (BEIS) the Trust's carbon footprint was re-calculated to estimate the carbon emissions for the first two years of the Green Plan. Between 2021/22 and 2022/23, our carbon footprint decreased by 5% as shown in the table below. Due to our sustained efforts to reduce our emissions since 2021 we expect a further decrease for carbon footprint for 2023/24 and this data will be published in the summer of 2024.

Scope	Baseline year FY21/22 (Total tCO_2e)	Year 1 FY22/23 (Total tCO_2e)	% change from baseline
Scope 1 (i.e. natural gas for buildings, Entonox and fuel for vehicles)	15,693	15,377	-2%
Scope 2 (i.e. electricity)	1,279	1,083	-15%
Scope 3 (i.e. energy scope 3, business travel, waste, water, procurement and staff commuting)	29,507	27,901	-5%
Total	**46,479**	**44,361**	**-5%**

Green Plan Achievements

The following section outlines some of key achievements in the first two years of the Green Plan:

Estates:

Improving the sustainability of our existing estate

- Completed 84 Energy Performance Certificates (EPCs) across our estates to assess energy use to help implement construction and engineering solutions to upgrade existing buildings by supporting a switch to LED lighting and upgrading heating, cooling, building fabric, insulation, ventilation and hot water. This includes a specific requirement to eliminate gas boilers across our estate by 2032 at the latest.
- Installed 40 Electric Vehicle (EV) chargers across our sites bringing the total to 56 charging stations at ambulance stations.
- Changed LED lighting across 80% of our estate and installed light and motion sensors.
- Planting over 30 new trees in 10 sites.

Ensuring sustainability in our new buildings

- Three new buildings have been designed according to BREEAM (Building Research Establishment Environmental Assessment Method) 'excellent' standards.
- Our new Integrated and Urgent Care (IUC) facility at Bernard Weatherill House in Croydon embodies our commitment to sustainability. Constructed in 2013 with a BREEAM 'Excellent' rating, we have continued its eco-friendly principles through our recent retrofit, which includes a new 111 control room. Key sustainability features implemented include:
  - Recycling Initiatives: Extensive recycling and repurposing of materials being reused at the site or other areas of our estate to minimise landfill waste.
  - Energy Efficiency: Upgraded to LED lighting and advanced air conditioning systems, cutting energy use significantly.
  - Water Conservation: Installation of a terrace garden for rainwater collection used in hand basins and toilets.
  - Renewable Energy: Addition of solar panels to generate clean energy.

Fleet:

With hundreds of vehicles on the road each day, our efforts to reduce our carbon emissions are crucial to London's efforts to improve air quality.

Transitioning to, and sustaining, a zero emission fleet

- London's first fully electric ambulance went into service in December 2023. The new bespoke ambulances are the latest addition to the largest emergency fleet of fully electric vehicles in the country, with a total 42 fully electric fast response cars and three electric motorcycles. In total, there are 160 zero emission capable vehicles in our fleet. Four fully electric ambulances are expected to be delivered in 2024/25.

Ensuring Ultra Low Emission Zone (ULEZ) compliance.

- 82% of LAS vehicles are now ULEZ compliant and we are making strong progress on the road to zero emissions.

Clinical:

Reducing the environmental impact of anaesthetic gases

- Trailing Penthrox (an inhaled analgesic used to reduce pain in patients with a traumatic injury) which is a more environmentally friendly alternative to Entonox (a mixture of nitrous oxide and oxygen). Nitrous oxide is a powerful greenhouse so reducing its use, where clinically appropriate, will help the NHS overall to become more environmentally sustainable.

Reducing the number of journeys to deliver care, where clinically appropriate

Delivering more sustainable, digitally-enabled models of care that are closer to the patient's home ensures that patients interact with our services in the most appropriate setting. This not only creates benefits for patient experience but, in many cases, may also reduce emissions related to unnecessary hospital visits and admissions.

- The launch of the Future Dispatch Model has increased the proportion of calls where patients are assessed by a clinician and given advice over the phone, thereby reducing unnecessary journeys and keeping ambulance responses for those who need us most.

- Introducing video conferencing functionality into both 999 and 111 control rooms through the GoodSAM responder App allows patients to stream video from their phones directly to our control rooms. Video can provide vital clinical information which brings an additional visual layer to support the decision for a clinician to give advice or treat people in their own homes by arranging support from another NHS service.

Procurement and logistics:

More efficient distribution and use of supplies

- Rollout of RFID (Radio Frequency Identification) and barcode technology to ensure that supplies can be tracked, distributed and used across the organisation in a way that reduces waste, and reduces emissions. Working closely with NHS Supply Chain and local NHS partners, identifying where surplus stock or items approaching expiry dates can be redistributed within the wider health and care system.
- Launched a voluntary initiative where staff can donate items of uniform that they do not need. Items include polo shirts, trousers, shirts and jackets. Uniforms are carefully assessed and only those in good condition are selected and cleaned for in-depth disinfection. This is helping the trust to reduce waste and carbon emissions from transporting and buying new uniforms.

Encouraging decarbonisation of suppliers

- LAS has updated its procurement practices to recognise and reward sustainable suppliers. All NHS organisations must incorporate a 'social value' consideration, which accounts for 10% of the decision-making process when awarding a procurement contract. This change is designed to intensify the emphasis on sustainability and reduce carbon emissions in the purchasing of all goods and services, aligning with broader environmental goals.

Future plans

For the coming year 2024/25, we will continue delivery the commitments in our Green Plan including improving the sustainability of our estates, ensuring our staff members are appropriately equipped to respond to patients in a changing climate, digitalising processes, lowering the amount of waste we create, and completing the change to a fleet that meets the ULEZ standards.

People

Our teams are part of the fabric of the capital, from providing care at big national events in central London to caring for older people who have fallen at home and supporting GPs with our 111 service. We are proud to be 'the capital's emergency and urgent care responders'.

Developing and managing talent

Over the past year, we have continued our work to create a more resilient, flexible and sustainable service, attracting people from diverse backgrounds to deliver our vision of being the capital's emergency and urgent care responders and contributing towards improving the health of Londoners.

Our people often work in intense and emotional circumstances, so their wellbeing must be supported, whatever their needs. People must also feel they can enjoy a meaningful career within the London Ambulance Service. So, we are constantly looking at ways to attract, develop and retain high-quality people. Therefore, we have invested in leadership skills and rolled out a teams-based working approach across the entire organisation. So everyone has support, direction, and guidance.

Historically, the nature of our work, which often includes long hours and shift work, has meant that our employees have not always felt connected to managers and leaders. Our teams-based approach is creating positive relationships with managers across teams, and we can see this through our 2023 NHS Staff Survey results which have shown record improvements in happiness in the workplace and overall wellbeing. While there is still a way to go to be the organisation we want to be, these results show that Trust is on the right path to making London Ambulance Service an outstanding place to work where staff feel supported and rewarded and morale is improving.

Our highlights from the past year include:

- More than 5,000 LAS staff – 68% of the workforce – responded to the NHS Staff Survey, offering their views about the Trust, colleagues, career development, and standards of care they give to Londoners. The level of engagement with the survey is the highest in the ambulance sector, providing more accurate and representative insight into the opinions of our staff.

- Successfully rolled out "Tackling Discrimination and Promoting Inclusivity" training across the Trust for all our staff.

- Commissioned an independent review of our recruitment practices to understand why people from ethnically diverse backgrounds are less likely to be recruited into frontline ambulance roles and the best recruitment approaches and practices that the trust can use to ensure that our workforce reflects London's diverse communities. An action plan will be published during 2024/25.

- We continued to implement teams-based working to improve the working environment and culture for ambulance crews so there is more meaningful contact with managers, new rotas that deliver a better work-life balance, and allocated time for professional development.

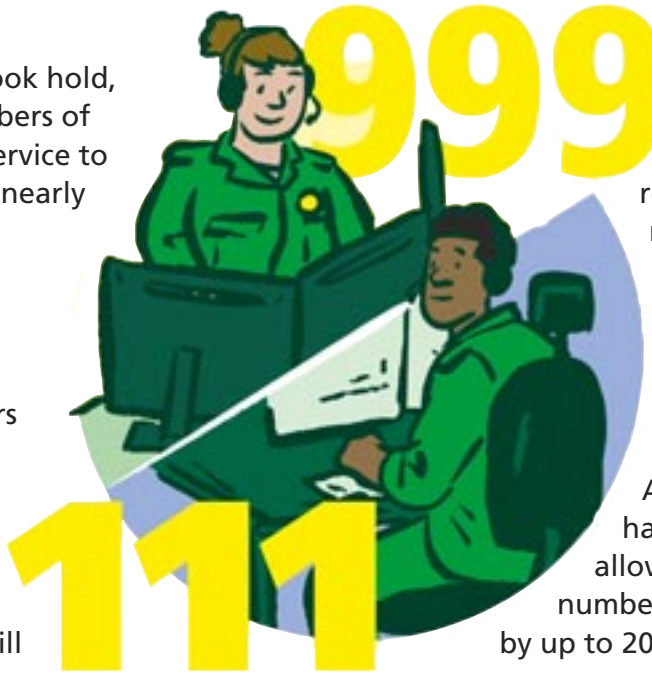
- We celebrated the achievements of our exceptional staff and volunteers at the very first Our LAS Awards event (the pictures of which you will have seen at the start of this report).

- We also hosted our first Celebration of Service ceremony

since the pandemic took hold, recognising 187 members of staff for 20 years of service to the NHS, equating to nearly 3,800 years of service.

- Our LAS, Our Leaders Programme has seen more than 160 of our Band 6 and 7 members of staff begin further training to develop their leadership skills. We extended the programme to 75 more places, which will become available starting September 2024.

- We also launched several other leadership development opportunities, including 40 places on a High-Performance Leadership Programme for our senior leaders, and teamed up with NHS Elect to run a programme giving Band 4 and 5 colleagues an opportunity to consider their leadership aspirations.



Recruitment

The Recruitment Team has had a challenging workforce plan to deliver for 2023/24. And with the support from our frontline and clinical education colleagues, we have successfully developed strong routes for hiring registered staff, non-registered staff, and call handlers.

We have had a significant programme of recruitment which has seen us recruit 1,500 new starters since 1 April 2023, including teams we have brought in-house. This has allowed us to increase the number of ambulances on the road by up to 20 to 30 a day.

We have continued our focus on recruiting and training more clinicians, call handlers, and dispatch staff for our emergency operations centres, ensuring patients waiting for an ambulance are kept as safe as possible and our sickest patients are prioritised.

We are proud to have been able to recruit over 700 frontline ambulance staff and almost 500 call handling staff across our 999 and 111 services this year. Looking ahead, we are hoping to recruit over 1,200 frontline staff as part of our 2024/25 to meet levels of demand in London.

Following a recent review on how we can improve diversity in our frontline roles, in 2024/25 we will

be focusing on more outreach events within more diverse London communities, along with more educational engagement promoting careers within London Ambulance Service among our younger communities.

Our focus on recruiting the best talent from around the world continued in 2023/24, with our recruitment teams leading campaigns to attract Australian and New Zealand paramedics to work in the capital. These ambulance crews have similar skills and levels of training to their counterparts in the UK, so they make ideal additions to the Service. Our recent international trip to Australia was very positive with over 150 offers made to support our recruitment plan for 2024/25 and 2025/26. We have also continued our positive discussions with a number of Australian universities to strengthen relationships for future pipelines. Of the 2,500 paramedics the Service employs, almost 500 are from Australia and New Zealand.

We have also widened our scope and have been recruiting paramedics from around the world, including South Africa, Qatar, Dubai, and India.

Each year the Service recruits around 500 paramedics, half of whom are recruited through apprenticeships and Paramedic Science degrees in the UK, and half recruited internationally and from other NHS organisations. We continue to work closely with our Partner Universities to support Paramedic Science students through their degrees with placements, and a fast-track recruitment process.

Retention

Our overall vacancy rate on 31 March 2024 was 4% and we have seen a fall in our turnover rate on the previous year from 12% to 10%. Overseen by our Workforce Retention Group, this positive progress follows a package of initiatives in recent years to improve our record on retention, which has included funding indefinite leave to remain, flexible retirement options, and more recently, our stay interviews and personalised health and well-being plans. We recognise, however, that further action is still needed, and we are focusing our efforts to ensure staff have access to a package of support and incentives to help them remain in the Service.

As part of our efforts to help our staff build the skills they need to progress in their careers, we launched the Our LAS, Our Leaders 100 Programme. This programme gives our band 6 and 7 line managers a chance to develop their leadership skills through an National Vocational Qualification (NVQ) level 6 course provided by Middlesex University, working in partnership with our Organisational Development and Talent team. Those taking part will complete eight modules covering topics including managing staff, building high-performing teams, and overseeing budgets.

Additional education programmes we introduced included a new training package in our fleet workshops and fleet workforce in conjunction with the Henry Ford Training Academy. This programme ensures these team members receive the latest and most up-to-date training on modern-day vehicles. This extra level of training has also allowed the banding of roles in this team to be re-evaluated and raised. The Service also introduced an NHS Master Technician position to make sure our technicians have an opportunity to develop their career with the Service.

Apprenticeships

We have had 470 new apprenticeship starters in the last year. This includes 116 emergency medical technicians taking part in the Paramedic Degree Level 6 programme to become a registered paramedic, and 106 undertaking the Level 4 Associate Ambulance Practitioners to progress towards becoming emergency medical technicians. In the last year, we also introduced our new Level 3 Ambulance Support Worker Apprenticeship with 245 assistant ambulance practitioners starting on the programme.

In partnership with the University of Cumbria, we continue to offer a range of apprenticeship opportunities to help individuals progress their careers. In addition, the Service also offers a frontline ambulance apprenticeship career pathway, enabling trainees to join the London Ambulance Service without clinical experience or qualifications and progress via an apprenticeship to becoming a registered paramedic in four years.

For the second time running, London Ambulance Service was named Apprenticeship Employer of the Year at the 2023 Mayor of London Adult Learning Awards ceremony. The accolade highlights the Service's commitment to helping Londoners get into a highly-skilled profession via accessible and inclusive routes, as well as its dedication to supporting new staff through their professional and academic journeys.

2023 NHS Staff Survey

This year we reached a 68% response rate, the highest for an English ambulance service, meaning more than 5,000 colleagues made their voices heard. Our results show improvement in 90 out of the 97 questions compared with 2022, especially in the areas of Team Working, Leadership, and Development. This reflects the work done as part of the Our LAS Cultural Transformation Programme to make improvements in these areas.

We also saw improvement in the key questions around whether colleagues would recommend the organisation as a place to work (+7%) and whether colleagues are happy with the standard of care provided by the organisation if a friend or relative needed treatment (+4%).

The survey is aligned with the seven elements of the NHS People Promise and the themes of Staff Engagement and Morale. Our results show improvement across all areas:

NHS People Promise Element/ Staff Survey Theme	2022 Score	2023 Score	Change
We are Compassionate and Inclusive	6.6	6.9	+0.3
We are Recognised and Rewarded	5.0	5.4	+0.4
We Each Have a Voice that Counts	5.8	6.1	+0.3
We are Safe and Healthy	5.1	*	*
We are Always Learning	4.5	5.1	+0.6
We Work Flexibly	5.2	5.6	+0.4
We are a Team	6.0	6.5	+0.5
Staff Engagement	5.8	6.1	+0.3
Morale	5.1	5.4	+0.3

*The 2023 We are Safe and Healthy score has been withdrawn nationally due to a technical issue.

While these results show we have made progress in some key areas, there is still work do in improving working lives at the trust. This is particularly true in the area of sexual safety at work and incidents of bullying and harassment. For the first time in the staff survey, staff were asked if they had experienced behaviour of a sexual nature from colleagues.

Work is ongoing to set up an action plan to tackle this and make clear it is simply not acceptable here at LAS. Our culture absolutely must be one where everyone is treated with respect. It is vital that the whole ambulance sector takes the issue of unwanted sexual behaviour and inappropriate culture as a wake-up call and commits to making the necessary changes.

We are committed to continuing our work moving away from outdated and inappropriate attitudes and behaviours to improve the working lives and experiences of everybody working or volunteering in the Service, regardless of their background, gender, race, disability or sexual orientation. Therefore we welcomed Siobhan Melia's recent independent review to improve culture at ambulance trusts and have committed to make the necessary changes in that report alongside actions needed to address the concerns raised in our staff survey results.

Equality, diversity and inclusion

London is one of the most diverse cities in the world, enriched by people of every ethnicity, cultural heritage, and social background. Together we aim to build a diverse organisation that values and celebrates difference, promotes equality, and prioritises the wellbeing of our people. Therefore, we understand that actively promoting equality and inclusivity within our organisation is an important part of making the Trust a great place to work. To enable this, the Trust has three equality objectives:

Objective 1: Foster proactively a diverse and open culture with an equitable working environment, including through staff training on discrimination and impactful staff networks.

Objective 2: Make measurable improvement on attracting and retaining a workforce that represents London, reaching out to relevant communities and helping staff to build great careers.

Objective 3: Generate clear leadership accountability for action based on good management data and staff feedback, including compliance with legislation and equality standards

We are working towards ensuring our workforce better reflects the diversity of the population it serves. We ended 2023/24 having recruited more than 500 Black, Asian, and minority ethnic (BME) staff, representing over 38% of all our new starters – a 4% rise on 2022/23. Although we have made progress there remains much to do, and sustained effort is necessary.

Over the last year, we have also achieved the following against our three equality objectives:

- An EDI Committee has been created, reporting directly to the Trust Board to monitor progress against our EDI objectives.
- We have reviewed the Trust's EDI training packages to ensure they are fit for purpose and have re-launched them.
- We have introduced a tailored and comprehensive "Inclusive Leadership" training covering the signature traits of Inclusive Leadership. This programme suits complex health and social care services.
- We have successfully rolled out our "Tackling Discrimination and Promoting Inclusivity" training across the Trust for all our staff.
- Reported on all domains of the Equality Delivery System for the first time with an overall score of 'Developing', setting ourselves ambitious goals to improve next year.
- Strengthened our staff networks by providing them with allocated time, support from a named Executive Director lead, and a central budget.
- Introduced an Inclusion Calendar to celebrate and mark events and festivals celebrated by our staff and communities we serve.
- Developed an Anti-Discrimination Statement and an Anti-Racism Charter.

Our 2023/24 Workforce Disability Equality Standard (WRES) report shows that we have made progress in metrics looking at overall BME representation in our workforce – we now have more than 1,850 staff from a BME background – which is 24% of our total workforce. This is an increase of 3% from the previous year, and shows good progress in ensuring our teams feel reflective of the diverse city we work in. In addition, representation on our Trust Board has improved, with 31% of the board's voting membership coming from BME backgrounds, up from 29% in 2022/23. This increase reflects our commitment to ensure diversity and inclusivity at the highest levels of governance within LAS.

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Anti-Discrimination

STATEMENT

London Ambulance Service NHS Trust is proud to care for people who visit, work and live in our global city. We are proud to celebrate the diversity of our staff and are resolute in our commitment to provide care with compassion, respect and fairness – regardless of a person's background or situation, or how they identify. Discrimination of any form has no place in our organisation and services. We commit to supporting equity, being anti-racist, creating safe environments and tackling discrimination in all that we do.

This requires colleagues to:

1. Speak up against discriminatory and harmful language, actions and processes regarding themselves or others
2. Be active and visible allies and not a bystander to discrimination
3. Listen, reflect and act when colleagues or patients share that they feel discriminated against
4. Take steps to educate themselves and learn about the experiences of colleagues and patients who may be different to them
5. Live and uphold our core values: Caring, Respect and Teamwork and the behaviours connected to them.

The Trust commits to:

1. Take all concerns seriously, and act on them efficiently and sensitively
2. Enabling an anti-discrimination culture, where all staff feel safe, able to speak up and that they belong
3. Eliminating discrimination and discriminatory outcomes from ours processes, policies, practices and procedures
4. Engaging with its staff communities to build trust and positive tangible change
5. Equipping and upskilling our senior leaders and managers to uphold an anti-discriminatory culture.

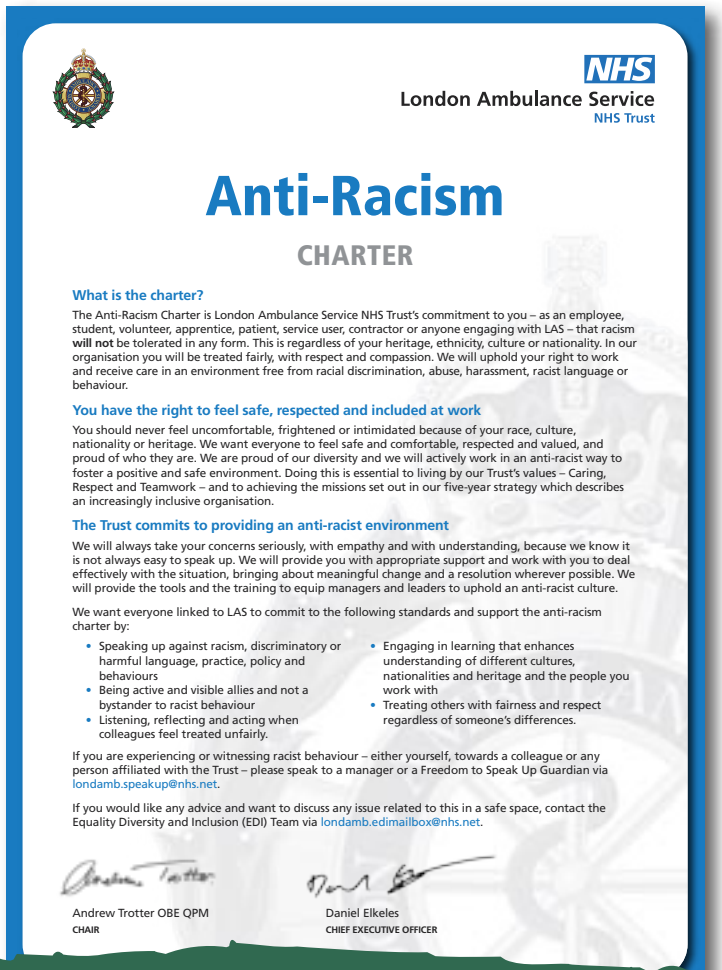
Andrew Trotter OBE QPM
CHAIR

Daniel Elkeles
CHIEF EXECUTIVE OFFICER

This statement upholds and aligns with the charters of the London Ambulance Service NHS Trust:

Sexual Safety
CHARTER

Anti-Racism
CHARTER



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NHS Trust

Anti-Racism

CHARTER

What is the charter?

The Anti-Racism Charter is London Ambulance Service NHS Trust's commitment to you – as an employee, student, volunteer, apprentice, patient, service user, contractor or anyone engaging with LAS – that racism **will not** be tolerated in any form. This is regardless of your heritage, ethnicity, culture or nationality. In our organisation you will be treated fairly, with respect and compassion. We will uphold your right to work and receive care in an environment free from racial discrimination, abuse, harassment, racist language or behaviour.

You have the right to feel safe, respected and included at work

You should never feel uncomfortable, frightened or intimidated because of your race, culture, nationality or heritage. We want everyone to feel safe and comfortable, respected and valued, and proud of who they are. We are proud of our diversity and we will actively work in an anti-racist way to foster a positive and safe environment. Doing this is essential to living by our Trust's values – Caring, Respect and Teamwork – and to achieving the missions set out in our five-year strategy which describes an increasingly inclusive organisation.

The Trust commits to providing an anti-racist environment

We will always take your concerns seriously, with empathy and with understanding, because we know it is not always easy to speak up. We will provide you with appropriate support and work with you to deal effectively with the situation, bringing about meaningful change and a resolution wherever possible. We will provide the tools and the training to equip managers and leaders to uphold an anti-racist culture.

We want everyone linked to LAS to commit to the following standards and support the anti-racism charter by:

- Speaking up against racism, discriminatory or harmful language, practice, policy and behaviours
- Being active and visible allies and not a bystander to racist behaviour
- Listening, reflecting and acting when colleagues feel treated unfairly.
- Engaging in learning that enhances understanding of different cultures, nationalities and heritage and the people you work with
- Treating others with fairness and respect regardless of someone's differences.

If you are experiencing or witnessing racist behaviour – either yourself, towards a colleague or any person affiliated with the Trust – please speak to a manager or a Freedom to Speak Up Guardian via londamb.speakup@nhs.net.

If you would like any advice and want to discuss any issue related to this in a safe space, contact the Equality Diversity and Inclusion (EDI) Team via londamb.edimailbox@nhs.net.

Andrew Trotter OBE QPM
CHAIR

Daniel Elkeles
CHIEF EXECUTIVE OFFICER

While these improvements indicate positive progress, the WRES report also highlights areas requiring further attention and efforts, such as black and minority ethnic staff being more likely to go through a disciplinary process than their white colleagues. We are disappointed to report that in 2023/24 our performance deteriorated to it being twice as likely to happen to a black or minority ethnic team member, and have launched deep dive research projects in to why this is occurring. In the national NHS Staff Survey, our black and ethnic staff also reported that 15% of them compared to 10% of white staff had experienced discrimination from their manager. To reassert our commitment to becoming an organisation where discrimination of any kind is not accepted and that we continue to aspire to become an anti-racist organisation, the Trust is developing an anti-discrimination charter which sets out our over-arching position statement and sits above our new Anti-Racism Charter alongside our existing Sexual Safety Charter.

The Trust's dedication to continuous improvement in these areas is also evident through our ongoing initiatives and the updated WRES Action Plan for the coming year. Our 2023 Workforce Disability Equality Standard (WDES) shows improvements in terms of increasing representation of disabled staff within our workforce, with a rise from 8.1% % to 10%. We have also reduced the pressure disabled employees feel to come to work when unwell.

The report also shows we have more to do, such as addressing harassment, improving perceptions around value and career progression opportunities for disabled staff, and ensuring adequate workplace adjustments are being actively addressed through revised action plans. Collaborative efforts with the EnAbled staff network underscore our resolve to tackle these challenges head-on, paving the way for a more inclusive, supportive, and equitable LAS.

We have also worked hard to increase gender diversity, with over 50% of our workforce and 33% of our senior leadership team being female.

We have seen a positive improvement in our gender pay gap, reducing from 11.4% to 4.8%. There have been areas of improvement, but there still remains an imbalance which is contributing to the pay gap. More work is required to better understand the drivers of change, or lack of change, at different bands, roles, and areas of the organisation so that targeted interventions can be introduced and good practice shared.

Our dedication is not just to meet but exceed standards, driving meaningful change and reinforcing our position as a leader of inclusivity within the NHS. As we move forward, our actions and initiatives, underpinned by a comprehensive EDI plan, aim to further reinforce our commitment to creating a workplace where every staff member's contributions are valued and their potential fully realised.

Wellbeing

The LAS Wellbeing Hub continues to be the central point of contact for colleagues and managers who wish to access support. Contactable by phone or email, the Hub offers signposting services to a huge range of options including holistic health support, financial advice, and professional mental health resources. The Wellbeing Hub also oversees our five Wellbeing Support Vehicles which tour around London hospitals providing drinks, snacks, and a wellbeing chat to LAS staff. Our Wellbeing Cafes offer the same service in the four contact centres. These are staffed by the Wellbeing team and LAS colleagues who wish to support others and are funded by the London Ambulance Charity.

The Trust offers extensive professional mental health support, accessible via both manager and self-referral. This includes a range of therapies including Cognitive Behavioral Therapy, Eye Movement Desensitisation and Reprocessing, and psychotherapy for colleagues with complex or historic Post Traumatic Stress Disorder. The Trust also has almost 100 trained peer support workers – part of a programme known as LINC (Listening, Informal, Non-Judgemental, Confidential).

Over the past year, the Wellbeing team has taken a much more proactive approach to health promotion, with the whole team now accredited health coaches. In addition, the team has introduced a new physical wellbeing support officer role with the aim of reducing injuries among operational colleagues and promoting movement at work for those in more sedentary roles. The team has also worked with the Lunchbox Doctor on a series of healthy cooking webinars, run yoga sessions in the training centres, and set up 10-minute massage sessions in our contact centres.

The team continues to arrange and provide a number of training programmes. Over the last year, this has included working with mental health professionals from North West London Integrated Care Board to provide wellbeing conversation training for more than 200 operational managers, the Ambulance Staff Charity on a bespoke course on empathy for our contact centres, and the Centre for Anxiety, Stress, and Trauma on focus groups for HART colleagues. The team also continues to run regular drop-in sessions for managers, monthly menopause support groups, the international paramedic buddy scheme, and work closely with the EDI team to mark significant cultural or religious events.

London Ambulance Charity

The outreach and extended scope of the Wellbeing team was recognised with our second national award in two years, the 2023 HSJ Patient Safety Wellbeing initiative of the year award. The team was commended for their innovative approach to staff wellbeing, and specifically the involvement of colleagues on alternative duties.

Protecting our teams

Keeping our people safe will always be a priority for the London Ambulance Service. Our members of staff and volunteers should never have to experience violence or aggression, but sadly – due to the behaviours of a small minority of patients and members of the public – these incidents remain unacceptably high. Our ambulance crews and call handlers work tirelessly day in and day out to care for Londoners and abuse of any form can have a profound impact on our staff and is not tolerated.

Data released by the London Ambulance Service in February 2024 showed the appalling increase in abuse against ambulance staff, with cases rising from 523 to 728 in 2023 – a 39% increase. The results of the recent NHS Staff Survey also showed that staff continue to face bullying or abuse from patients or their relatives with just over half (51%) experiencing it this year.

The Trust has invested more than £3 million in equipping our ambulances and fast response cars with upgraded and comprehensive crew safety systems to deter violence and aggression against our teams and help secure a conviction in court, should an assault occur. These measures are further supported by our continuing work to roll out body-worn cameras for our teams. The Service is continuing to work with the police to increase convictions for hate crimes, which include people using racist or homophobic language when speaking to our call handlers.

The Service has dedicated Violence Reduction Officers who encourage colleagues to report all incidents of abuse while also supporting them through the court process. Over 70% of staff who experience abuse currently report it, and the Trust continues to improve its reporting culture.

While many offenders never go to court on medical grounds, 38 successful prosecutions have been made since April 2023.

As part of the £3 million investment in safety measures, the Service has fitted its ambulances with panic buttons linked to a recording device and new monitors that can help staff see the outside of the vehicle, as well as electronic tracking to help police arrive even faster.

We continue to work with other Ambulance Trusts through the Association of Ambulance Chief Executives' national campaign #WorkWithoutFear, which seeks to cut the number of verbal and physical attacks on ambulance staff.

Freedom To Speak Up

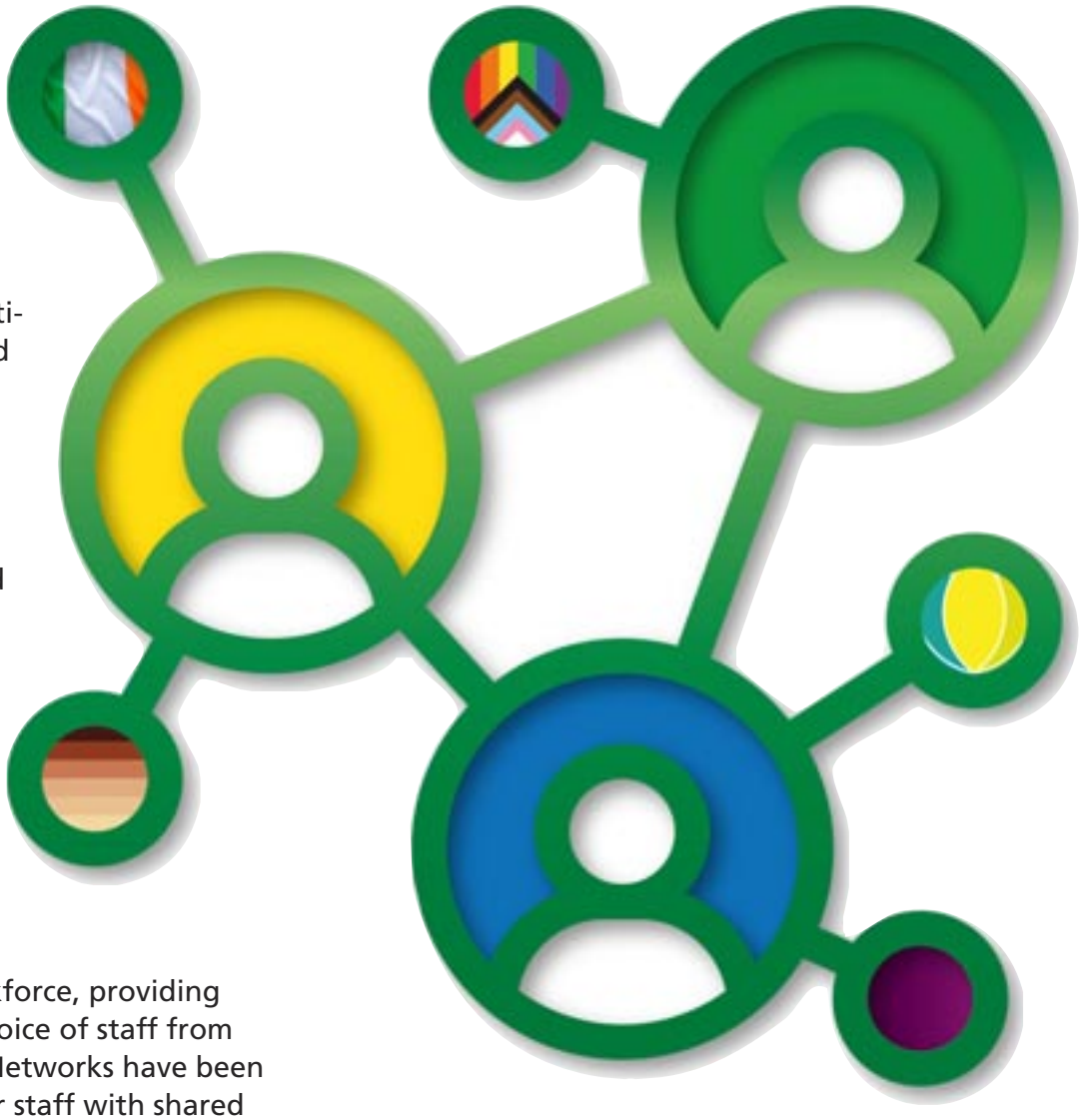
Our Freedom to Speak Up (FTSU) Guardian and ambassadors continue to support our colleagues to feel safe to speak up should they have a concern. The following objectives have been put together to ensure this happens:

- Ensure there are fair and inclusive processes in place
- Listen to diverse groups across the Trust, as well as our staff networks
- Embed FTSU in everyday practice and promote a "speak up" culture
- Respond to and influence the changing landscape of the Trust's culture
- Use data and intelligence to inform our decisions
- Regularly seek feedback and learn from it

Following the conviction of Lucy Letby, a neonatal nurse who worked in Chester, LAS took immediate steps to review the key patient safety concerns highlighted by the case and help ensure a similar incident could not happen in our organisation. We reviewed the incidents leading to the conviction and focused on improving governance, whistleblowing procedures, and patient safety incident reporting and investigation.

In response to NHS England's recommendations, LAS reinforced its commitment to supporting staff in raising concerns. We have a full-time Freedom to Speak Up Guardian (FTSUG), an executive lead for safeguarding, and a Non-Executive Director lead for Freedom to Speak Up, providing multiple channels for staff to voice concerns. We are implementing an action plan to enhance our FTSU service and are working on better incident reporting and data analysis.

To further support our staff, the FTSU team is expanding and will be more active across the organisation. Additionally, the Board received a development session from the National FTSU Guardian in February 2024. We are also conducting a gap analysis to ensure all current initiatives are aligned and identify areas needing further review, ensuring we uphold the highest standards of patient safety and governance.



Staff networks

To support and champion equality, diversity, and inclusion across our Service, we have six umbrella staff networks – BME, LGBT+, Multi-Faith, EnAbled, Women's, and the Armed Forces Network, and affiliated networks comprising the Christian Ambulance Association, Jewish Society, Emerald Society, Muslim Network, and International Network. The networks support our staff and volunteers while challenging us as an organisation to create a more inclusive place to work.

As well as acting as key conduits to particular communities within the workforce, providing insights and amplifying the voice of staff from relevant communities, Staff Networks have been pivotal in providing a way for staff with shared interests, backgrounds, or identities to connect and support each other, fostering a caring and compassionate environment and enhancing the wellbeing of staff. An Implementation Plan has been developed with the Staff Networks to highlight key days of interest or significance that we will work together to promote and mark in a meaningful way. Some examples of this are the Trust celebrated its first 'open iftar' during Ramadan and joined in the St Patrick's Day Parade, and has an exciting year ahead supporting and celebrating the diversity of our staff and the communities we serve.

Staff and volunteer engagement and communication

Our Communications Team uses a number of channels to share important information with our staff and volunteers quickly and effectively.

In May 2023, we launched a new social engagement platform for our staff. Our mission was to build a social engagement platform that fully supported the Our LAS Culture Programme by providing a positive online space for staff to interact. With a dispersed workforce working different shift patterns, this platform has been key to enabling colleagues to connect, challenge, create, and celebrate their achievements:

- **Connect** by having conversations and sharing information with their colleagues.
- **Challenge** by sharing ideas for improvement and seeking answers from senior leaders.
- **Create** community spaces for teamwork, sharing news, and events.
- **Celebrate** by appreciating their colleagues every day and acknowledging their great work and length of service.

Following a robust internal communications and project plan, colleagues were provided with a seamless on boarding experience on launch day in May 2023 and automatically enrolled into six all-colleague spaces to 'get them started' on the platform:

- **LAS News and Shout-Outs** – for colleagues to share good news stories and celebrate success.
- **LASConnect Café** – for 'non-work' chat, fun polls, fundraising, and sharing local social events.
- **LAS Live** – to watch our weekly live broadcast with senior leaders and special guests, find previous recordings, and ask questions to our panel.

- **LASConnect Support** – for platform support, how-to videos, and guides.
- **Ask a Question** – for general questions that colleagues have about our Service and their day-to-day role.
- **Share Your Ideas** – for colleagues to share ideas and feedback about how we can improve our Service.

The platform now boasts 6,695 activate users, over 3,000 active monthly users, and 232 spaces (community groups of interests), supported by the Internal Communications team and managed by teams across the Trust so colleagues are able to share information and events, ask for peer support, offer ideas, and seek clarification on new initiatives.

We will also continue working with colleagues across the Service to evolve LASConnect so that it can further enhance operational communications and the delivery of patient care.

Our flagship internal communication tool remains LAS Live: a weekly question and answer session with our Chief Executive and other senior executives. Broadcast live and made available for staff and volunteers to watch later on demand, this platform enabled us to keep everyone up to date with the latest information while being able to address any questions or concerns with transparency and openness.

Partners

By working together with our partners across health and social care, we can provide our patients with the best possible care.

We will continue to engage with patient groups, stakeholders, wider system partners and emergency service colleagues to build on our successes and ensure our communities are empowered to help shape the future of their health services.

Working in partnership

We cover the whole of the city, being the only pan-London NHS trust.

We are part of London's five integrated care systems (ICSs) – North West London, North Central London, North East London, South East London, and South West London – which bring together health and care organisations to deliver care.

Across our ICSs, we work with five integrated care boards, 33 borough councils, 42 NHS trusts including mental health, acute, and community hospitals, over 200 primary care networks, and hundreds of voluntary sector organisations. Each ICS has a health and care strategy addressing the needs of the population, which varies significantly across and within boroughs.

Our strong relationships with all five ICSs have helped us manage sustained surges in demand for our services and enabled us to redirect urgent and emergency care activity across the capital. Working in partnership across the capital has helped reduce the risk of parts of the London health and care system being overwhelmed. As part of our winter planning, we also work closely with the ICSs and NHS hospitals across the capital to reduce waiting times for our ambulance crews and our patients.

We also work closely with partners such as London's Air Ambulance Charity, the Metropolitan Police, British Transport Police, City of London Police and the London Fire Brigade.

We have a close working relationship with the

Mayor's Office and the Greater London Authority, providing them with accurate and timely information on our performance. We also regularly engage with the Mayor on many topics, including the actions we are taking to reduce health inequalities, and improve our environmental impact—with our work to become the NHS Trust with the most electric and low-emission vehicles receiving significant support from the Mayor.

Working with communities

The people we care for — and their families — are at the heart of everything we do. By listening to patients and the public, we can improve patient safety, experience, and health outcomes.

A key focus of our public engagement this year has been to make London a city of lifesavers. The London Ambulance Service responds to approximately 14,000 patients a year in cardiac arrest, so educating the public on what to do when someone is in cardiac arrest, and having the confidence to act quickly, saves lives. Early CPR and defibrillation can more than double someone's chances of survival. Both of these actions can be performed by a member of the public before an ambulance crew arrives. Therefore, in partnership with the London Ambulance Charity, the Trust has been organising life-saving CPR and defibrillator training for communities, organisations, and schools through its London Lifesavers campaign.

In 2023/24, we launched our London Lifesavers School Programme with the aim of training thousands of schoolchildren in vital lifesaving

skills as part of our work to improve cardiac arrest survival rates. With more than 75% of cardiac arrests occurring at home, expanding the programme to include Year 8 schoolchildren not only means we are creating a generation of lifesavers, but also that we are saving more lives by teaching these simple skills.

To have the greatest impact on increasing cardiac arrest survival rates and addressing health inequalities, the Trust has prioritised school training in boroughs that have the highest rates of cardiac arrests, lowest rates of bystander CPR, lowest survival rates, and the fewest public access defibrillators. Further information about our work to tackle health inequalities can be found in the Performance analysis section.

Since October 2023, more than 5,000 Year 8 pupils have been taught how to save a life and feel confident in what they need to do when someone is having a cardiac arrest. Clinicians deliver this free training on how to recognise the signs of cardiac arrest, perform CPR effectively, and use a publicly accessible defibrillator.

The Lifesavers team has run training sessions at 33 schools in Brent, Barking and Dagenham, Harrow, Newham, Ealing, Redbridge, and Enfield. They are actively engaging with schools in Haringey, Waltham Forest, Tower Hamlets, Havering, Hackney, Merton, and Lewisham to expand training even further and reach more high-priority areas. The 5,000 children LAS clinicians have trained over six months all now have the ability to recognise the signs of cardiac arrest and skills to deliver effective CPR, which significantly increases the survival rate and rates of bystander CPR. LAS has an ambitious target to train 12,000 children in how to respond effectively to someone having a cardiac arrest by 2025.

As part of the campaign, LAS is also working to get thousands more defibrillators into communities where they can help save lives. So far in 2023/24, 1,520 new defibrillators have been registered by LAS, bringing the total to more than 9,000 publicly accessible defibrillators across London. LAS is committed to providing many more of these vital pieces of equipment in the areas with the greatest need.

The LAS Public and Patients Council (LASPPC) brings together a wide range of patients and public representatives across London. The council, which is co-chaired by Dame Christine Beasley and Michael Bryan, meets at regular intervals to give feedback on the care we provide and to help shape the way care is delivered. Members provide a voice for patients, the public, and carers in the design, development, and delivery of Trust services.

Throughout 2023/24, the Council worked collaboratively with the Trust to ensure that its new five-year strategy for 2023-2028 was developed with patients and the public. This was achieved by council members advising the Trust on engagement activities which included the commissioning of Healthwatch organisations across London to conduct patient engagement with local communities. As a result, people from diverse communities across London were able to share their experiences which ensured that the commitments in the strategy reflected the needs of all Londoners.

Additionally, council member representatives have also provided a voice for patients and the public in several of the Trust's committees and working groups. Members were involved in a health inequalities workshop to help the trust identify where LAS will most effectively tackle health inequalities and build the foundations for an action plan due to be launched later in 2024. Council members have also played a key role in developing the Trust's Quality Priorities for the year and participated in the first Quality Improvement Conference in October 2023. Reports from regular council meetings are also presented to the Trust board.

Our Trust Board meetings are held in public and we regularly hear a patient story. This helps to ensure patients feel heard by the organisation and provides an opportunity for Board members to hear about patients' experiences first-hand and for these experiences to provide learning for colleagues across the Service.

Anti-bribery and anti-slavery statement

The Trust does not tolerate any form of fraud, bribery or corruption by its employees, partners or third parties acting on its behalf. We investigate allegations fully and apply sanctions to those found to have committed a fraud, bribery or corruption offence.

The Trust contracted its internal audit provider to provide its local counter-fraud specialist (LCFS) services in accordance with Secretary of State Directions. The Board's Audit and Risk Committee formally approves the counter-fraud annual work plan and progress reports are provided to the committee at each of its meetings.

The Modern Slavery Act 2015 introduced changes in UK law focused on increasing transparency in supply chains, to ensure they are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking).

The Trust fully supports the government's objectives to eradicate modern slavery and human trafficking and encourages its staff to pursue training, such as the one developed by Health Education England to train NHS staff, and direct its staff to further resources available

Public Value

The Trust delivered a year-end surplus of £0.2m after adjustments for impairments, donations and centrally allocated stock. The Trust's total income was £688.6m, which was an increase of £42.4m (6.6%) on the prior year, as shown in the table below. The Trust also invested £37.0m in maintaining and updating the Trust's capital and leased assets.

Finances	2021/22 £'m	2022/23 £'m	2023/24 £'m
Total Income	£603.1	£646.2	£688.6
Year end Surplus	£0.7	£0.1	£0.2

Investment	2021/22 £'m	2022/23 £'m	2023/24 £'m
Capital expenditure and leases	£44.9	£40.7	£37.0

Throughout the year we have continued to focus on maximising available resources to provide the best possible value for the public, who ultimately fund the London Ambulance Service. The Trust delivered a small surplus (£0.2m) and achieved the control total agreed with North West London Integrated Care System.

The Statement of Comprehensive Income (SOCI) in the financial statements showed that the Trust reported a deficit of £0.7m. However, the NHS financial performance regime allows for a number of adjustments to be made so that financial performance during the year can be assessed more accurately. The Trust's financial performance is therefore measured following these adjustments - the Trust delivered a £0.2m surplus, as measured against the NHS performance targets.

The table below shows the movements from a deficit of £0.7m to a surplus of £0.2m.

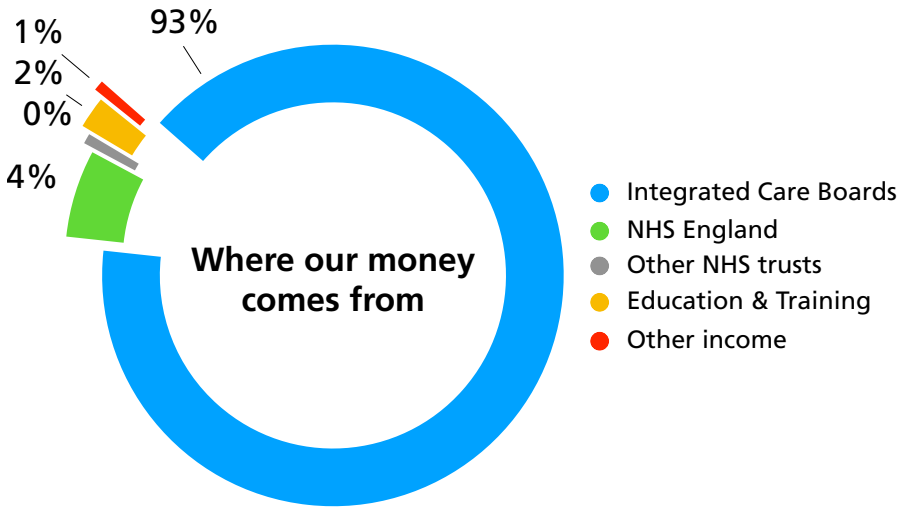
	2023/24, £'m
Accounting deficit for 2023/24	(0.7)
Add back impairments charged to expenditure	0.7
Add back peppercorn lease depreciation	0.1
Remove net impact of DHSC centrally procured inventories	0.1
Year end Surplus	**0.2**

Where our money comes from

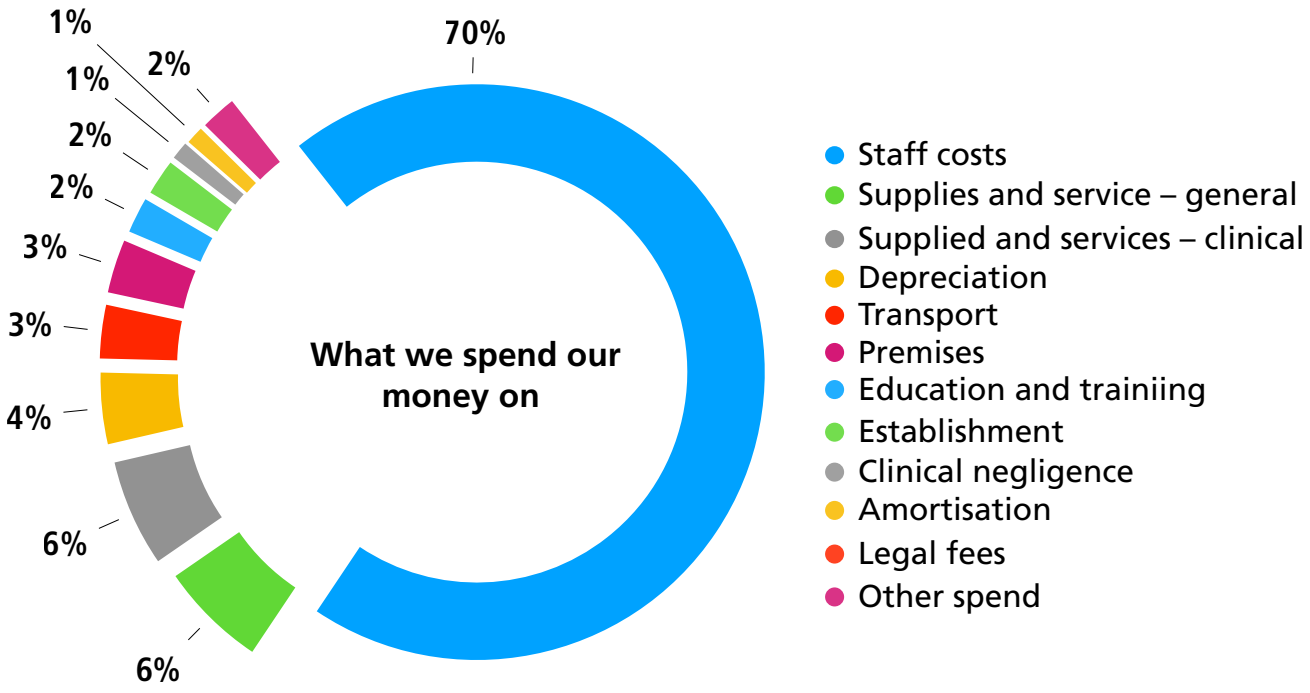
In 2023/24 the Trust was operating under a financial regime that required contracts to be agreed between providers and commissioners. The Trust agreed contracts with all of our commissioners, covering patient care, education and non-NHS commercial income. The Trust's largest contract, covering 82% of the total income was a block contract with the five London Integrated Care Systems for the provision of 999 patient care services. The Trust's remaining contracts were a combination of block and variable income contracts for 111 services, education, and contracts with Primary Care Networks for provision of paramedic services.

The total income received by the Trust during 2023/24 was £688.6m of which £674.6m was for provision of patient care and £14.0m for non-patient care, the majority of which is made up of training and education.

Patient Care Income from Integrated Care Boards was £640.3m and from NHS England was £25.2m. A further £3.5m patient care income was received from other NHS trusts.



Where we spend our money



The highest proportion of the Trust's expenditure (70%) is spent on staff costs in order to enable the Trust to deploy services and provide the highest quality of patient care. Supplies for clinical and general services account for a further 12% of the total expenditure, reflecting the Trust's focus on delivering patient care.

Capital expenditure

During 2023/24 London Ambulance Service spent £37m on capital expenditure in the following areas:

- £20.7m on increasing and modernising its fleet to replace ageing vehicle, and meet low emission targets and improving crew safety systems;
- £11.1m on estates modernisation including a new 111 centre in Croydon;
- £3.5m on digital programmes;
- £1.7m on new or renewed capital leases.

Improving value for money

During 2023/24 the Trust continued to focus on improving value for money to the public and saved £25m through a number of schemes including improving our productivity through decrease of sickness levels, improved supply chain management and reducing overhead costs.

External Auditors

The Trust's external auditor is KPMG for 2023/24. The cost of the auditor's statutory work for 2023/24 was £0.1m (£0.1m in 2022/23) which included the auditing of the annual accounts and this annual report.

Key financial targets for 2023/24

Target	2023/24 Performance	Target met	2022/23 Performance	Target met
Achieve the Financial Performance total set by NHS England	The Trust reported a surplus of £0.2m	**Yes**	The Trust reported a surplus of £0.2m	**Yes**
Do not overshoot the External Finance Limit (EFL)	The Trust stayed within its EFL Limit	**Yes**	The Trust stayed within its EFL Limit	**Yes**
Do not overshoot the Capital Resource Limit (CRL)	The Trust stayed within its CRL limit	**Yes**	The Trust stayed within its CRL limit	**Yes**
Meet the capital cost absorption rate (CCAR) of 3.5% of net assets	The Trust kept within the 3.5% CCAR , resulting in dividends of £4.8m	**Yes**	The Trust kept within the 3.5% CCAR, resulting in dividends of £4.4m	**Yes**
Meet the requirement of the Public Sector Payment Policy to settle creditors within 30 days	The Trust scored very close to the 95% Target: 94.5% on value 89.3% on volume	**No**	The Trust scored very close to the 95% Target: 93.59% on value 90.31% on volume	**No**

Looking forward to 2024/25

A capital plan of £51.3m has been finalised for next year. A proportion of this programme is committed to updating the Trust's ambulance fleet with a planned investment of £19.2m during next financial year.

The Trust has agreed a balanced income and expenditure plan with North West London Integrated Care System for 2024/25. As part of this, the Trust has planned for a revenue savings programme of £30m for 2024/25 to ensure we continue to deliver value and provide the maximum level of patient care for the resources we receive.

In order to ensure the maintenance of an appropriate control environment, the Trust's Standing Financial Instructions and Scheme of Delegation remained in place throughout 2023/24 to ensure that appropriate oversight and assurance was maintained, whilst recognising the significant operational pressures facing the Trust.

London Ambulance Service Charitable fund

This year, we continued to grow and promote the profile of the London Ambulance Charity.

The Charity has a cash balance of £1.2m as at 31 March 2024, £446k which can be attributed to the unspent element of NHS Charities Together grants. Spend for the year totals £68k and income £230k.

The LAS Charitable Fund continues to support wellbeing initiatives and improve community resilience, enhancing our Service beyond what is capable with core government funding.

With an income of £230k, the charity saw community engagement grow exponentially this year.

Charity events

We started the year by cheering on 20 incredible runners – our biggest team yet - who took on the London Landmarks Half Marathon and raised over £290 for the Charity. This was followed by an inspirational 10 members of LAS staff who took on the challenge of running the London Marathon and raised £2,000.

Additionally, the Charity hosted two challenge events – the ArcelorMittal Orbit (AMO) Abseil and 'Conquer The O2'. The AMO Abseil saw participants bravely complete an 80m free-fall abseil off the UK's tallest sculpture and raise over £4,300.

80 participants took part in 'Conquer The O2' and ascended 52 metres up The O2 Arena in an incredible event that raised an astounding £20k.

The amounts raised by our fundraisers through these events will advance the services we provide through programmes such as supporting staff and volunteer's physical and mental wellbeing and to help staff deliver front line patient care more effectively.

Charity impact

17 grants were approved totalling more than £57k for projects specifically requested by staff to improve their working environments.

Additionally, a further £50k ensured Wellbeing Cafes and Wellbeing Support Vehicles remained open for another year. These initiatives provides our staff and volunteers with a nutritious snack and a wellbeing conversation whilst on shift when breaks are difficult to take.

London Lifesavers – Schools Roll-Out

The London Lifesaver project, funded through a generous grant from NHS Charities Together, has been training Londoners with life-saving skills and the confidence to use public access defibrillators. This year, the project taught 5,000 year 8 pupils in areas identified as experiencing health inequalities.

Looking ahead

We continue to deliver the objectives of the charity's five-year strategy supporting the wider Trust objectives and to drive the charity to reach its full potential. Year two of the strategy included growing our supporter database, increasing our events activity, expanding the charity team and planning a large-scale fundraising campaign.

The charity looks to embark on 2024/25 with the launch of its own website, launching a large-scale fundraising campaign and diversifying income streams through focused fundraising activity.

Income levels will continue to surpass those of pre-pandemic levels and focus on unrestricted income streams which deliver most flexibility to the charity and its beneficiaries.

Partner charities

Looking outside of our own charity, we value our partnership with London's Air Ambulance Charity (LAAC). We provide paramedics to respond to life-or-death emergencies by helicopter and by car. Every day one of our paramedics works alongside a doctor as part of the London's Air Ambulance service to treat patients, while a second paramedic is in our 999 control room deciding which calls might need this advanced trauma team.

Additionally, we support the charity by providing our clinicians to work alongside an emergency medicine doctor on the Physician Response Unit. The team carries advanced medication, equipment and treatments usually only found in hospitals, which means patients can be treated in their homes rather than being taken to an emergency department.

We also work closely with St John Ambulance, often to plan and prepare for large public events, with our partnership strengthening during the pandemic.

We are extremely grateful to NHS Charities Together for the support they have given us, including funding for the London Lifesavers initiative and equipment for our Emergency Responder volunteers that support the frontline.

As well as our long-established relationships with charities, we are developing new ones to share best practice as we aim to boost our own charity and volunteering programme.

Going Concern Disclosure

Our full accounts, presented at the end of this report, have been prepared in accordance with the directions made under the National Health Service Act 2006 and NHS England, the Independent Regulator of NHS Trusts. The Chief Financial Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the Department of Health Group Accounting Manual 2023/24. After making enquires, the Chief Financial Officer has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future and this has been tested using unmitigated and mitigated downside scenarios. For this reason the Trust continues to adopt the Going Concern principle in preparing the annual accounts and annual report. The CFO considers the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance and strategy.

Accountable Officer, Daniel Elkeles

Organisation: London Ambulance Service NHS Trust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2. Accountability Report

Corporate Governance Report

Director's Report

(Board members) Non-Executive Directors	Name	From	Until
Chair	Andy Trotter	01/07/2022	30/06/2026
Non-Executive Director	Karim Brohi	01/03/2019	28/02/2025
Non-Executive Director	Sheila Doyle	06/02/2017	05/02/2025
Non-Executive Director	Amit Khutti	01/01/2018	31/12/2023
Non-Executive Director	Shera Chok	01/02/2024	31/01/2027
Non-Executive Director	Rommel Pereira	01/02/2020	31/01/2026
Non-Executive Director	Mark Spencer	01/03/2019	28/02/2025
Non-Executive Director	Anne Rainsberry	01/05/2021	30/04/2025
Non-Executive Director	Robert Alexander	01/09/2021	31/08/2027
(Board members) Executive Directors			
Chief Executive	Daniel Elkeles	16/08/2021	Present
Deputy Chief Executive and Chief Paramedic and Quality Officer	Dr John Martin	01/03/2021	14/12/2023
Deputy Chief Executive and Chief Medical Officer	Dr Fenella Wrigley	01/03/2016	Present
Chief Paramedic Officer	Pauline Cranmer	Acting from 14/12/2023	Substantively from 30/04/2024
Chief Finance Officer	Rakesh Patel	01/12/2021	Present
Director of People and Culture	Damian McGuinness	14/06/2021	Present
Directors			
Director Corporate Affairs	Mark Easton	04/01/2022	Present
Director of Strategy and Transformation	Roger Davidson	31/01/2022	Present

1.2 Composition of the Board of Directors

Our Trust Board is made up of 13 members — our Chair, seven non-executive directors and five executive directors (including our Chief Executive). We consider all of our NEDs to be "independent" as defined by section 2.6 of the NHS Code of Governance. Our Deputy Chair, Rommel Pereira, undertakes the duties of the senior independent director.

The trust website lists a description of each director's skills, expertise and experience.

The Board believes its balance and completeness is appropriate to the requirements of the trust.

The Chief Executive and the other executive directors are appointed through a process of open advertising and formal selection interview. Non-executive directors are appointed by the same method but through NHS England. All Executive appointments are permanent and subject to normal terms and conditions of employment.

Name	Role	Description of Interest	Relevant Date From	Relevant Date To
Andrew Trotter	Chair	Chair – Oxleas NHS Foundation Trust	01/09/15	Present
		Member of the Home office Independent Advisory Group on Emergency Services communication network – Home Office, HM Government. January 2018, ongoing	01/01/18	Present
Robert Alexander	Non-Executive Director	Trustee of Charity, Demelza ChildrensHospice	August 2019	March 2024
		Vice Chair Imperial College Healthcare NHS Trust	April 2021	Present
		Non-Executive Director, London North West University Healthcare NHS Trust	September 2022	Present
		Non-Executive Director - Community Health Partnerships Ltd	April 2019	Present
		Advisor - CHKS Ltd	November 2018	Present
		Health Advisor - Chartered Institute of Public Finance & Accountancy	April 2018	12/23
		Trustee Chair London Ambulance Charity	September 2021	Present
Rommel Pereira	Non-Executive Director	Non-Executive Board Member and Chair of Audit & Risk Committee, The National Archives	01/05/21	30/04/24
		Non-Executive Director, Chair of Audit and Risk Committee and Deputy Chair, Homerton Healthcare NHS Foundation Trust	01/06/19	31/05/23
		Non-Executive Director and Chair of Group Audit Committee, The Riverside Group	1/12/2021	19/04/23
		Non-Executive Director Board Member and Chair of ARC – NHS Supply Chain	06/01/23	Present
		Holding Director, London Ambulance Service Dormant Companies		Present
		London Emergency Care ltd, Holding Director Dormant Company		Present
		London Urgent Care Ltd, Holding Director Dormant Company		Present
		Trustee London Ambulance Charity		Present
Anne Rainsberry	Non-Executive Director	Advisor, Telstra Health	01/12/22	Present
		Advisor Carnal Farrar	01/04/21	Present
		Director, What if Consult Ltd Provision of executive coaching and board development	01/01/21	Present
		Advisor Portland Communications	01/12/22	Present
Sheila Doyle	Non-Executive Director	Deloitte – Employee	01/01/16	29/12/23
		NHS Supply Chain	01/01/24	Present
		Independent Trustee on the Board of Trustees for The Peoples Pension	01/04/24	Present

Name	Role	Description of Interest	Relevant Date From	Relevant Date To
Karim Brohi	Non-Executive Director	Queen Mary University of London Professor of Trauma Sciences, / Honorary Consultant Trauma Surgeon, Barts Health NHS Trust	01/03/08	Present
		Clinical Director, London Major Trauma System NHS England (London)	01/10/15	Present
		Advisory Board Member to AI Nexus who are in early phase innovations of artificial intelligence applications for healthcaremonitoring and diagnosis.	01/05/21	Present
Dr Mark Spencer	Non-Executive Director	GP in HMP Bullingdon, Buckinghamshire, Subcontracted to Practice Plus (formerly CareUK)	01/04/21	Present
		Health care consultancy, varied – currently NEL LIS	01/04/21	Present
Fenella Wrigley	Deputy Chief Executive and Chief Medical Officer	Royal London Hospital, Barts Health Emergency Medicine Consultant Financial - Substantive NHS consultant	01/07/08	Present
		St John Ambulance London Region Regional Professional lead for Specialist Events Non-Financial - Voluntary Role	01/08/12	Present
		All England Lawn Tennis Club Chief Medical Officer - Financial	01/09/18	Present
		HM Prison and Probate Services (Ministry of Justice) Clinical Advisor (remunerated)	01/04/13	Present
		Lead Medical Advisor – NHSE Central Ambulance Team	01/10/23	Present
		Clinical Ambulance Advisor – NHSE London Region	11/01/22	Present
Daniel Elkeles	Chief Executive Officer	Holding Director, London Ambulance Service Dormant Companies	17/11/21	Present
		London Emergency Care ltd, Holding Director Dormant Company	17/11/21	Present
		London Urgent Care Ltd, Holding Director Dormant Company	17/11/21	Present
		Trustee London Ambulance Charity	17/11/21	Present
Rakesh Patel	Deputy Chief Executive and Chief Finance Officer	Independent Governor and Member of the Finance Committee Greenwich University	01/09/23	Present
Mark Easton	Interim Director Corporate Affairs	Trustee, Royal College of Ophthalmologists - unpaid four year post	01/01/22	01/01/26
Roger Davidson	Director of Strategy and Transformation	Independent Trustee on the board of the EFL (English Football League) Trust, the charitable arm of the English Football League		Present
Damian McGuinness	Director of People and Culture	NIL	01/04/22	Present

Annual Governance Statement for London Ambulance Service NHS Trust 2023/24

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of London Ambulance NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in London Ambulance Service NHS Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

Leadership of risk management process

1. As Chief Executive, I am responsible for overseeing risk management across all organisational, financial and clinical activities. All executive directors report to me and their performance is held to account through both individual and corporate objectives that also reflect the objectives of the Board.

2. The Trust's Risk Management Strategy and Policy sets out the accountability and reporting arrangements for risk management and the processes that maintain sound internal control. Risk management is a key component of enhancing patient and staff care and is an integral part of the Trust's strategic management. It is the process whereby the Trust methodically addresses the risks related to its activities with the goal of achieving sustained benefits to patient care and outcomes through delivery of the LAS Strategy. The processes set out in the Risk Management Strategy and Policy ensure clearly defined roles and responsibilities for the senior leadership team and clarity around the arrangements and purpose of the Board Assurance Framework and Corporate Risk Register.

   The policy aims to promote a positive culture towards the management of risk and provides clear, systematic approaches to ensure risk assessment is integral to all clinical, managerial and financial processes. The focus of risk management at LAS is about being aware of emerging problems, working through what impact they could have and implementing changes and plans to mitigate against the worst case scenario. This is achieved through ensuring clear leadership and accountabilities throughout the Trust and encouraging cross directorate working.

   Operationally, responsibility for the implementation of risk management has been delegated to Chief Medical Officer, and the Director of Corporate Affairs. The Chief Medical Officer also holds responsibility for patient safety. The Chief Paramedic holds responsibility for quality improvement, health & safety and safeguarding.

3. The Chief Medical Officer is the quality governance lead for the Trust and is responsible for the Trust's Risk Management Strategy and Policy and Incident Management Policy, including patient safety incidents.

4. They are also responsible for promoting and ensuring implementation of Trustwide systems and processes to enable the Trust to meet requirements in relation to clinical governance and risk, up to and including the Trust's Corporate Risk Register.

5. The Director of Corporate Affairs supports the

Executive Committee in carrying out their responsibilities for risk management and takes the lead on behalf of the Trust Board for maintaining the Board Assurance Framework.

6. The Board Assurance Framework aligns with national guidance and reflects assurance on the high-level risks that are deemed the most significant through the year. Executive Committee members individually, and collectively, have responsibility for providing assurance to the Trust Board on the controls in place to mitigate their associated risks to achieving the Trust's strategic objectives, including compliance with the all the Trust's licences. The Trust Board's Assurance Committees have responsibility for providing assurance in respect of the effectiveness of these controls through regular scrutiny of risks in their area, and associated controls.

Staff Training

7. The Trust provides a comprehensive mandatory and statutory training programme which includes governance and risk management awareness, ensuring that staff are trained and equipped to identify and manage risk in a manner appropriate to their authority, duties and experience.

8. The Trust's Risk Management Strategy and Policy sets out the approach that it takes to the provision of training in relation to risk management. An e-learning package 'Introduction to Risk Management' has been developed and is available to all staff through ESR. All department leads/ managers that are responsible for implementing the risk management procedure locally receive more specialist training to enable them to fulfil their responsibilities. This training is generally offered on a one to one basis and tailored to be relevant to suit the responsibilities and risks associated with their role. All risk management training is recorded centrally in ESR. Staff have access to comprehensive risk guidance and advice via Risk Management Leads in the Quality Directorate, information embedded in the Risk Management page on the Trust intranet and by referring to the Risk Management Procedure. The Trust Risk Manager also supports staff in risk reviews and escalation through monthly quality governance meetings. The recent internal audit of Risk Management indicated that overall key risk management personnel have a good understanding of the risk management process.

9. Risk management training is provided to Executive Committee and Board members every two years, in respect to high level awareness of risk management and to ensure that risks aligned to their remit are reviewed.

10. The Trust's mandatory and statutory training programme is regularly refreshed to ensure that it remains responsive to the needs of Trust staff and volunteers. There is regular review of the requirements of the Trust's Mandatory Training Policy and Training Needs Analysis (which includes elements of governance and risk management training) and the duty of staff to complete training deemed mandatory for their role.

11. Monitoring and escalation arrangements are in place to ensure that the Trust maintains its current good performance and can ensure targeted action in respect of areas or staff groups where performance is not at the required level.

The Risk and Control Framework

12. The Risk Management Strategy and Policy provides the overarching principles, framework and processes to support managers and staff in the management of risk by ensuring that the Trust is able to deliver its objectives by identifying and managing risks, enhancing opportunities and creating an environment that adds value to ongoing operational activities. The Trust has adopted a holistic approach to risk management incorporating both clinical and non-clinical risks. This includes but is not limited to; strategic, financial, operational, regulatory, environmental and reputational risks.

13. The Trust's Risk Management Strategy and Policy is an integral part of the Trust's approach to continuous quality improvement

and is intended to support the Trust in delivering the Trust's key objectives as well as ensuring compliance with external standards, duties and legislative requirements.

14. The Trust recognises that risk management is an integral part of good management practice and to be most effective, risk management should become part of the Trust's culture. The Board is therefore committed to the identification, evaluation and treatment of risk as part of a continuous process aimed at identifying threats and driving change. Risk management is a fundamental part of both the operational and strategic thinking of every part of the Trust's business including clinical, non-clinical, corporate and financial risk.

15. Risks to data security are managed by the Information Governance Group which oversees the organisations attainment of Data Security and Protection Toolkit standards. This group provides a regular report to the Audit Committee which leads for the Board in this area.

16. To strengthen arrangements for assurance on the accuracy and robustness of performance information the Trust has this year established a data quality group and a Digital and Data Board Assurance Committee which leads on digital strategy and seeks assurance on data quality.

17. Risks are identified routinely from a range of reactive/pro-active and internal/external sources including workplace risk assessments, analysis of incidents, complaints / PALS, claims, external safety alerts and other standards, targets and indicators. These are reviewed to understand the organisational impact and are then RAG rated for inclusion, if appropriate, in the Trust's Corporate Risk Register and/or the Board Assurance Framework (BAF).

18. A Risk, Compliance and Assurance Group (RCAG) exists to review and monitor risks added to the Risk Register and BAF. In addition, regular update reports from the BAF are submitted to the relevant Board Assurance Committees and Trust Board. The Audit Committee has delegated authority on behalf of the Trust Board for ensuring effective arrangements for the identification and management of risk are in place and remain appropriate. The Trust recognises that, as risks can change and new risks emerge over time, the review and updating of risks on the risk register and within the BAF is an ongoing, dynamic process.

19. The Board Assurance Framework (BAF) for 2023/24 has been updated to align with LAS's three strategic themes and ten key objectives in the Trust business plan. These objectives feed into objective setting for the executive team and thereafter to staff.

20. Each objective within the BAF is assigned to a lead assurance committee, which reviews evidence and reports from lead executives on performance, issues and risks. Alongside a robust internal audit programme, this enables the Trust Board to be assured that risk management within the Trust is being managed appropriately.

21. In accordance with the Trust Board's Scheme of Delegation, responsibility for the management and control of a particular risk rests with a named Directorate / Sector / Station. However, where action to control a particular risk falls outside the control / responsibility of that domain, where local control measures are considered to be potentially inadequate or require significant financial investment, or the risk is 'significant' and simply cannot be dealt with at that level, such issues are escalated to the appropriate corporate committee, being the RCAG, the Executive Committee or the Trust Board for a decision to be made.

22. Risk management is embedded in the activity of the organisation by virtue of robust organisational and committee structures which are reviewed and amended as necessary on an annual basis.

23. Of fundamental importance to the early identification, escalation and control of risk is the Trust's commitment to the ongoing development of a culture where incident reporting is openly and actively encouraged

and the focus is on 'what went wrong', and not 'who went wrong', thus encouraging a progressively 'risk aware' workforce.

24. The Risk Appetite Statement is a written articulation of the degree of risk exposure, or potential impact from an event, that the Trust is willing to accept in pursuit of its strategic goals and corporate objectives. This is regularly reviewed and agreed by the Board. The full risk management statement is included within the Trust's Risk Management policy and strategy and is available to staff on the intranet.

25. LAS endeavours to establish a positive risk culture within the organisation, where unsafe practice is not tolerated and where every member of staff feels committed and empowered to identify and correct and/or escalate system weakness.

26. The Board identified the following major and emerging risks in 2023/24.

Achieving Ambulance Performance Standards in view of demand pressures, handover delays and capacity in UEC.

We have seen significant improvements over the last year in our responses to both Category 1 and 2 patients despite significant pressure in terms of demand and time lost at hospitals.

Working in collaboration with colleagues from hospital trusts and the ICBs we have developed, agreed and implemented a handover process that ensures patients are accepted by hospitals and ambulances released within 45 minutes of their arrival.

We have significantly increased the number of front line staff through increased recruitment but also with the introduction of teams based working that has reduced the number of our people leaving the organisation but also in improving our sickness levels.

Similar increases in our fleet in combination with working patterns more closely aligned to demand have allowed an improved response to our patients in greatest need.

The implementation of a proof of concept pilot that seeks to provide additional clinical support to dispatch decisions and a localised focus on resolving patients concerns without need to send an ambulance have brought success and will be rolled out more widely in the coming year.

We continue to maintain an ongoing focus on our high acuity patients and seek to improve our response to them throughout the coming year.

The potential for failure in IT systems and disruption through cyber-attacks.

Over the last 12 months, we have continued to mitigate the risks we have around legacy and out of support infrastructure and improving our resilience with the implementation of our revised architecture model to migrate to tier three data centres. We have upgraded our data network to include failover and resilience at our core sites providing assurance on our key systems.

We now have a full replica of our CAD environment and a full test suite of environments of our key clinical and operational products. We continue to develop both our CAD and ePCR product sets to support front line staff.

The programme to replace the existing Mobile Data Terminals (MDTs) in Trust emergency vehicles is underway with a third of both our legacy and new fleet now fitted with the new MDTs. These data terminals communicate information between the computer-aided dispatch system to our ambulances and are crucial for our colleagues on the ground.

We continue to mitigate this threat of cyber-attack through technical solutions and utilising support from NHS England. Over the last 12 months, we have established a fully staffed cyber, risk and governance team and implemented Artificial Intelligence threat detection software with cyber security monitoring and assurance.

We may not meet our financial plan including delivering CIP and securing appropriate levels of income for 2024/25.

This was identified as an emerging risk towards the end of the year as the financial environment

became more challenging as we headed into the commissioning round for the year ahead. The Trust continues to discuss with commissioners how to secure the appropriate resources to meet our performance targets. The mitigation, if necessary, will be to flex our Category 2 performance.

27. The Trust also has in place a range of mechanisms for managing and monitoring risks in respect of quality including:

    - The Trust's Quality Strategy is aligned to the Care Quality Commission (CQC) fundamental standards and reflect the new framework which was introduced in 2023/24. In order to adhere to the NHS (Quality Accounts) Regulations 2010, the Trust Board also agree annual priorities for improvement which are included in our annual Quality Account.

    - The Trust has a Quality Assurance Committee (a committee of the Board) which meets bi-monthly and is chaired by a non-executive Director who is a practising clinician. The Quality Assurance Committee is responsible for monitoring performance against the agreed annual quality objectives and is supported by the bi-monthly Quality Oversight Group as well as local Sector/Service Quality Governance meetings. The Quality Assurance Committee provides a report of each meeting to the Trust Board.

    - Performance against key quality indicators are reported to the Trust Board in the Trust's Quality Report and Integrated Performance Report.

    - Quality improvement programmes and projects are progressed through the Trust's Quality Improvement Programme Board which follows governance and assurance through escalation to relevant committees and groups up to Trust Board.

    - A Station/Site Accreditation programme was developed in 2020 and continues annually across the Trust. The programme aims to bring together key measures of quality standards to enable a structured approach to assessing the quality of care at station/service level. It also sets specific standards that have to be met by a station/service for it to achieve accreditation status. The programme is underpinned by staff engagement to ensure sustained improvement and is owned, led and driven by local management teams

28. Throughout 2023/24 the Quality Improvement and Learning (QI&L) team has monitored both the Trust's Risk Management system, Datix and data obtained from Business Intelligence (BI) to identify and review patient safety incidents arising from delays during periods of high demand, sharing learning where required.

Workforce Strategy and Staffing Systems

29. The Trust ensures that short, medium and long-term workforce strategies and staffing systems are in place and provide the Trust Board with assurance that staffing processes are safe, sustainable and effective. In compliance with the recommendations of "Developing Workforce Safeguards", the Trust:

    - has produced a detailed workforce plan for 2023/2024 and a high level five year workforce plan so that structural changes and new skill requirements can start to be modelled as early as possible in management's workforce plans

    - has a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service and to keep them safe.

30. In 2023/24 the Trust continued its focus on the strategic risks associated with workforce, through the People and Culture Committee (a sub-committee of the Board) and the Executive Committee. The People and Culture Committee has continued to focus upon further development of a workforce planning model, providing assurance to the Board on this. The Executive Committee has received regular reports on strategic workforce planning activities, to provide additional oversight in this area.

31. We have established a Board assurance committee, the Equality, Diversity and Inclusion Committee, which is chaired by a non-executive director. The Committee monitors our EDI strategy and champions our practice and approach to EDI issues.

32. We are working towards ensuring our workforce better reflects the diversity of the population it serves in London. We end 2023/24 having recruited more than 500 BME staff, representing over 38% of all our new starters. We now have more than 1,900 BME staff which is 24% representation There is still more to do to increase these numbers and we will continue to put time, effort and attention into this work.

33. We have also worked hard to increase gender diversity and our female representation Trust wide has increased to 52% although representation at senior levels remains an area for improvement. The gender pay gap reduced from 11.4% to 4.8%.

CQC registration

34. During 2023/24, CQC inspection activities at the Trust included regular engagement calls and virtual monitoring meetings.

35. The CQC's overall rating of the Trust remains "Good".

36. The Trust is fully compliant with the registration requirements of the Care Quality Commission.

Compliance with the NHS Provider Licence

37. The Board reviews the terms of reference of its assurance committees on an annual basis to ensure their effectiveness. The Audit Committee meets once a year with the internal and external auditors without the presence of executive directors or staff. In addition, the Local Counter Fraud specialist presents a report to every meeting of the Audit Committee on measures to tackle Fraud, Bribery and Corruption and also the importance of reporting concerns as appropriate. The Trust also has a Remuneration and Nominations Committee consisting of the non-executive directors, joined when appropriate, by the Chief Executive, the Director of People and Culture and the Director of Corporate Affairs. In addition, the Board has established a number of assurance committees which focus on key aspects of the Trust's work. Each Committee is chaired by a non-executive director. All assurance committees undertake an annual self-assessment of their effectiveness, which is reported to the Board. The Audit Committee also submits an Annual Report to the Trust Board and reviews the Standing Financial Instructions and Scheme of Delegation.

38. The Remuneration and Nominations Committee oversees compliance with the process used in relation to senior appointments, and succession planning. The whole Board considers the performance of the Board and its committees, the outcomes and actions taken as a result of the evaluation, and how these have or will influence board composition.

39. The terms of reference also serve to define the responsibilities, accountabilities and reporting lines of each assurance committee. The Board receives a report following each assurance committee meeting, and is therefore able to both receive assurance but also challenge any of the decisions made. Each assurance committee also has an identified lead Executive Director.

40. Key performance reports covering corporate, clinical, quality, workforce, finance and operational performance are received at each formal meeting of the Board and an annual report from the Audit Committee, these are made available on the Trust's website.

41. The Quality Assurance Committee receives regular reports from clinical and operational staff and through a number of documents such as the Serious Incident Reports, Quality Oversight Group, and claims and inquests updates and is able to have oversight and challenge the Trust in relation to the quality of patient care. The Trust's Chief Medical Officer, Chief Paramedic and Quality Officer and the

Director of Corporate Affairs attend all meetings of the Committee. In addition, the Committee is chaired by a clinician who is a non-executive director of the Trust.

Roles and Responsibilities

42. The Trust Board holds overall responsibility for the management of risks within the Trust. The Board ensures significant risks to the Trust's ability to provide a quality service are identified and managed. The Board reviews all significant risks at each formal meeting.

43. Non-executive directors seek assurance in relation to the performance of the Executives in meeting agreed goals and objectives. They are required to satisfy themselves as to the integrity of financial, clinical and other information, and that financial and clinical quality controls and systems of risk management and governance are robust and implemented.

44. The Chief Executive is responsible for ensuring that a system is in place for reporting of all incidents.

45. All Executive Committee members hold responsibility for the identification and management of their risks and ensure they are documented, registered and updated in a timely fashion for the relevant forums to review. They are responsible for the risk management process within the Trust and as such ensure:

46. The review of risk and risk registers is maintained in accordance with Trust strategy.

- all staff have the ability to identify risks and propose they are assessed and entered onto the relevant section of the Trust Risk Register.
- monitoring and timely review of the Risk Management Strategy and associated policies.
- provision of expert advice into the incident reporting process.
- all Managers within their Directorate are familiar and act in accordance with Trust policies.
- incidents are reported and investigated in accordance with the Trust's Incident Reporting Process.
- Learning is shared and embedded through a range of modalities including Core Skills Refreshers, Clinical Update and Insight bulletins and podcasts.

Reporting Lines and Accountabilities

47. The Board Assurance Committees and Executive Committee provide a process for the assessment of the assurance given in relation to mitigating any identified risks for the organisation, and for the escalation of risk if necessary.

48. The purpose of the weekly Executive Committee is to lead and manage the performance of the Trust within the strategic framework established by the Trust Board. The Executive Committee makes recommendations to the Trust Board on key policy and service issues for Trust Board decision.

49. The Executive Committee has established the following sub-groups:

- The Risk Compliance and Assurance Group - to oversee the governance of the risk management process and management of risks rated greater than 15.
- The Information Governance Group - to ensure that the Trust has clear management of information governance and compliance with the Data Security and Protection Toolkit;
- The Capital Programme Board (CPB), formerly the Asset Replacement and Capital Board (ARC), oversees and manages the provision of the Trust's capital programme;
- The Supply Chain Management Board - monitor compliances with standing orders, standing financial instructions and scheme of delegation regarding procurement and management of the supply chain and

oversee development and implementation of third party supply category strategy plans.

- The Transformation Board, which ensures the delivery of the annual business plans to enable the delivery of LAS five year strategy and aligns transformation programmes that are being delivered across the Trust to ensure there is no duplication and maximum positive impact on patient care.

- The Cost Improvement Board, which oversees the Trust's cost saving programme.

50. The Audit Committee monitors risks and reviews the BAF. It critically reviews the robustness of the governance structures and assurance processes on which the Board places reliance. The committee also receives the internal and external audit report and ensures that all recommendations and actions are followed up. The Audit Committee reviews risk arrangements broadly through the Trust and commissions the audit and counter fraud programme. It has specific responsibility for cyber and information security and receives regular updates from the responsible directors. The committee met five times in 2023-24. The Audit Committee chair is the vice-trust of the chair because of his skills and experience. Although this is counter to the advice of the Code of Governance the Board is satisfied this does not represent a conflict of interest.

51. The Finance and Investment Committee has responsibility for monitoring and reviewing the adequacy and utilisation of resources to assure the Board upon the risks relating to the efficient and effective delivery of strategic and operational plans and objectives. It monitors financial risks and reviews the BAF for its responsibilities advising the Board of any material risks arising. The committee met nine times in 2023-24.

52. The Quality Assurance Committee has responsibility for providing the Trust Board with assurance on the achievement of strategic objectives in relation to the provision of a high quality, safe, and effective service. The Trust's definition of quality encompasses three equally important elements:

- Care that is safe – working with patients and their families to reduce avoidable harm and improve outcomes.

- Care that is clinically effective – not just in the eyes of clinicians but in the eyes of patients and their families.

- Care that provides a positive experience – to patients and their families. The committee met six times in 2023-24.

53. The People and Culture Committee has responsibility for providing the Trust Board with assurance on all aspects of people management and organisational development, including the identification, mitigation and escalation of people-related risks. On behalf of the Board, the Committee takes the lead in assessing and monitoring culture. It oversees a programme of action to ensure that policy, practices and behaviour throughout the business are aligned with the Trust's vision, values and strategy. The Committee considers the Trust's approach to improving the wellbeing of its workforce through programmes such as team working and investment in "Freedom to Speak Up" and promoting workplace sexual safety and freedom from harassment. The committee met six times in 2023/24.

54. The EDI Committee has responsibility for ensuring that the Trust is fulfilling all legislative and regulatory requirements relating to the equality, diversity, inclusion and human rights agenda, including compliance with mandatory reporting and action planning and CQC standards. The EDI committee is responsible for the policy on diversity and inclusion, including in relation to disability, its objectives and linkage to Trust strategy, how it has been implemented and progress on achieving the objectives. It also considers the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the Trust's workforce and

communities served. Further, the EDI committee considers the gender balance of senior management and their direct reports. The committee met six times in 2023/24.

55. The Data and Digital Committee provides the Board with assurance on achievement of LAS's strategic objective in relation to the development and delivery of its digital strategy and assurance on non-financial data quality. The committee was established in July 2023 and has met five times in 2023/24. It receives assurance from the Data Quality Group. This committee has given assurance to the Board on the implementation and completion of the Verita report on C1 reporting and data quality.

56. Schedule of Meetings and NED Attendance

	Board	FIC	Audit	QAC	P&C	Digital	EDI
Andrew Trotter	6/6						
Rommel Pereira	6/6	9/12	5/5	5/6			
Anne Rainsberry	5/6				6/6		6/6
Sheila Doyle	6/6	11/12	4/5			5/5	
Robert Alexander	5/6	12/12	5/5				
Mark Spencer	5/6			5/6	4/6	3/5	
Karim Brohi	5/6			5/6	4/6		3/6
Shera Chok	1/1		1/1	1/1	1/1	0/1	
Amit Khutti	4/4	8/9				3/3	

Public Stakeholders' Involvement in Managing Risk

57. The Trust Board meets at least six times a year in public and its papers are available on the Trust website. Members of the public are invited to watch the Board meetings and submit questions on matters of concern or interest, via a link on the Trust's website.

58. In early 2020, the Service launched the London Ambulance Service Public and Patients Council (LASPPC). The LASPPC brings together a wide range of patient and public representatives from across London, meeting quarterly to provide feedback on the services we provide and to help shape the way care is delivered. It also advises on ways for the Service to gain broader engagement. Dame Christine Beasley continues to Chair the Council and, in 2021, we appointed Michael Bryan as Co-Chair. The proceedings of the Council are reported regularly to the Board.

59. During 2021/22, we appointed public and patient representatives to key committees including infection control and prevention, frequent callers, research and development, charity operations, and this year quality improvement. In addition, we have involved public and patient representatives in key events.

60. One of the core principles of developing our new long-term strategy has been codeveloping it with patients and the public. In order to accurately reflect patient's views, we commissioned London's 33 Healthwatch

organisations to conduct patient engagement with local communities on our behalf, which resulted in the involvement of 2,100 people from diverse communities sharing their experiences from across London.

61. Our Public Education team visits hundreds of schools, community groups and organisations every year to talk to thousands of people about what happens when you dial 999, what to do in a medical emergency, teach CPR and life-saving skills. Many of their activities involve children and young people, with sessions raising awareness of the dangers of using alcohol and other legal highs, the reality of carrying knives and careers in the London Ambulance Service.

62. As part of our 5-year strategy, we are committed to reviewing our communications around 999 and 111 services to ensure that it's fit for purpose and resonates with our patients and the public. As a result, we have recently commissioned a number of face-to-face discussion groups and online interviews with 1000 people to match the demographics in line with London to provide patient and public insight help us to review our communications and devise a new campaign.

63. The Service's comprehensive website provides the public with access to information about all areas of our activity and we have a number of public-facing newsletters to keep people up-to-date with new developments and items of interest. We are also active on social media including Twitter, Instagram, LinkedIn and Facebook.

Corporate Governance Statement

64. The Trust has kept its corporate governance arrangements under review in 2023/24 to ensure that they meet the standards set out in the NHS England wellled framework. (Published at https://www.england.nhs.uk/well-led-framework/)

    The Trust can confirm that is has complied with the NHS England Code of Governance with the exception of requirement 25, which states 'the chair of the audit committee, ideally, should not be the deputy or vice chair or senior independent director'. The Trust's chair of the audit committee is its senior independent director. The Trust is satisfied that the benefits of this arrangement outweigh any risks to the effective operation of the Audit Committee.

65. KPMG LLP were appointed as the Trust's external auditors on 1 April 2022 for a three year term, with the option if both parties agree of two further one year terms. The procurement was in line with the Trust's Standing Financial Instructions and with the Audit Committee acting as the nominated Auditor Panel. During 2024/25 the Trust will undertake the process of ensuring it has auditors appointed for 2025/26.

66. The Audit Committee continually assesses the independence and effectiveness of the external audit process and has concluded that it remains both independent and effective. The external auditor provided no non-audit services in the current or prior year.

67. The directors are responsible for preparing the annual report and accounts, and they consider the annual report and accounts, taken as a whole, as fair, balanced and understandable, and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy. The audit committee considers all significant issues relating to the financial statements before they are approved. In 2023/24 this consideration included review of the Trust's 2023/24 land and building revaluation process and accounting outcomes.

Compliance Statements

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that members Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of Economy, Efficiency and effectiveness of the use of resources

68. The Trust secures the economic, efficient and effective use of resources through a variety of means:

    - A well-established policy framework with compliance (including Standing Financial Instructions) monitored through the Supply Chain Management Board and reported to the Finance and Investment Committee.
    - An organisational structure which ensures accountability and challenge through the committee structure.
    - A clear planning process.
    - Effective corporate directorates responsible for workforce, revenue and capital planning and control.
    - Detailed monthly financial reporting including progress on achievement of Cost Improvement Programmes and year-end forecasting.
    - Monthly Operational Performance meeting between Directorates and the Executive Team.

69. The Trust has in place a performance management framework aligned to both the corporate and sector divisional management structure. The framework includes a performance dashboard which includes a series of performance metrics and reflects metrics based on the Carter Report recommendations. The Trust Board reviews the operational, productivity and financial performance, and use of resources both at Trust and Divisional level. More details of the Trust's performance and some specific Trust projects aimed at increasing efficiency are included in the quality and performance report provided to each Board meeting.

70. The Board's business includes comprehensive reviews of performance against clinical, operational, workforce, corporate and financial indicators through the quality and performance report at each formal meeting. Any emerging issues are identified and mitigating action implemented.

71. The Finance and Investment Committee, which meets monthly, is chaired by a non-executive director with other non-executive directors also members. The committee provides assurance to the Trust Directors as to the achievement of the Trust's financial plan and priorities and, in addition, acts as the key forum for the scrutiny of the robustness and effectiveness of all cost efficiency opportunities. It interfaces with the other Board assurance committees, in particular the Audit Committee, as appropriate. This Committee also has responsibility for providing assurance with regard to the Trust's procurement policies and procedures.

72. The Trust's commitment to value for money is strengthened by the effective and focused use of its Internal Audit service. The Trust engages Internal Auditors to provide an independent and objective assurance to the Board that the Trust's risk management, governance and internal control processes are operating effectively.

73. The Trust has a Local Counter Fraud Specialist (LCFS) supported as required by other qualified LCFS. Any concerns can be directed to the team and, any information is treated in the strictest confidence.

74. External Auditors, Internal Auditors and Counter Fraud report to each meeting of the Audit Committee, and also meet the members of the Audit Committee without Management present.

Information Governance

75. The Trust has a robust programme of information governance improvements and awareness and a governance framework to monitor and assure the security of its information. An executive-led Information Governance Group exists as well as an Information Governance Policy framework.

76. Information governance incidents are reported on DatixWeb and the Information Governance Manager is alerted by email whenever an incident is reported on the system. Where there has been an incident, such as where we become aware of a loss of information outside the LAS, or there is a risk that personal data has been accessed or disclosed by one or more members of the public, a report is made on the Data Security and Protection Toolkit (DSPT) portal within 72 hours of the notification of the incident reaching the IG Manager. Each of these reportable incidents is assessed using the 5x5 Breach Assessment Grid in the Guide to the Notification of Data Security and Protection Incidents. This document provides detailed guidance on the reporting of these incidents and should be read by all staff who have reporting rights in the Toolkit before any report is made. The senior information risk owner (SIRO) reports breaches to the Audit Committee.

77. Dependent on the nature of the incident, the information provided on the DSPT is sent to the Information Commissioner's Office, the Department of Health and Social Care, NHS England and the National Cyber Security Centre.

78. During 2023/24 11 incidents were reported via the data security incident reporting portal to the ICO. Of the 11 incidents reported, six have been fully investigated and the cases are now closed with the ICO. The five remaining open case are either part of ongoing internal investigations, or no response has been received from the ICO

79. The Trust has an action plan to achieve 'standards met' for the DSPT for the June 2024 deadline.

Data Quality and Governance

80. Data quality and governance within the Trust is headed up by the Data Quality Assurance team. In addition to its regular Integrated Performance Report to its Board, the Trust has in place a Data Quality Strategy which includes a governance structure, policy and implementation plan.

81. The Trust has a range of policies, processes and staff guidance in place in relation to data quality. Specifically, the Data Quality Policy was updated to set out the requirements on the Trust and governance processes for assuring data quality. The purpose of the Policy is to support delivery of the governance and principles around data quality and is designed to ensure that all staff employed by the Trust understand the importance of data quality.

82. In order to strengthen the arrangements for data quality, and to address the issues with data quality which were highlighted in last year's annual report, the Trust has established a director-led data quality group, which reports to the newly-established Digital and Data board assurance committee.

Review of Effectiveness

83. As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the

NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit Committee and Quality Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

84. The Trust received the following Head of Internal Audit Opinion for 2023/24:

The role of internal audit is to provide an opinion to the Board, through the Audit Committee, on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives in the areas reviewed. The annual report from internal audit provides an overall opinion on the adequacy and effectiveness of the organisation's risk management, control and governance processes, within the scope of work undertaken by our firm as outsourced providers of the internal audit service. It also summarises the activities of internal audit for the period. The basis for forming my opinion is as follows:

- An assessment of the design and operation of the underpinning Board Assurance Framework and supporting processes
- An assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.
- Any reliance that is being place upon third party assurance.

Overall, we are able to provide Moderate Assurance (our second highest level of assurance) that there is a sound system of internal controls, designed to meet the Trust's objectives, that controls are being applied consistently across various services. In forming our view we have taken into account that:

The Trust has managed to maintain a focus on its key objectives for the year with the continuation of strong governance arrangements and management of key risks, as shown through the results of our reviews of Board Assurance Framework, Financial Reporting, Management of Occupational Health Contract Mandatory and Statutory Training and the Key Financial Systems audit of the Fixed Asset Register. There are clearly considerable operational challenges, but these do not appear to have impacted adversely on the control environment.

The Trust has reported a surplus of £0.2 million for 2023/24 (subject to audit) against its breakeven plan. In achieving this, the Trust delivered £25.1 million efficiency reductions, against a target of £25 million, of which £14.7 million were recurrent savings and £10.4 million non-recurrent measures.

The results of our work were generally positive. Five of the nine assurance audits issued provided substantial assurance in both the design of the controls and operational effectiveness. The other four assurance audits were rated a combination of substantial, moderate and limited across the design and operational effectiveness of controls. There were some significant findings in the cyber security and medical device management audits, but through our follow up work during the year, proactive action has been taken in year to address these recommendations.

The Trust has not implemented all audit recommendations within the specified timeframe. As at the end of May 2024, there are two high priority and nine medium priority recommendations overdue.

85. Maintenance and review of the effectiveness of the system of internal control has been provided by comprehensive mechanisms

already referred to in this statement. Further measures include:

- Regular reports to the Trust Board from the Trust's BAF and Risk Register including NED review / challenge.
- Regular risk management activity reports to the Trust Board covering incidents, complaints/PALS and claims analysis and including details of lessons learned / changes in practice.
- Receipt by the Trust Board of minutes / reports from key forums including the Audit Committee, Finance & Investment Committee and the Quality Assurance Committee.
- The ongoing development of the BAF.
- The provision and scrutiny of a monthly Integrated Performance Report to the Trust Board, which covers a combination of specific licence and key contractual obligations and including the identification of key risks to future performance and mitigating actions.

Conclusion

86. No significant internal control issues have been identified

87. The validity of the Corporate Governance Statement has been provided to me by the relevant Board assurance committees, most notably the Audit Committee, which have considered and commented on this statement, and by the external auditors.

88. All of the above measures serve to provide ongoing assurance to me, the Executive Committee and the Trust Board of the effectiveness of the system of internal control.

Daniel Elkeles, Chief Executive
21st June 2024

Remuneration and staff report

Remuneration

Our Remuneration and Nominations Committee consists of the Chairman and the seven non-executive directors. The Chief Executive is usually in attendance but is not present when their own remuneration is discussed.

The Remuneration and Nominations Committee is responsible for advising the Board about appropriate remuneration and terms of service for the Chief Executive, Executive Directors, and all very senior managers not paid via the national Agenda for Change pay framework. It makes recommendations to the Board on all aspects of salary, provisions for other benefits (including pensions and cars), as well as arrangements for termination of employment and other contractual terms.

In formulating their recommendations to the Board, the Committee takes into account a number of factors, including the requirements of the role, the performance of the individuals, market rates, affordability, and the NHS Very Senior Managers Pay Framework.

Executive directors are subject to normal terms and conditions of employment. They are employed on permanent contracts which can be terminated by either party with six months' notice.

Their performance is assessed against individually set objectives and monitored through an appraisal process.

During the year two senior managers disclosed in this report were contractually eligible for discretionary performance related pay if they met agreed objectives including delivery of high quality services, efficient financial management, and performance against constitutional standards. The performance of these senior managers against these objectives was assessed as part of their appraisal process. This process concluded that the objectives has been achieved and the bonus was payable. The value of these awards as a percentage of the senior manager's gross pay was the same as it was in 2022/23. In both 2022/23 and 2023/24 the agreed performance objectives were met and the performance related pay payable in full.

For the purposes of this report, the disclosure of remuneration to senior managers is limited to our executive and non-executive directors. Details of remuneration, including salaries and pension entitlements, are published on pages 102-104.

Percentage Change in Remuneration of Highest Paid Director

Reporting bodies are required to disclose the percentage change in remuneration for the highest paid director between financial years, along with the percentage change for employees of the entity as a whole. The below table provides a comparison of these changes for Salary and Allowances, and for Performance Pay and Bonuses.

	Percentage Change for Highest Paid Director	Percentage Change for Employees as a Whole
Salary and Allowances	5.7%	5.7%
Performance pay and bonuses	1.4%	-

Pay Ratio Information

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce.

Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director / member in the London Ambulance Service in the financial year 2023/24 was £240,000 to £245,000 (2022/23, £225,000 to £230,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2023/24	25th percentile	Median	75th percentile
Total remuneration (£)	36,950	50,156	61,221
Salary component of total remuneration (£)	36,950	50,156	61,221
Pay ratio information	6.6:1	4.8:1	4.0:1

2022/23	25th percentile	Median	75th percentile
Total remuneration (£)	34,709	46,859	57,917
Salary component of total remuneration (£)	34,709	46,859	57,917
Pay ratio information	6.6:1	4.9:1	3.9:1

In 2023/24, no employee (2022/23, none) received remuneration in excess of the highest-paid director.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The range of staff remuneration is £27,515 to £241,655 (2022/23 £25,158 to £230,000).

The appointment and remuneration of the Chairman and the non-executive directors are set nationally. Non-executive directors are normally appointed for a period of four years and usually serve two terms in office.

Banded Remuneration Analysis

The information contained below in the Salary and Pension Entitlement of Senior Managers has been audited by our external auditors.

Salary and pension entitlements of senior managers

Name and Title	Curent year Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of£2,500)	Total (bands of£5,000)
Heather Lawrence (to July 2022)					
Andrew Trotter, Chair, (from July 2022)	£55,001 - £60,000	£0	£0	£0	£55,001 - £60,000
Rommel Pereira, Deputy Chair	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
Robert Alexander, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
Sheila Doyle, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
Mark Spencer, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
Anne Rainsberry, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
Karim Brohi, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
Amit Khutti, Non-Executive Director (to December 2023)	£5,001 - £10,000	£0	£0	£0	£5,001 - £10,000
Shera Chok, Non-Executive Director (from February 2024)	£0 - £5,000	£0	£0	£0	£0 - £5,000
Line De Decker, Associate Non-Executive Director (to May 2022)					
Daniel Elkeles, Chief Executive Officer	£225,001 - £230,000	£0	£15,001 - £20,000	£0	£240,001 - £245,000
Roger Davidson, Director of Strategy & Transformation	£150,001 - £155,000	£0	£0 0	£0	£150,001 - £155,000
John Martin, Deputy Chief Executive and Chief Paramedic and Quality Officer (to December 2023)	£120,001 - £125,000	£0	£0	£0	£120,001 - £125,000
Pauline Cranmer, Chief Paramedic (from January 2024)	£35,001 - £40,000	£0	£0	£0	£35,001 - £40,000
Rakesh Patel, Chief Finance Officer and (from January 2024) Deputy Chief Executive	£165,001 - £170,000	£0	£15,001 - £20,000	£0	£180,001 - £185,000
Damian McGuinness, Director of People & Culture	£150,001 - £155,000	£0	£0	£5,001 - £7,500	£160,001 - £165,000
Fenella Wrigley, Chief Medical Oficer and (from January 2024) Deputy Chief Executive	£170,001 - £175,000	£0	£0	£105,001 - £107,500	£280,001 - £285,000
Clare McMillan, Chief Digital Officer	£65,001 - £70,000	£0	£0	£0	£65,001 - £70.000
Mark Easton, Director of Corporate Affairs	£95,001 - £100,000	£0	£0 -	£0	£95,001 - £100,000
Anthony Tiernan, Director of Communication & Engagement (to Oct 22)					

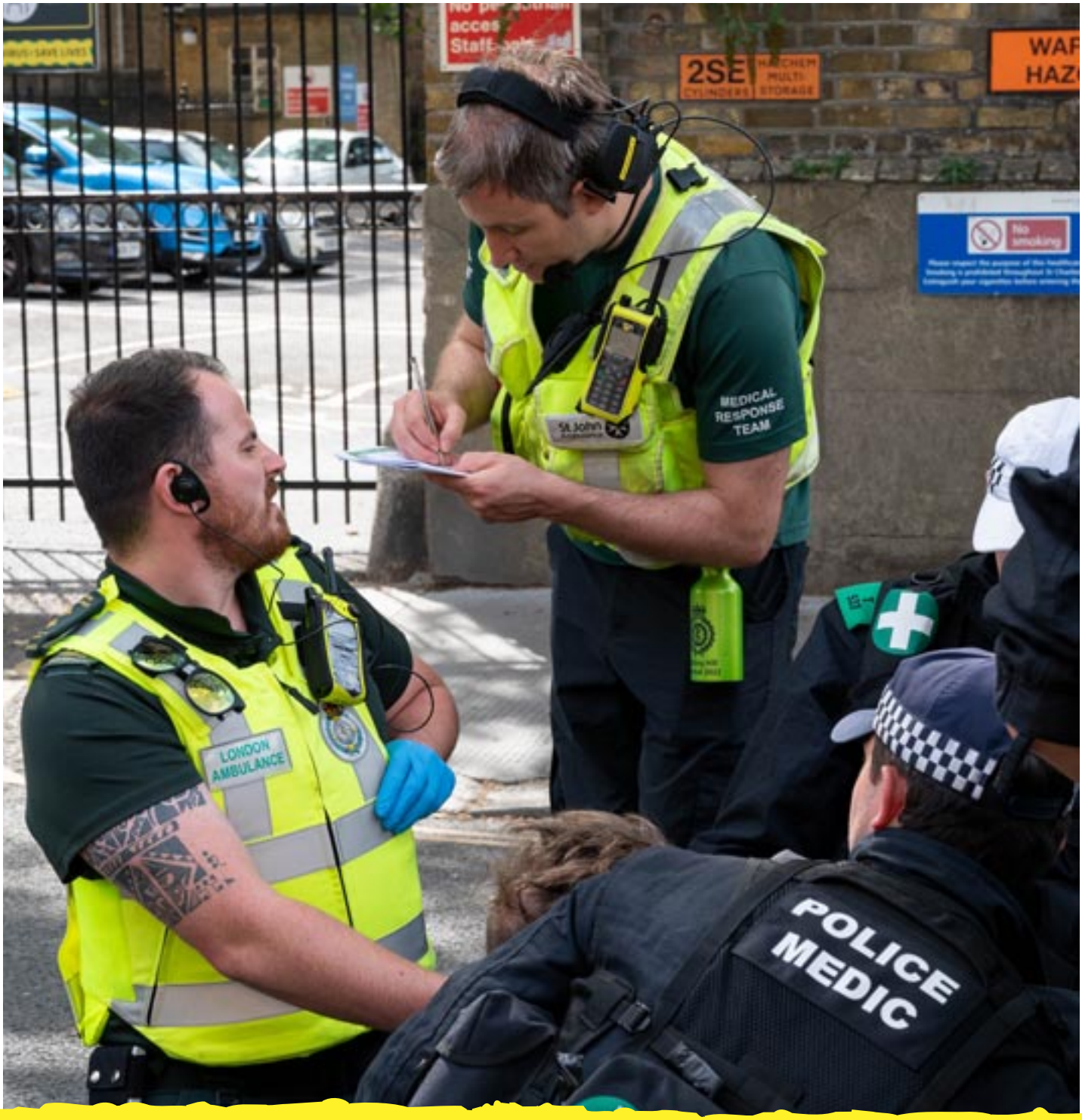
Prior year				
Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of£2,500)	Total (bands of£5,000)
£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
£40,001 - £45,000	£200	£0	£0	£40,001 - £45,000
£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
£0 - £5,000	£0	£0	£0	£0 - £5,000
£210,001 - £215,000	£0	£15,001 - £20,000	£90,001 - £92,500	£320,001 - £325,000
£130,001 - £135,000	£0	£5,001 - £10,000	£60,001 - £62,500	£200,001 - £205,000
£130,001 - £135,000	£0	£20,001 - £25,000	£22,501 - £25,000	£175,001 - £180,000
£150,001 - £155,000	£0	£15,001 - £20,000	£0	£170,001 - £175,000
£130,001 - £135,000	£0	£10,001 - £15,000	£5,001 - £7,500	£150,001 - £155,000
£140,001 - £145,000	£0		£0	£145,001 - £150,000
£110,001 - £115,000	£0		£0	£110,001 - £115,000
£60,001 - £65,000	£0		£0	£60,001 - £65,000

The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual.

The performance pay payments noted relate to the financial year 2023/24.

Dr Wrigley's pay for 2023/24 includes a National Clinical Excellence Award which recognised work across all NHS roles. The value of this award paid via the Trust was £22,000.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.



Pension Benefits

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2024	Lump sum at pension age related to accrued pension at 31 March2024	Cash Equivalent Transfer Value at 1 April 2023	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31March 2024	Employer's contribution to stakeholder pension
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£	£	£	£
Daniel Elkeles, Chief Executive Officer	£0	£60,001 - £62,500	£70,001 - £75,000	£190,001 - £195,000	£1,170,939	£268,700	£1,583,081	£0
Pauline Cranmer QAM, Chief Paramedic	£0	£22,251 - £25,000	£45,001 - £50,000	£125,001 - £130,000	£906,333	£3,223	£1,080,166	£0
Roger Davidson, Chief Strategy and Transformation Officer	£0	£30,001 - £32,500	£35,001 - £40,000	£90,001 - £95,000	£691,831	£67,557	£847,881	£0
John Martin, Deputy Chief Executive and Chief Paramedic & Quality Officer	£0	£30,001 - £32,500	£35,001 - £40,000	£100,001 - £105,000	£522,296	£150,652	£735,007	£0
Damian McGuinness, Chief People Officer	£0	£32,501 - £35,000	£25,001 - £30,000	£70,001 - £75,000	£338,010	£150,020	£540,318	£0
Clare McMillan, Chief Digital Officer	£0	£0	£15,001 - £20,000	£0	£180,830	£0	£234,437	£0
Fenella Wrigley, DeputyChief Executive and Chief Medical Officer	£2,501 - £5,000	£57,251 - £60,000	£75,001 - £80,000	£200,001 - £205,000	£1,229,542	£382,712	£1,748,252	£0

Non-executive directors do not receive pensionable remuneration; there are no disclosures in respect of pensions for non-executive directors.

Rakesh Patel and Mark Easton chose not to be covered by the pension arrangements during the reporting year. Non-executive directors do not receive pensionable remuneration; there are no disclosures in respect of pensions for non-executive directors.

Some senior manager are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a zero.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No. 1050 Occupational Pension Schemes (Transfer Values) Regulations 2008 (23).

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Exit packages (audited) 2023/24

Exit Package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £000s	Number of other departures agreed	Cost of other departures agreed £000s	Total number of exit packages	Total cost of exit packages £000s	Number of departures where special payments have been made	Cost of special payment element included in exit packages £000s
£10,000 - £25,000	0	0	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	2	267	0	0	2	267	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Totals	**2**	**267**	**0**	**0**	**2**	**267**	**0**	**0**

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year.

Table 2 - Exit packages (audited) 2022/23

Exit Package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £000s	Number of other departures agreed	Cost of other departures agreed £000s	Total number of exit packages	Total cost of exit packages £000s	Number of departures where special payments have been made	Cost of special payment element included in exit packages £000s
£10,000 - £25,000	4	62	0	0	4	62	0	0
£25,001 - £50,000	2	75	2	81	4	156	0	0
£50,001 - £100,000	1	50	4	298	5	348	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Totals	**7**	**187**	**6**	**379**	**13**	**566**	**0**	**0**

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Reporting of other compensation schemes – Exit packages

	2023/24		2022/23	
	Agreements Number	Total value of agreements £000s	Agreements Number	Total value of agreements £000s
Voluntary redundancies including early retirements contractual costs	0	0	2	81
Mutually agreed resignations (MARS) contractual costs	0	0	4	294
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	**0**	**0**	**6**	**375**

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Table 1 which represents the number of individuals.

Off-Payroll engagements

Table 1: Length of all highly paid off-payroll engagements
For all off-payroll engagements as of 31 March 2024, for more than £245 per day:

	Number
Number of existing engagements as of 31 March 2024	0
Of which, the number that have existed:	
for less than one year at time of reporting	0
for between one & two years at time of reporting	0
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

Note

Table 2: Off-Payroll workers engaged at any point during the financial year
For all off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245 per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 and 31March 2024	0
Of which:	
No. not subject to off-payroll legislation**	
No. subject to off-payroll legislation and determined as in-scope of IR35	0
No. subject to off-payroll legislation and determined as out of scope of IR35	0
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which:	
No. of engagements that saw a change to IR35 status following review	0

Table 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements	18

Staff report

Average Staff Numbers (FTE) (subject to audit)

The average number of permanent staff has increased over the last year to 7,399.56. The Trust brought in-house the cleaning team and continued to recruit additional ambulance and 999 and 111 call handling staff.

Staff Category	Total Number (FTE)	Permanently Employed number (FTE)	Other Number (Bank, Agency)
Medical and dental	**9**	5	4
Ambulance staff	**2,961**	2,912	49
Administration and estates	**2,221**	2,023	198
Healthcare assistants and other support staff	**2,409**	2,398	11
Nursing, midwifery and health visiting staff	**53**	49	4
Scientific, therapeutic and technical staff	**12**	12	0
Total	**7,665**	**7,399**	**266**

The average number of employees is calculated as the whole time equivalent number of employees under contract of service in each week in the financial year, divided by the number of weeks in the financial year. The "contracted hours" method of calculating whole time equivalent number should be used, that is, dividing the contracted hours of each employee by the standard working hours.

Staff Composition (Headcount)

At the end of March 2024, we had a workforce headcount of 8,173 staff, made up of 4,235 women and 3,938 men this was broken down as follows:

	Total	Female	Male
Directors	12	5	7
Senior Managers	229	101	128
Employees	7,932	4,129	3,803
Total	**8,173**	**4,235**	**3,938**

We are proud to have been able to recruit over 700 frontline ambulance staff and over 500 call handling staff across our 999 and 111 Services this year. During this time, a total of 700 people left the service – a turnover rate of 10%, compared to 12% in 2022/2023.

Staff Sickness

Our Supporting Attendance Group, comprised of People and Culture, Wellbeing and Operational

colleagues, has overseen the approach to supporting improving attendance across the Trust. Our sickness has averaged 6.5% across the year and a collaborative strategy across key functions has been a core enabler to facilitate colleagues back to work. With close links to our Occupational Health provider in fast-tracking occupational health referrals and our Wellbeing Team we are taking an integrated and proactive approach to employee health and wellbeing.

The sickness absence figures are reported on a calendar year basis for 2023 (January to December) and are shown below.

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE for 2023	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
7,241	105,128	14.5	2,642,943	170,541

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse

Period covered: January to December 2023

Data items: ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

- The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365.
- The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure.
- The average number of sick days per FTE has been estimated by dividing the FTE Days by the FTE days lost and multiplying by 225/365 to give the Cabinet Office measure. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.

Staff Policies

We embrace our obligations under equalities legislation, including the Equality Act 2010. Our aim is to ensure that equality and inclusion is integral to everything we do.

We welcome people to our organisation from any background, who are committed to providing high-quality care that meets the needs of the diverse communities we serve. We aim to provide innovative and responsive healthcare which meets the needs of all these communities, providing better healthcare for all.

Our policy is to treat everyone fairly and without discrimination, and we want to ensure that:

- patients and customers receive fair and equal access to our healthcare service;
- everyone is treated with dignity and respect; and
- staff experience fairness and equality of opportunity and treatment in their workplace.

We want to be an employer of choice, and to attract the best and most talented people from all walks of life to a career where they can develop to their full potential.

As an employer, we are focusing on:

- celebrating and encouraging the diversity of our workforce and creating a working environment where everyone feels included and appreciated for their work;
- promoting and providing training and employment opportunities regardless of age, disability, gender reassignment, marital status, pregnancy or maternity, race, religion or belief, sex, sexual orientation or any other aspect of an individual person's background; and
- fostering creativeness and innovation in our working environment, so that all staff can deliver to the best of their ability and help us take forward our equality and inclusion goals.

Staff Survey

2023 NHS Staff Survey

This year we reached a 68% response rate, the highest for an English ambulance service, meaning more than 5000 colleagues made their voices heard. Our results show improvement in 90 out of the 97 questions which can be compared with 2022, especially in the areas of Team Working, Leadership and Development. This reflects the work done as part of the Our LAS Cultural Transformation Programme to make improvements in these areas.

The survey is aligned to the seven elements of the NHS People Promise and the themes of Staff Engagement and Morale. Our results show improvement across all areas:

NHS People Promise Element / Staff Survey Theme	2022 Score	2023 Score	Change
We are compassionate and inclusive	6.6	6.9	+0.3
We are recognised and rewarded	5.0	5.4	+0.4
We each have a voice that counts	5.8	6.1	+0.3
We are safe and healthy	5.1	*	*
We are always learning	4.5	5.1	+0.6
We work flexibly	5.2	5.6	+0.4
We are a team	6.0	6.5	+0.5
Staff engagement	5.8	6.1	+0.3
Morale	5.1	5.4	+0.3

*The 2023 We are Safe and Healthy score has been withdrawn nationally due to a technical issue.

We also saw improvement in the key questions around whether colleagues would recommend the organisation as a place to work (+7%) and whether colleagues are happy with the standard of care provided by the organisation if a friend of relative needed treatment (+4%).

Work done since last year's survey

The 'Our LAS' Cultural Transformation Programme has continued to make a significant impact on our Staff Survey results. Initiatives such as the roll out of Teams Based Working, the Our LAS Our Leaders leadership development programme, the launch of the Learning and Development Catalogue, and our Tackling Discrimination workshops have led to improvements in the NHS People Promise elements of We are a Team and We are Always Learning. The Fixing the Basics programme and local work (e.g. the EOC Transformation Programme) have also had an impact on improving the working experience of our team.

Trade union facility time

The following information is published in accordance with The Trade Union (Facility Time Publication Requirements) Regulations 2017. The relevant period is 1 April 2023 until 31 March 2024.

Table 1: relevant union officials Number of employees who were relevant union officials during the period	Full-time equivalent employee number
129	7

Table 2: percentage of time spent on facility time Percentage of employee time spent on facility time	Number of employees
0%	0
1-50%	127
51%-99%	0
100%	2

Table 3: percentage of pay bill spent on facility time	
Total cost of facility time, £'000	390
Total pay bill, £'000	479,226
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.08%

Table 4: paid trade union activities	
Time spent on paid trade union activities as a percentage of total paid facility time hours, calculated as: (total hours spent on paid trade union activities by rele-vant union officials during the relevant period ÷ total paid facility time hours) x 100	100.00%


NHS


FIRE EXTINGUISHER

3. Annual Accounts 2023/24

Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Daniel Elkeles
CHIEF EXECUTIVE

21st June 2024

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board

21st June 2024 Daniel Elkeles, Chief Executive

21st June 2024 Rakesh Patel, Chief Financial Officer

London Ambulance Service NHS Trust

Annual accounts for the year ended 31 March 2024

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF LONDON AMBULANCE SERVICE NHS TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of London Ambulance Service NHS Trust ("the Trust") for the year ended 31 March 2024 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State for Health and Social Care with the consent of HM Treasury on 23 June 2022 as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the directors' conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified, and concur with the directors' assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a result of the need to achieve financial performance targets delegated to the Trust by NHS England.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We also identified a fraud risk related to fraudulent overstatement of non-pay expenditure in response to the possible pressures to meet delegated targets.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journal entries posted as part of the year-end close process which increase the expenditure recorded.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Testing a sample of invoices recorded at the end of the financial year to confirm that they relate to goods and services received during the financial year.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors (as required by auditing standards), and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: employment law recognising the nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the directors and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The directors are responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2023/24. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page **113**, the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page **112** the Accountable Officer is responsible for ensuring

that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained in the statement set out on page **112**, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(2A) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Board of London Ambulance Service NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of London Ambulance Service NHS Trust for the year ended 31 March 2024 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Dean Gibbs

for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
London
E14 5GL
24 June 2024

Statement of Comprehensive Income

	Note	2023/24 £000	2022/23 £000
Operating income from patient care activities	3	674,593	631,842
Other operating income	4	14,000	14,364
Operating expenses	6	(684,667)	(645,609)
Operating surplus from continuing operations		**3,926**	**597**
Finance income	9	2,625	1,252
Finance expenses	10	(525)	(138)
PDC dividends payable		(4,803)	(4,418)
Net finance costs		**(2,703)**	**(3,304)**
Other gains / (losses)	12	(1,915)	(3,957)
Deficit for the year		**(692)**	**(6,664)**
Other comprehensive income			
Impairments	7	(5,525)	(2,511)
Revaluations		10,602	5,226
Total comprehensive income / (expense) for the period		**4,385**	**(3,949)**

All income and expenditure relates to continuing operations.

Statement of Financial Position

	Note	31 March 2024 £000	31 March 2023 £000
Non-current assets			
Intangible assets	13	7,331	9,893
Property, plant and equipment	14	228,325	212,403
Right of use assets	16	27,051	30,799
Receivables	18	26	33
Total non-current assets		**262,733**	**253,128**
Current assets			
Inventories	17	4,290	3,867
Receivables	18	28,877	45,863
Cash and cash equivalents	19	27,524	27,887
Total current assets		**60,691**	**77,617**
Current liabilities			
Trade and other payables	21	(85,303)	(88,191)
Borrowings	23	(6,257)	(5,360)
Provisions	24	(3,612)	(3,062)
Other liabilities	22	(1,269)	(1,456)
Total current liabilities		**(96,441)**	**(98,069)**
Total assets less current liabilities		**226,983**	**232,676**
Non-current liabilities			
Borrowings	23	(19,272)	(23,320)
Provisions	24	(14,086)	(22,323)
Total non-current liabilities		**(33,358)**	**(45,643)**
Total assets employed		**193,625**	**187,033**
Financed by			
Public dividend capital		89,143	86,936
Revaluation reserve		52,007	46,930
Other reserves		(419)	(419)
Income and expenditure reserve		52,894	53,586
Total taxpayers' equity		**193,625**	**187,033**

The notes on pages 123 to 151 form part of these accounts.

Daniel Elkeles
Chief Executive
21 June 2024

Statement of Changes in Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**86,936**	**46,930**	**(419)**	**53,586**	**187,033**
Deficit for the year	-	-	-	(692)	**(692)**
Impairments	-	(5,525)	-	-	**(5,525)**
Revaluations	-	10,602	-	-	**10,602**
Public dividend capital received	2,207	-	-	-	**2,207**
Taxpayers' and others' equity at 31 March 2024	**89,143**	**52,007**	**(419)**	**52,894**	**193,625**

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**85,097**	**46,254**	**(419)**	**57,717**	**188,649**
Implementation of IFRS 16 on 1 April 2022	-	-	-	494	**494**
Deficit for the year	-	-	-	(6,664)	**(6,664)**
Other transfers between reserves	-	(2,039)	-	2,039	**-**
Impairments	-	(2,511)	-	-	**(2,511)**
Revaluations	-	5,226	-	-	**5,226**
Public dividend capital received	1,839	-	-	-	**1,839**
Taxpayers' and others' equity at 31 March 2023	**86,936**	**46,930**	**(419)**	**53,586**	**187,033**

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2023/24 £000	2022/23 £000
Cash flows from operating activities			
Operating surplus		3,926	597
Non-cash income and expense:			
Depreciation and amortisation	6	29,812	28,609
Net impairments	7	681	9,010
Income recognised in respect of capital donations		-	(209)
(Increase) / decrease in receivables and other assets		16,384	(25,245)
(Increase) / decrease in inventories		(423)	3,002
Increase / (decrease) in payables and other liabilities		(3,435)	4,244
Increase / (decrease) in provisions		(7,956)	501
Other movements in operating cash flows		-	10
Net cash flows from operating activities		**38,989**	**20,519**
Cash flows from investing activities			
Interest received		2,625	1,252
Purchase of intangible assets		(102)	(1,056)
Sales of PPE and investment property		177	-
Sales of intangible assets		-	33
Purchase of PPE and investment property		(34,778)	(32,923)
Initial direct costs or up front payments in respect of new right of use assets		(264)	(271)
Receipt of cash donations to purchase assets		-	209
Net cash flows used in investing activities		**(32,342)**	**(32,756)**
Cash flows from financing activities			
Public dividend capital received		2,207	1,839
Movement in other loans		-	(107)
Capital element of finance lease rental payments		(4,612)	(4,232)
Interest element of lease liability repayments		(412)	(258)
PDC dividend (paid)		(4,193)	(4,993)
Net cash flows used in financing activities		**(7,010)**	**(7,751)**
Decrease in cash and cash equivalents		**(363)**	**(19,988)**
Cash and cash equivalents at 1 April - brought forward		**27,887**	**47,875**
Cash and cash equivalents at 31 March	19	**27,524**	**27,887**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the North West London Integrated Care System (ICS). The ICS has published its Strategic Delivery Plan and NHS Long Term Plan response for the five year period 2020/21 to 2024/25. This plan includes the continued provision of services by the Trust. No circumstances were identified causing the Directors to doubt the continued provision of NHS services and therefore these accounts are prepared on a going concern basis.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

The Trust also receives income from contracts that are based on payment for the level of activity performed, and contracts that are based on delivery of a level of service.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4 Other forms of income Grants and donations

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent, that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Subsequent expenditure

Subsequent expenditure relating to an item of property,

plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where the services provided from that asset could also reasonably be delivered from an alternative location and a suitable location has been identified.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the

impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life	Max life
	Years	Years
Buildings, excluding dwellings	3	99
Plant & machinery	5	15
Transport equipment	2	10
Information technology	3	8
Furniture & fittings	3	10

Right of Use assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.7 Intangible assets Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment.

Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life	Max life
	Years	Years
Intangible assets - purchased		
Information technology	3	7
Software licences	3	7

Note 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2021/22 and 2022/23, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.10 Financial assets and financial liabilities
Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets and liabilities are subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses.

For financial assets due from entities outside the DHSC group the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2). No such stage 1 and stage 2 allowance is made for assets due from entities inside the DHSC group.

For all financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new

leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT.

Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements was reassessed with reference to the right of use asset.

Note 1.12 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

	Nominal rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust.

The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 25 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable. Contingent liabilities are not recognised, but are disclosed unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as

defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.16 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.17 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.20 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 14, IFRS 17, and IFRS 18 are in issue but not yet effective or adopted by the Trust. The new standards are not forecasted to materially impact the Trust but may require changes in how Trust reports its income and expenditures.

Note 1.21 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

1. Non consolidation of immaterial controlled entities. Immaterial controlled entities are the Trust's related Charity and three dormant trading companies.

Note 1.22 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

1. The Trust has a £4.2m provision relating to amounts retrospectively payable to past and present employees for work done in 2023/24 and prior years. The provision is forecast to be paid no earlier than one year and not later than five years from the balance sheet date.

   The Trust has valued this provision using the underlying employee payments made in the years affected, the corrective settlement cost incurred in other, similar, retrospective payments, and after considering independent legal advice received.

   There are a number of uncertainties around the value of the provision. These uncertainties concern the number of years of employment any claim will cover, the types of existing payroll payments that will be included in any claim, and how the claim will interact with other, similar, retrospective payments already made.

   The value of the provision is sensitive to the

uncertainties set out above and whether any settlement will include the payment of interest and legal costs. The timing of the settlement of is also sensitive to when claims are received and the time it takes to process these claims.

Other provisions are based on the best estimates of future payments that will need to be made to meet current obligations. The basis of these estimates and the timing of the cash flows are described in the relevant note. Provisions are discounted and unwound using rates as set by HM Treasury.

2. The Trust holds land and buildings at fair value (as defined by our accounting policies).

   The Trust has adopted a policy of commissioning of a full land and building valuation every year. This policy will be reviewed annually.

   The Trust's professional third party valuer has undertaken a full revaluation of its land and buildings as at 31 March 2024. The Trust and its valuers have made a number of judgements around the current and future use and condition of the estate. These judgements include:

   - The Modern Equivalent size and location of the Trust's estate;
   - The utility and condition of the Trust's estate, and how this compares to a what would be expected of a modern new facility.

3. The Trust also makes the following assumptions about the sources of estimation uncertainty that could result in an immaterial adjustment to the carrying amounts of assets and liabilities within the next financial year:

   1. The useful economic life of Trust assets is set by:

      a. Buildings: The Trust in line with its accounting policies, informed by the judgements made by the Trust's independent third party valuers.

      b. Plant, equipment, and intangible assets: Trust professionals responsible for the custody and maintenance of the assets.

   No asset class is estimated to have a residual value, with current fair value depreciated or amortised over its estimated useful life to £nil.

   2. Accruals and deferred income are based on best estimates of the expenditure still to be incurred for this financial year and the income received that relates to next financial year. The element of accruals that requires estimation is immaterial to the Trust's financial statements.

   3. Income recognition – accrued income is estimated based on the level of services provided by the Trust in the year. The Trust makes a provision for bad debts which is an estimate of irrecoverable income based on historical recoverability.

Note 2 Operating Segments

The Trust Board considers that the Trust has only one segment which is the provision of accident and emergency services.

Note 3 Operating income from patient care activities Note 3.1 Income from patient care activities (by nature)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

	2023/24 £000	2022/23 £000
Ambulance servicesA & E income	584,090	539,838
Other income	-	759
All services		
National pay award central funding*	-	15,035
Additional pension contribution central funding**	18,707	16,746
Other clinical income	71,796	59,464
Total income from activities	**674,593**	**631,842**

*In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2023/24 £000	2022/23 £000
NHS England	25,235	39,750
Clinical commissioning groups	-	143,466
Integrated care boards	640,275	441,654
Department of Health and Social Care	25	-
Other NHS providers	3,461	1,830
NHS other	-	5
Injury cost recovery scheme	797	759
Non NHS: other	4,800	4,378
Total income from activities	**674,593**	**631,842**

All income relates to continuing operations.

Clincal commissioning groups ceased to exist in June 2023 and were replaced by Intergrated care boards.

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Note 4 Other operating income

	2023/24			2022/23		
	£000	£000	£000	£000	£000	£000
Research and development	417	-	**417**	327	-	**327**
Education and training	6,931	4,505	**11,436**	8,976	2,050	**11,026**
Income in respect of employee benefits accounted on a gross basis	1,835		**1,835**	1,672	-	**1,672**
Cash grants for the purchase of capital assets	-	-	**-**	-	209	**209**
Charitable and other contributions to expenditure		312	**312**	-	1,073	**1,073**
Other income	-	-	**-**	-	57	**57**
Total other operating income	**9,183**	**4,817**	**14,000**	**10,975**	**3,389**	**14,364**

All income relates to continuing operations.

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2023/24	2022/23
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	1,456	2,791

Note 5.1 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:

	31 March 2024 £000	31 March 2023 £000
within one year	1,269	1,456
Total revenue allocated to remaining performance obligations	**1,269**	**1,456**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 6 Operating expenses

	2023/24 £000	2022/23 £000
Staff and executive directors costs	479,226	442,437
Remuneration of non-executive directors	151	174
Supplies and services - clinical (excluding drugs costs)	39,761	35,689
Supplies and services - general	42,186	38,787
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	953	672
Inventories written down	19	3
Consultancy costs	1,458	2,374
Establishment	14,514	14,623
Premises	21,253	19,839
Transport (including patient travel)	22,599	23,583
Depreciation on property, plant and equipment	27,192	25,968
Amortisation on intangible assets	2,620	2,641
Net impairments	681	9,010
Movement in credit loss allowance: contract receivables / contract assets	265	(86)
Change in provisions discount rate(s)	(425)	(2,085)
Fees payable to the external auditor		
audit services - statutory audit	126	116
other auditor remuneration (external auditor only)	-	-
Internal audit costs	163	129
Clinical negligence	5,879	4,873
Legal fees	1,892	916
Insurance	1,342	998
Research and development	1,095	935
Education and training	14,845	18,244
Expenditure on short term leases	421	1,125
Expenditure on low value leases	877	264
Redundancy	232	-
Car parking & security	700	618
Hospitality	3	3
Other	4,639	3,759
Total	**684,667**	**645,609**

All expenditure relates to contining operations.

Note 6.1 Other auditor remuneration

There was no other auditor remuneration in 2023/24 (2022/23 nil).The external audit fee shown in Note 6 is gross of VAT as the Trust cannot recover VAT on external audit fees. The recipient of this fee pays this VAT to HMRC: the actual amount payable for their services is £105,000.

Note 6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2022/23: £1 million).

Note 7 Impairment of assets

	2023/24 £000	2022/23 £000
Net impairments charged to operating surplus / deficit resulting from:		
Over specification of assets	-	2,589
Changes in market price	681	6,421
Total net impairments charged to operating surplus / deficit	**681**	**9,010**
Impairments charged to the revaluation reserve	5,525	2,511
Total net impairments	**6,206**	**11,521**

Note 8 Employee benefits

	2023/24 Total £000	2022/23 Total £000
Salaries and wages	366,967	348,453
Social security costs	44,855	42,305
Apprenticeship levy	1,983	1,760
Employer's contributions to NHS pensions	61,738	55,223
Pension cost - other	11	44
Termination benefits	267	-
Temporary staff (including agency)	10,696	8,284
Total staff costs	**486,517**	**456,069**
Of which		
Costs capitalised as part of assets	335	674

Note 8.1 Retirements due to ill-health

During 2023/24 there were 10 early retirements from the trust agreed on the grounds of ill-health (4 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £849k (£305k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8.2 Pension Costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based

on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 9 Finance income

Finance income represents interest received on assets and investments in the period.

	2023/24 £000	2022/23 £000
Interest on bank accounts	2,625	1,252
Total finance income	**2,625**	**1,252**

Note 10 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24 £000	2022/23 £000
Interest expense:		
Interest on lease obligations	412	257
Total interest expense	**412**	**257**
Unwinding of discount on provisions	113	(119)
Total finance costs	**525**	**138**

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Note 11 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2023/24 £000	2022/23 £000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 12 Other gains / (losses)

	2023/24 £000	2022/23 £000
Gains on disposal of assets	146	27
Losses on disposal of assets	(2,061)	(3,984)
Total other gains / (losses)	**(1,915)**	**(3,957)**

Note 13 Intangible assets 2023/24

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**12,196**	**5,652**	**1,074**	**18,922**
Additions	25	-	96	**121**
Reclassifications	-	933	(996)	**(63)**
Valuation / gross cost at 31 March 2024	**12,221**	**6,585**	**174**	**18,980**
Amortisation at 1 April 2023 - brought forward	**5,646**	**3,383**	**-**	**9,029**
Provided during the year	1,851	769	-	**2,620**
Amortisation at 31 March 2024	**7,497**	**4,152**	**-**	**11,649**
Net book value at 31 March 2024	**4,724**	**2,433**	**174**	**7,331**
Net book value at 1 April 2023	**6,550**	**2,269**	**1,074**	**9,893**

Note 13.1 Intangible assets 2022/23

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022	**9,525**	**19,499**	**6,748**	**35,772**
Additions	-	949	207	**1,156**
Impairments	(1)	(2,588)	-	**(2,589)**
Reclassifications	3,070	3,166	(5,881)	**355**
Disposals / derecognition	(398)	(15,374)	-	**(15,772)**
Valuation / gross cost at 31 March 2023	**12,196**	**5,652**	**1,074**	**18,922**
Amortisation at 1 April 2022	**4,216**	**17,944**	**-**	**22,160**
Provided during the year	1,754	887	-	**2,641**
Reclassifications	74	(74)	-	**-**
Disposals / derecognition	(398)	(15,374)	-	(15,772)
Amortisation at 31 March 2023	**5,646**	**3,383**	**-**	**9,029**
Net book value at 31 March 2023	**6,550**	**2,269**	**1,074**	**9,893**
Net book value at 1 April 2022	**5,309**	**1,555**	**6,748**	**13,612**

Note 14 Property, plant and equipment 2023/24

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	**51,423**	**73,307**	**32,906**	**23,789**	**81,640**	**33,733**	**3,306**	**300,104**
Additions	-	1,786	24,353	1,668	6,883	429	-	**35,119**
Impairments	(2,740)	(5,221)	-	-	-	-	-	**(7,961)**
Reversals of impairments	77	1,727	-	-	-	-	-	**1,804**
Revaluations	9,541	911	-	-	-	-	-	**10,452**
Reclassifications	-	2,299	(20,340)	2,188	12,950	2,835	13	**(55)**
Disposals / derecognition	-	-	(943)	(1,224)	(2,353)	(2,649)	-	**(7,169)**
Valuation/gross cost at 31 March 2024	**58,301**	**74,809**	**35,976**	**26,421**	**99,120**	**34,348**	**3,319**	**332,294**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**190**	**-**	**17,130**	**52,219**	**17,343**	**819**	**87,701**
Provided during the year	-	4,473	-	1,523	9,607	5,512	346	**21,461**
Impairments	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	**-**
Reclassifications	-	(74)	-	-	(44)	-	-	**(118)**
Disposals / derecognition	-	-	-	(1,224)	(2,320)	(1,531)	-	**(5,075)**
Accumulated depreciation at 31 March 2024	**-**	**4,589**	**-**	**17,429**	**59,462**	**21,324**	**1,165**	**103,969**
Net book value at 31 March 2024	**58,301**	**70,220**	**35,976**	**8,992**	**39,658**	**13,024**	**2,154**	**228,325**
Net book value at 1 April 2023	**51,423**	**73,117**	**32,906**	**6,659**	**29,421**	**16,390**	**2,487**	**212,403**

Note 14.1 Property, plant and equipment 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	**52,781**	**66,990**	**32,199**	**21,902**	**75,177**	**38,700**	**2,142**	**289,891**
Additions	-	6,465	23,050	379	127	1,993	506	**32,520**
Impairments	(2,085)	(8,578)	-	-	-	-	-	**(10,663)**
Revaluations	727	2,218	-	-	-	-	-	**2,945**
Reclassifications	-	6,479	(19,632)	1,612	6,983	3,546	658	**(354)**
Disposals / derecognition	-	(267)	(2,711)	(104)	(647)	(10,506)	-	**(14,235)**
Valuation/gross cost at 31 March 2023	**51,423**	**73,307**	**32,906**	**23,789**	**81,640**	**33,733**	**3,306**	**300,104**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**205**	**-**	**15,957**	**44,267**	**17,450**	**527**	**78,406**
Provided during the year	-	4,296	-	1,263	8,594	6,428	292	**20,873**
Impairments	-	(1,122)	-	-	-	-	-	**(1,122)**
Reversals of impairments	-	(727)	-	-	-	-	-	**(727)**
Revaluations	-	(2,195)	-	-	-	-	-	**(2,195)**
Disposals / derecognition	-	(267)	-	(90)	(642)	(6,535)	-	**(7,534)**
Accumulated depreciation at 31 March 2023	**-**	**190**	**-**	**17,130**	**52,219**	**17,343**	**819**	**87,701**
Net book value at 31 March 2023	**51,423**	**73,117**	**32,906**	**6,659**	**29,421**	**16,390**	**2,487**	**212,403**
Net book value at 1 April 2022	**52,781**	**66,785**	**32,199**	**5,945**	**30,910**	**21,250**	**1,615**	**211,485**

Note 15 Property, plant and equipment financing 2023/24

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	58,301	70,220	35,976	8,974	39,633	13,024	2,154	**228,282**
Owned - donated/granted	-	-	-	18	25	-	-	**43**
Total net book value at 31 March 2024	**58,301**	**70,220**	**35,976**	**8,992**	**39,658**	**13,024**	**2,154**	**228,325**

Note 15.1 Property, plant and equipment financing 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	51,423	73,117	32,906	6,631	29,371	16,390	2,487	**212,325**
Owned - donated/granted	-	-	-	28	50	-	-	**78**
Total net book value at 31 March 2023	**51,423**	**73,117**	**32,906**	**6,659**	**29,421**	**16,390**	**2,487**	**212,403**

Note 15.2 Property Plant and Equipment

A professional revaluation was undertaken on all land and buildings at 31 March 2024. The valuation was carried out by Gerald Eves LLP in accordance with the terms of the Royal Institution of Chartered Surveyors (RICS), insofar as these terms are consistent with the requirement of HM Treasury, the National Services and the Department of Health. The valuation exercise was carried out in March 2024 with a valuation date of 31 March 2024. This was the first year Gerald Eve LLP acted as Trust valuer, succeeding the District Valuer.

This year the valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

The pandemic and the measures taken to tackle COVID-19 continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date some property markets have started to function again, with transaction volumes and other relevant evidence returning to levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, the valuation was not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

a) Specialised In Use (Operational) assets - buildings valued using depreciated replacement cost methodology

The majority of the trust buildings are valued using the depreciated replacement cost basis. There has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of COVID-19.

b) Non - Specialised In Use (Operational) assets including the land element of the depreciated replacement cost valuation of specialised assets

The Trust has a few non-specialised in use buildings. There has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of COVID-19. Their basis of valuation is however current value in existing use, having regard to comparable market evidence.

The values in the report have been used to inform the measurement of property assets at valuation in these financial statements.

The market value was used in arriving at fair value for the operational assets subject to the additional special assumptions that:

a) no adjustment has been made on the grounds of a hypothetical ""flooding of the market"" if a number of properties were to be marketed simultaneously;

b) in the respect of the Market Value of non-operational asset only the NHS is assumed not to be in the market for the property interest; and

c) regard has been had to appropriate lotting to achieve the best price.

The revaluation model set out in IAS 16 was applied to value the capital assets to fair value.

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Note 16 Right of use assets	Property (land and buildings)	Plant & machinery	Transport equipment	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**35,345**	**-**	**499**	**35,844**
Additions	120	370	1,077	**1,567**
Remeasurements of the lease liability	159	-	-	**159**
Movements in provisions for restoration / removal costs	156	-	-	**156**
Impairments	(8)	-	-	**(8)**
Reversal of impairments	-		-	**-**
Revaluations	38	-	-	**38**
Reclassifications	-	-	-	**-**
Disposals / derecognition	(389)	-	(59)	**(448)**
Valuation/gross cost at 31 March 2024	**35,421**	**370**	**1,517**	**37,308**
Accumulated depreciation at 1 April 2023 - brought forward	**4,894**	**-**	**151**	**5,045**
Provided during the year	5,390	28	313	**5,731**
Impairments	68	-	-	**68**
Reversal of impairments	(27)	-	-	**(27)**
Revaluations	(112)	-	-	**(112)**
Reclassifications	-	-	-	**-**
Disposals / derecognition	(389)	-	(59)	**(448)**
Accumulated depreciation at 31 March 2024	**9,824**	**28**	**405**	**10,257**
Net book value at 31 March 2024	**25,597**	**342**	**1,112**	**27,051**
Net book value at 1 April 2023	**30,451**	**-**	**348**	**30,799**
Net book value of right of use assets leased from other NHS providers	-	-	-	-
Net book value of right of use assets leased from other DHSC group bodies	-	-	-	-

Note 16.1 Right of use assets 2022/23	Property (land and buildings)	Plant & machinery	Transport equipment	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	-		-	-
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	27,377	-	214	27,591
Additions	6,685	-	285	6,970
Remeasurements of the lease liability	70	-	-	70
Movements in provisions for restoration / removal costs	1,294	-	-	1,294
Revaluations	(81)	-	-	(81)
Valuation/gross cost at 31 March 2023	**35,345**	**-**	**499**	**35,844**
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-
Provided during the year	4,944	0	151	5,095
Impairments	64	0	0	64
Revaluations	(114)	0	0	(114)
Accumulated depreciation at 31 March 2023	**4,894**	**0**	**151**	**5,045**
Net book value at 31 March 2023	30,451	0	348	30,799

Note 16.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in Note 23.

	2023/24 £000	2022/23 £000
Carrying value at 31 March	**28,680**	**-**
IFRS 16 implementation - adjustments for existing operating leases	-	26,141
Lease additions	1,303	6,700
Lease liability remeasurements	159	70
Interest charge arising in year	411	258
Lease payments (cash outflows)	(5,024)	(4,489)
Carrying value at 31 March	**25,529**	**28,680**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6 Operating expenditure. Cash outflows in respect of leases recognised on - SoFP are disclosed in the reconciliation above.

Note 16.3 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	**Total**	Of which leased from DHSC group bodies:
	31 March 2024 £000	**31 March 2024 £000**	**31 March 2023 £000**	**31 March 2023 £000**
Undiscounted future lease payments payable in:				
- not later than one year;	6,593	-	5,683	-
- later than one year and not later than five years;	14,239	-	15,399	-
- later than five years.	5,894	-	8,986	-
Total gross future lease payments	**26,726**	**-**	**30,068**	**-**
Finance charges allocated to future periods	(1,197)	-	(1,388)	-
Net lease liabilities at 31 March 2024	**25,529**	**-**	**28,680**	**-**
Of which:				
Leased from other NHS providers		-		-
Leased from other DHSC group bodies		-		-

Note 17 Inventories

	31 March 2024	31 March 2023
	£000	£000
Drugs	42	65
Consumables	4,248	3,802
Total inventories	**4,290**	**3,867**
of which:		
Held at fair value less costs to sell	4,290	3,867

Inventories recognised in expenses for the year were £13,744k (2022/23: £15,915k). Write-down of inventories recognised as expenses for the year were £19k (2022/23: £3k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £257k of items purchased by DHSC (2022/23: £724k). These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 18 Receivable

	31 March 2024 £000	31 March 2023 £000
Current		
Contract receivables	14,656	28,406
Allowance for impaired contract receivables / assets	(1,639)	(1,374)
Prepayments	11,784	12,705
PDC dividend receivable	632	1,242
VAT receivable	1,994	2,978
Other receivables	1,450	1,906
Total current receivables	**28,877**	**45,863**
Non-current		
Other receivables	26	33
Total non-current receivables	**26**	**33**
Of which receivable from NHS and DHSC group bodies:		
Current	8,996	23,575
Non-current	26	33

Note 18.1 Allowances for credit losses

	31 March 2024 £000	31 March 2023 £000
Allowances as at 1 April	**1,374**	**1,460**
New allowances arising	265	-
Changes in existing allowances	-	(86)
Allowances as at 31 March	**1,639**	**1,374**

All allowances relate to contract receivables and contract assets.

Note 19 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24 £000	2022/23 £000
At 1 April	**27,887**	**47,875**
Net change in year	(363)	(19,988)
At 31 March	**27,524**	**27,887**
Broken down into:		
Cash at commercial banks and in hand	9	8
Cash with the Government Banking Service	27,515	27,879
Total cash and cash equivalents as in SoFP	**27,524**	**27,887**
Total cash and cash equivalents as in SoCF	**27,524**	**27,887**

Note 20 Third party assets held by the Trust.
There are no third party assets held by the Trust.

Note 21 Trade and other payables

Current	2023/24 £000	2022/23 £000
Trade payables	20,127	7,089
Capital payables	7,867	7,507
Accruals	40,213	57,554
Social security costs	5,510	5,492
Other taxes payable	5,174	4,770
Pension contributions payable	6,261	5,643
Other payables	151	136
Total current trade and other payables	**85,303**	**88,191**
Of which payables from NHS and DHSC group bodies:		
Current	5,037	1,478

Note 21.1 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2024 £000	31 March 2024 Number	31 March 2023 £000	31 March 2023 Number
- to buy out the liability for early retirements over 5 years	-	-	305	
- number of cases involved		-		4

Note 22 Other liabilities

	2023/24 £000	2022/23 £000
Current		
Deferred income: contract liabilities	1,269	1,456
Total other current liabilities	**1,269**	**1,456**

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Note 23 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Lease liabilities	6,257	5,360
Total current borrowings	**6,257**	**5,360**
Non-current		
Lease liabilities	19,272	23,320
Total non-current borrowings	**19,272**	**23,320**

Note 23.1 Reconciliation of liabilities arising from financing activities

	Other Loans £000	Lease Liabilities £000	Total £000
Carrying value at 1 April 2023	**-**	**28,680**	**28,680**
Cash movements:			
Financing cash flows - payments and receipts of principal	**-**	(4,612)	**(4,612)**
Financing cash flows - payments of interest	**-**	(412)	**(412)**
Non-cash movements:			
Additions	**-**	1,303	**1,303**
Lease liability remeasurements	**-**	159	**159**
Application of effective interest rate	**-**	411	**411**
Other changes	**-**	-	**-**
Carrying value at 31 March 2024	**-**	**25,529**	**25,529**

	Other Loans £000	Lease Liabilities £000	Total £000
Carrying value at 1 April 2022	**107**	**-**	107
Cash movements:			
Financing cash flows - payments and receipts of principal	(107)	(4,232)	**(4,339)**
Financing cash flows - payments of interest	**-**	(257)	**(257)**
Non-cash movements: Impact of implementing IFRS 16 on 1 April 2022	**-**	26,141	**26,141**
Additions	**-**	6,700	**6,700**
Lease liability remeasurements	**-**	70	**70**
Application of effective interest rate	**-**	258	**258**
Carrying value at 31 March 2023	**-**	**28,680**	**28,680**

Note 24 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2023	**752**	**5,871**	**228**	**251**	**18,283**	**25,385**
Change in the discount rate	(21)	(404)	-	-	-	**(425)**
Arising during the year	176	938	157	128	1,505	**2,904**
Utilised during the year	(127)	(458)	(104)	(148)	(955)	**(1,792)**
Reversed unused	(57)	(256)	(85)	(28)	(8,061)	**(8,487)**
Unwinding of discount	13	100	-	-	-	**113**
At 31 March 2024	**736**	**5,791**	**196**	**203**	**10,772**	**17,698**
Expected timing of cash flows:						
- not later than one year;	124	447	196	203	2,642	**3,612**
- later than one year and not later than five years;	487	1,732	-	-	5,030	**7,249**
- later than five years.	125	3,612	0	0	3,100	**6,837**
Total	**736**	**5,791**	**196**	**203**	**10,772**	**17,698**

Injury Benefits provision of £5,791k relates to staff injured at work, whilst the Early Departure Costs provision of £736k relates to staff who have taken early retirement. Both amounts are calculated by the NHS Pensions Agency following assessment of the individuals' claims. The sum provided is recalculated annually based on changes in annual rates and life expectancy; it is adjusted for inflation and a discounting factor is applied.

The Legal Claims provision of £196k relates to Employers Liability Claims based on estimates of costs and settlements provided by the NHS Litigation Authority.

The Redundancy provision of £203k relates to management restructures within the Trust.

Other provisions of £10,772k includes a provision relation to pending legal cases affecting calculation of holiday pay, provisions for for lease dilapidations, and provisions for pending employment tribunal. Details of the estimation uncertainty with these provisions is set out in Note 1.22 above.

Note 25 Clinical negligence liabilities

At 31 March 2024, £79,800k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of London Ambulance Service NHS Trust (31 March 2023: £92,505k).

Note 26 Contingent assets and liabilities

	31 March 2024	31 March 2023
	£000	£000
NHS Resolution legal claims	(80)	(87)
Value of contingent liabilities	**(80)**	**(87)**
Net value of contingent assets	**-**	**-**

Note 27 Contractual capital commitments

	31 March 2024	31 March 2023
	£000	£000
Property, plant and equipment	15,573	16,419
Intangible assets	-	21
Total	**15,573**	**16,440**

Note 28 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	14,493	**14,493**
Cash and cash equivalents	27,524	**27,524**
Total at 31 March 2024	**42,017**	**42,017**

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	28,971	**28,971**
Cash and cash equivalents	27,887	**27,887**
Total at 31 March 2023	**56,858**	**56,858**

Note 29 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	25,529	**25,529**
Trade and other payables excluding non financial liabilities	65,252	**65,252**
Total at 31 March 2024	**90,781**	**90,781**

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Other borrowings	28,680	**28,680**
Trade and other payables excluding non financial liabilities	96,691	**96,691**
Total at 31 March 2023	**125,371**	**125,371**

Note 29.1 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31-Mar-24 £000	31-Mar-23 £000
In one year or less	63,515	80,051
In more than one year but not more than five years	19,268	31,184
In more than five years	9,196	15,524
Total	**91,979**	**126,759**

Note 29.2 Financial Instruments Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Due to the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust has no outstanding loans and therefore has no exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Integrated Care Boards (ICBs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 30 Losses and special payments

	2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	-	-	-	-
Fruitless payments and constructive losses	1	208	-	-
Bad debts and claims abandoned	-	-	2	4
Stores losses and damage to property	2,349	1,694	2,682	1,574
Total losses	**2,350**	**1,902**	**2,684**	**1,578**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	19	52	86	2,043
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**19**	**52**	**86**	**2,043**
Total losses and special payments	**2,369**	**1,954**	**2,770**	**3,621**
Compensation payments received				

Note 31 Related parties

The Department of Health and Social Care, as the London Ambulance Service NHS Trust's parent department, is considered to be a related party. During the year none of the Department of Health and Social Care Ministers, London Ambulance Service NHS Trust board members or members of key management staff, or parties related to any of them, has undertaken any material transactions with the London Ambulance Service NHS Trust. The London Ambulance Service NHS Trust has had a significant number of material transactions during the year with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below where receipts exceed £10m.

	Payments to Related Party £000s	Receipts from Related Party £000s	Amounts owed to Related Party £000s	Amounts due from Related Party £000s
NHS North Central London ICB	0	95,012	0	14
NHS North East London ICB	0	136,740	0	354
NHS North West London ICB	0	196,984	4,272	0
NHS South East London ICB	0	127,698	0	0
NHS South West London ICB	0	84,197	0	1,058
NHS England	1,203	10,532	1,383	5,668
HM Revenue & Customs	46,838		10,684	0
NHS Pension Scheme	61,738		6,261	0

The London Ambulance Service NHS Trust acts as corporate trustee for the London Ambulance Service Charity. During the financial year ending 31 March 2024 the Trust received grants of £0 (2022/23 £10k), and reported a payable balance of £0k (2022/23: £0k).

The Trust controls three dormant trading companies. These are: London Urgent Care Limited, London Emergency Care Limited, and London Ambulance Service Limited. The three companies did not trade in 2023/24 or 2022/23. The Trust's investment in each entity is £2, represented by two shares with a principle of £1 per share.

Note 32 Post balace sheet evenets

There are no post balance sheets events.

Note 33 Better Payment Practice code

	2023/24 Number	2023/24 £000	2022/23 Number	2022/23 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	41,938	323,983	52,111	333,558
Total non-NHS trade invoices paid within target	37,422	306,592	47,078	312,656
Percentage of non-NHS trade invoices paid within target	**89.2%**	**94.6%**	**90.3%**	**93.7%**
NHS Payables				
Total NHS trade invoices paid in the year	1,317	5,915	900	7,413
Total NHS trade invoices paid within target	1,204	5,041	798	6,462
Percentage of NHS trade invoices paid within target	**91.4%**	**85.2%**	**88.7%**	**87.2%**

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 34 External financing limit

The trust is given an external financing limit against which it is permitted to underspend	2023/24 £000	2022/23 £000
Cash flow financing	4,121	17,488
External financing requirement	**4,121**	**17,488**
External financing limit (EFL)	885	17,488
Under / (over) spend against EFL	**5,006**	**-**

Note 35 Capital Resource Limit	2023/24 £000	2022/23 £000
Gross capital expenditure	36,966	40,720
Less: Disposals	(2,094)	(6,702)
Less: Donated and granted capital additions	-	(209)
Plus: Loss on disposal from capital grants in kind and peppercorn lease disposals	-	-
Charge against Capital Resource Limit	**34,872**	**33,809**
Capital Resource Limit	34,872	33,809
Under / (over) spend against CRL	**-**	**-**

Note 36 Breakeven duty financial performance

	2023/24 £000
Adjusted financial performance surplus / (deficit) (control total basis)	150
Remove impairments scoring to Departmental Expenditure Limit	-
Add back non-cash element of On-SoFP pension scheme charges	-
Add back incremental impact of IFRS 16 on PFI revenue costs in 2023/24	-
IFRIC 12 breakeven adjustment	-
Breakeven duty financial performance surplus / (deficit)	**150**

Note 37 Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000
Breakeven duty in-year financial performance		1,425	1,002	2,751	262	262	6,048	(4,405)
Breakeven duty cumulative position	2,569	3,994	4,996	7,747	8,009	8,271	14,319	9,914
Operating income		279,864	283,617	281,731	303,109	303,827	324,052	319,992
Cumulative breakeven position as a percentage of operatingincome		1.4%	1.8%	2.7%	2.6%	2.7%	4.4%	3.1%

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000
Breakeven duty in-year financial performance	6,143	5,758	6,958	174	2,559	729	2,727	150
Breakeven duty cumulative position	16,057	21,815	28,773	28,947	31,506	32,235	34,962	35,112
Operating income	355,507	364,598	388,978	438,559	570,323	603,095	646,206	688,593
Cumulative breakeven position as a percentage of operatingincome	4.5%	6.0%	7.4%	6.6%	5.5%	5.3%	5.4%	5.1%


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NHS
London Ambulance Service
NHS Trust

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3. 2023/24 Quality Account

For Information

Presented by Pauline Cranmer

London Ambulance Service
NHS Trust

Quality Account

2023/2024

We are the capital's emergency and urgent care responders

Background

London Ambulance Service NHS Trust is required under the Health Act 2009 and National Health Service Regulations to prepare Quality Accounts for each financial year.

The Quality Account must include:

- Looking Back: Our progress on our Quality Priorities for 2023/24
- Looking Forward: Our Quality Priorities for 2024/25

We also wanted to use the Quality Account as an opportunity to showcase the several programmes of work that was undertaken in 2023/24 to improve the quality of our services.

Looking Back: Our progress on our Quality Priorities for 2023/24

These priorities were developed based on:

- Our business plan
- Our strategy
- Feedback from our stakeholders
- Internal sources of quality intelligence

This was an ambitious programme of improvement, and we have made progress and demonstrated improvement against all of these priorities.

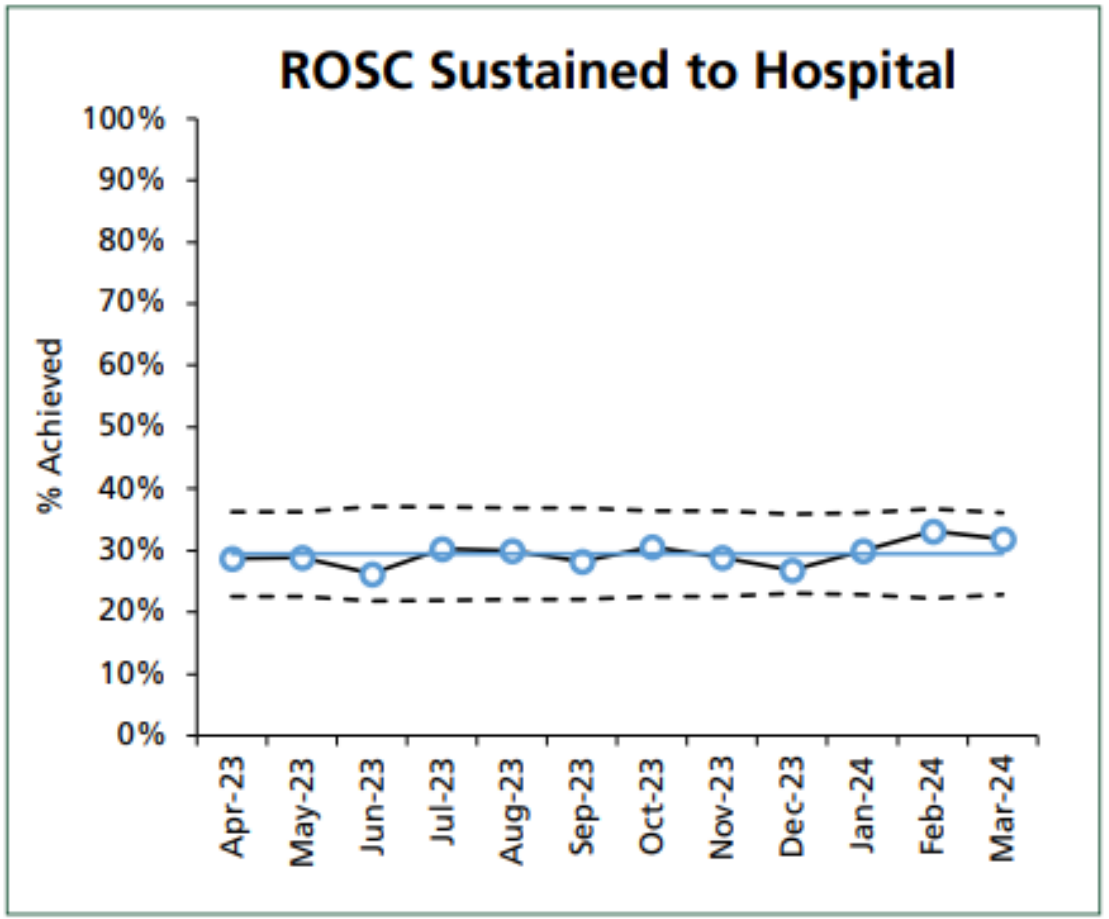
Quality Priority	Key Performance Indicator (KPI)	Status
Cardiac Arrest Management	Improve Return of Spontaneous Circulation rates to 31%	Complete
	Deliver resuscitation update training to 85% of staff	Complete
Care After a Fall	Increase Urgent Community Response (UCR) provision to 10 cars	Partially complete
	Deliver spinal immobilisation update training to 85% of staff	Partially complete
Hear & Treat	Implement Clinical Guardian across 111 & 999	Complete
	Implement Category 2 Segmentation Programme	Complete
Reducing Delays	Achieve a ≤30 minute C2 mean in line with trajectory	Partially complete
	Achieve a ≤10 second call answering mean in line with trajectory	Partially complete
Infection Prevention and Control (IPC)	Achieve 90% hand hygiene audit compliance	Complete
	Implement audit software replacement	Complete

Cardiac Arrest Care Management

Aim: *To improve Return of Spontaneous Circulation Rates (ROSC) to 31%. Deliver resuscitation (adult and child) update training to 85% of ambulance clinicians.*

Outcomes:

- In February 2024 & March 2024 our ROSC rate was **33%** and **32%** respectively.
- Reduction in variation in ROSC rates, reflecting better and more consistent care provision for our patients.
- Improvement in delivery of the ROSC care bundle.
- **1600** children trained in the first 6 months of the London Life Saver Schools Program.
- **92%** of ambulance clinicians trained in all areas.



Care after a fall

Aim: *Increase Urgent Community Response (UCR) provision to 10 cars. Deliver spinal immobilisation update training to 85% of staff*

Outcomes:

- **9** UCR Cars operationalised
- **10,320** patients have benefited *(as at the end of March 2024)*
- Enables between **65%** and **75%** of people seen to remain at home, avoiding an attendance at an emergency department and/ or admission to hospital
- Training delivery commenced in October 2023, a little later than planned and as a result, we fell below the 85% target, concluding the year at **75%** compliance.

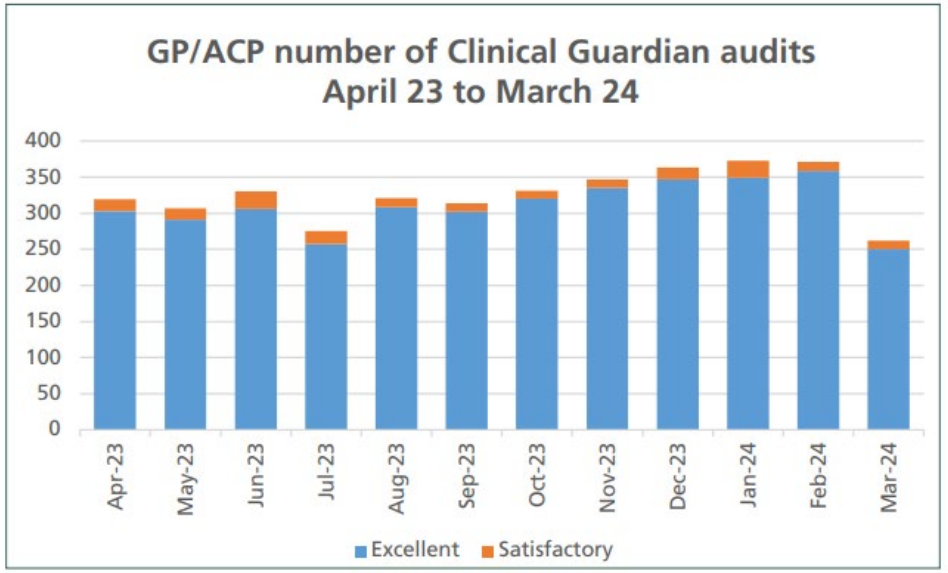
"Absolutely outstanding service. Highly professional and reassuring attitude. Both operatives were reassuring, efficient and sympathetic and I felt totally reassured and relieved. I cannot commend them highly enough they were marvellous. Thank you."

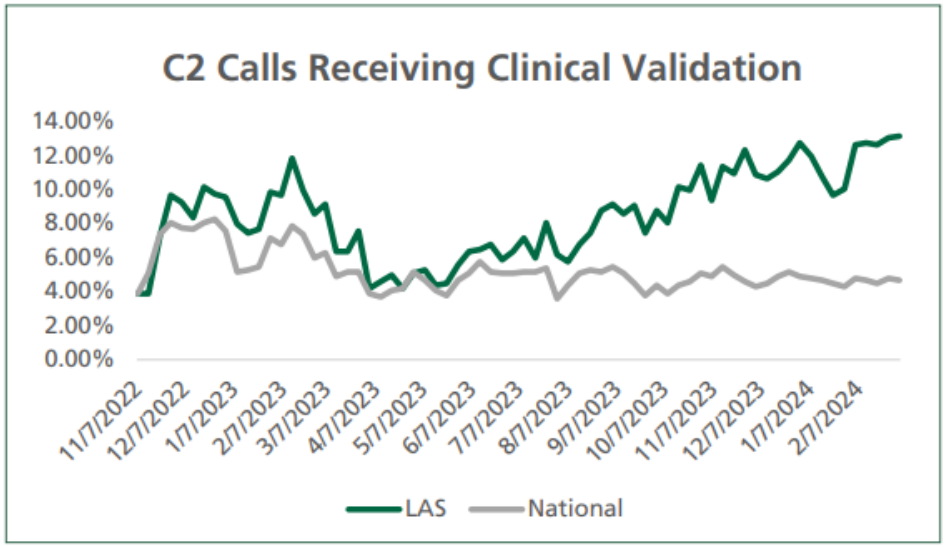
Hear and Treat Consultations

Aim: *Implement Clinical Guardian across 111 & 999 and implement Category 2 Segmentation Programme*

Outcomes:

- Clinical Guardian has been **fully implemented** in our 111 and urgent clinical advice service for consultations.
- Clinical Guardian has also been implemented in the clinical hub, and is used for all Manchester Triage System consultations where Adastra is utilised.
- Ability to track clinician outcomes more effectively, with high quality audits and learning optimising the safety of our CAS.
- Category 2 Segmentation Programme has been **fully implemented**.
- **40%** of the total number of C2 calls received are eligible for clinical navigation. Of these, **13%** receive clinical validation (4.9% nationally) of which an average of **44%** of patients are safely cared for via alternative care pathways.
- In operational terms, through the optimisation of our C2 segmentation model, around **1,300** additional DCA hours each week are being made available to respond to our sickest patients



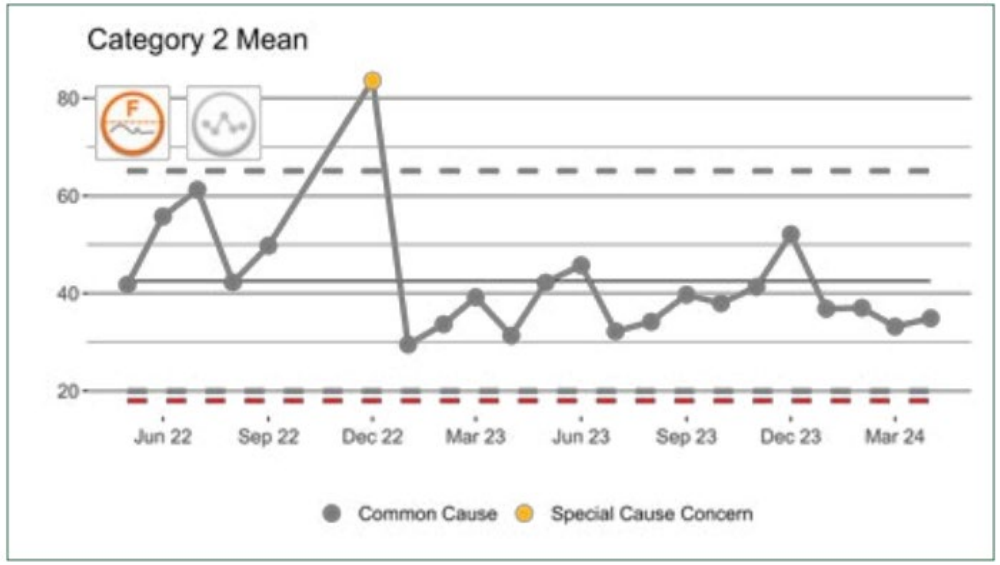


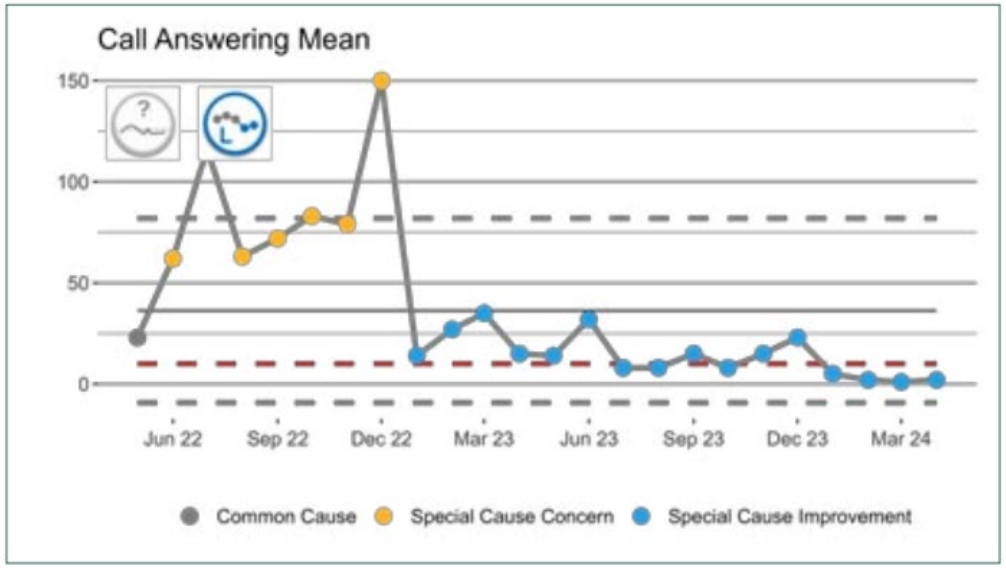
Reducing Delays

Aim: *Achieve a ≤30 minute C2 mean and achieve* a ≤10 second call answering mean in line with trajectory

Outcomes:

- We concluded the year with a mean response time of **38 minutes and 39 seconds**.
- Implemented a new incentive structure to support production at times of greatest need and to match our fleet availability.
- Allocated improvement trajectories for all station groups, to maintain local ownership and focus on this improvement priority.
- Implemented a 45 minute handover process in partnership with acute hospital trusts across London
- A sustained improvement in our category two response times when compared to last year.
- We concluded the year with a mean response time of **12 seconds**, a significant improvement on our 22/23 average of 64 seconds.





Infection, Prevention and Control

Aim: *Achieve 90% hand hygiene audit compliance and i*mplement audit software replacement

Outcomes:

- The overall annual compliance rate for the Trust was **97%**.
- **4,014** Hand Hygiene audits were submitted in 2023/24.
- This year we implemented a new audit software solution, which has been fully aligned to our IPC audit plan and has a user friendly single sign on (SSO).
- This software solution has enabled the Trust to complete more accurate audits which has led to better audit actions with a higher impact on the areas that matter.
- The system triangulates our audit results with CQC self-assessments enabling the Trust to achieve our broader continuous improvement ambitions

Looking Forward: Our Quality Priorities for 2024/25

In identifying our priorities, we have considered :

- Progress against the 2023/24 quality priorities
- Quality and performance metrics
- Business plans and strategic commitments
- What matters to our staff, patients and the communities we serve.

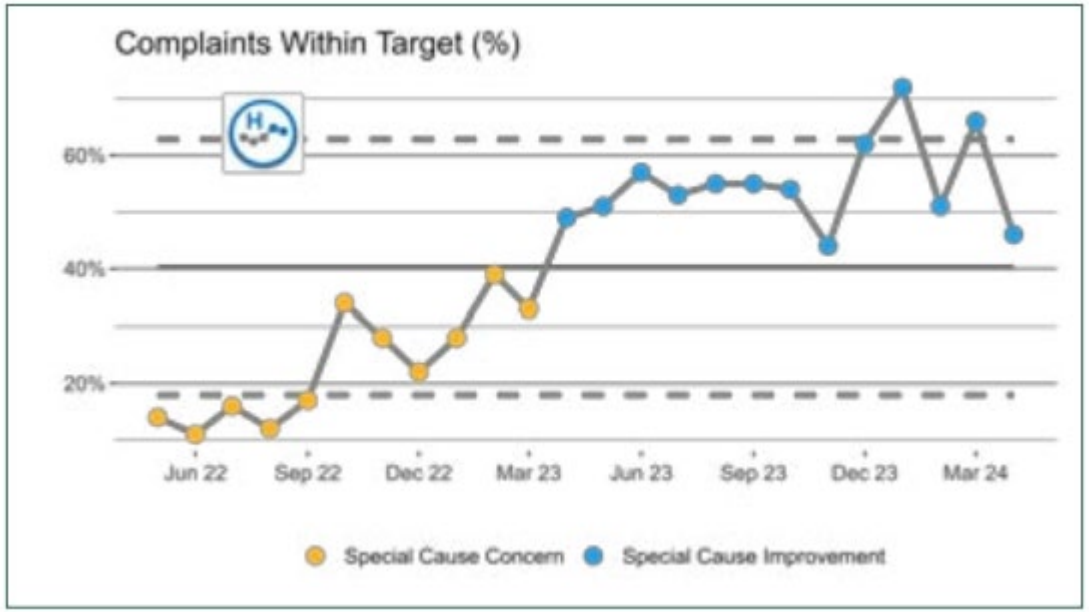
These quality priorities are monitored through the Quality Improvement Programme Board on a monthly basis.

Theme	Quality Priority
Improving efficiency	Implement the Future Dispatch Model in all five of our operational sectors
	Ensure that 95% of category three and four ambulance dispositions are validated prior to dispatch
	Reduce the time that ambulances are out-of-service by 2%
Feedback and learning	Implement learning from after action reviews and inquiries, following significant and major incidents
	Implement a strategic partnership for developing improvement capability and capacity, and deliver the Trust's first rapid process improvement workshop (RPIW) using LASImprove methods
Improving outcomes	Reduce the time taken to match locations for 999 calls to less than 80 seconds
	Improve delivery of the ST segment elevation myocardial infarction care bundle to 80% compliance
	Gather and take action on patient feedback from people impacted by health inequality, starting with patients with sickle cell disease and new mothers from Black and ethnic minority backgrounds
Reducing delays	Improve our category two response time in comparison with last financial year
	Complete a quality improvement project aiming to reduce long waits for category one and two patients
	Ensure 75% of patients in P1, P2 and P3 priorities commence a clinical assessment within the commissioned timeframe

Part 3 – Quality and Improvement

Throughout 2023/24 we undertook several programmes of improvement work aiming to improve the quality of our services:

- Teams-Based Working in Ambulance Operations
- Mini Make Ready Hubs
- Patient Experiences Improvement Project
- Inaugural Quality Improvement Conference
- Tackling Discrimination & Promoting Inclusivity
- Graduate paramedics from Cumbria
- Stroke Care
- Fixing The Basics



In recognising the progress we have made during the last year, we would like to take this opportunity to publicly thank all our staff, volunteers, partner agencies and system partners, who have and continue to work incredibly hard in delivering high quality emergency and urgent care to the people of London

Any Questions?

4. WRES and WDES

For Information

Presented by Roger Davidson

NHS
London Ambulance Service
NHS Trust

Workforce Race Equality Standard

LAS Report and Action Plan – 2023/2024

We are the capital's emergency and urgent care responders

London Ambulance Service
NHS Trust

CONTENTS

Overview of the Workforce Race Equality Standard

Purpose

NHS trusts are required to produce and publish their WRES report annually. Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

The purpose of the WRES is to ensure that NHS organisations review their data against the nine indicators which are outlined in the WRES, produce an action plan to close any gaps in the workplace experience between white and ethnic minority staff, as well as improving the representation of ethnic minority staff at the Board level of the organisation.

The WRES report is a key component of our workforce EDI work, setting our direction in achieving good practice race equality across all areas of the employee lifecycle and ensuring our staff have access to career opportunities, development and progression and receive inclusive and fair treatment in the workplace.

Methodology

The WRES requires NHS trusts and ICBs to self-assess against 9 workplace experience and opportunity indicators. Four metrics are taken from workforce data and the remaining are based on the NHS staff survey.

Scope

The WRES data included in this report has been obtained from:

- Electronic staff records
- Human resource team records
- Organisational development records
- NHS staff survey

Definitions

The definitions of ethnic minority and white, used in WRES, have followed the national reporting requirements of the ethnic category in the NHS data model and dictionary.

At the time of publication of this report, these definitions were based upon the 2021 ONS Census categories for ethnicity.

A message from our CEO

The capital's emergency and urgent care responders.

Our Workforce Race Equality Standard report is crucial in helping the Trust understand and tackle the disparities between ethnic minority staff and their white counterparts. Creating an inclusive and equitable workplace is of the highest importance to the Trust, ensuring everyone is able to work to their highest potential and thrive, and that we have a workforce that is reflective of the rich diversity of the population we serve, across all parts of the organisation.

This report is but one step on our journey to address inequalities within LAS and we have made some progress against this, but recognise the work still ahead. It is great to see our representation of ethnic minority communities in the Trust grow, but we still have far to go to make sure these staff are better represented across all areas in the Trust. We can see more of our ethnic minority staff feel there are equal opportunities to progress in LAS, but this is still less than half of them – we need to do better.

It is very disappointing to see the stark differences between ethnic minority staff and white colleagues in their likelihood of being appointed from shortlisting and in entering formal disciplinary processes. There is no excuse for this and we are taking further steps to deep dive into our interview and disciplinary processes to de-bias these and reduce the disparities.

We have a strong and comprehensive work programme in place to address the many challenges shown in this report. It is a difficult journey but we are committed to making longstanding change to better the experiences of our ethnic minority staff. It is fair to say that culture change programmes take time – they are complex and require a lot of mechanisms to work. Although we have far to go, I am confident the work we have already put in to shift the dial is a strong foundation to becoming a more diverse and equitable workplace.

Daniel Elkeles
CEO, London Ambulance Service NHS Trust

A note from the LAS BME network

The BME Network is committed to supporting colleagues from ethnic minority backgrounds in LAS to have fair access to opportunities, have a good experience working in the Trust and that people are not discriminated because of who they are and where they come from.

By acting as a trusted conduit to ethnic minority communities, bringing insights, lived experiences, raising awareness of issues and bringing expertise, we hope to make a real difference.

We will also continue to celebrate the diversity within the Trust and provide education and cohesion opportunities.

We recognise that even though some progress has been made, we must do better to support our ethnic minority communities in LAS and are pleased to work with the EDI to support positive actions.

Our strategic equality objectives

To achieve the work set out in the LAS strategy 2023-28, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028 and achieve the mission of “being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.”

The LAS strategy states:

“We aim to build a diverse organisation that values and celebrates difference, promotes equality and prioritises the wellbeing of our people. We will build a workforce that knows and reflects the people we serve. We will build an organisation where everyone can feel they belong, their voice is valued and there are opportunities for a career. Discrimination, bullying, harassment and racism have no place in our organisation and we will take a zero-tolerance approach to tackling this behaviour.”

To deliver the missions set out in the LAS strategy, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028:

OBJECTIVE 1	**Foster proactively a diverse and open culture with an equitable working environment, including through staff training on discrimination and impactful staff networks.**
OBJECTIVE 2	**Make measurable improvement in attracting and retaining a workforce that represents London, reaching out to relevant communities and helping staff to build great careers.**
OBJECTIVE 3	**Generate clear leadership accountability for action based on good management data and staff feedback, including compliance with legislation and equality standards.**

Introduction

This Workforce Race Equality Standard (WRES) report provides key insights to the experiences of ethnic minority workforce in the London Ambulance Service. The data shows where we are making good progress in achieving our ambitions in creating a fair and inclusive organisation, and indeed highlights where we need to add focus and energy to create equitable experiences and outcomes for colleagues.

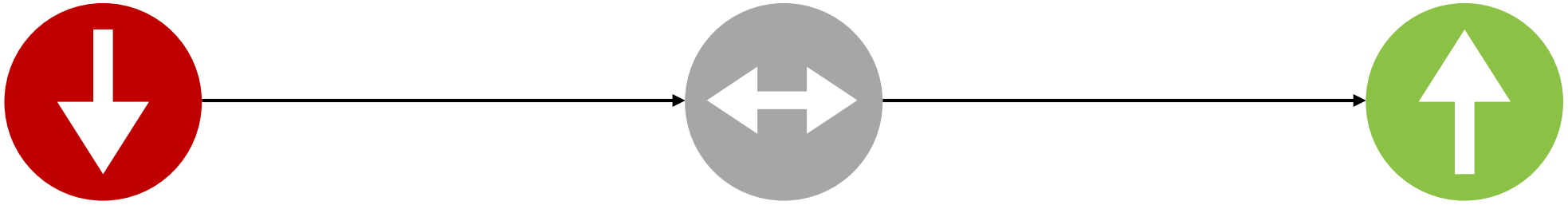
The following report provides an overview of our progress, challenges and aspirations. We remain on a journey and equality, diversity and inclusion is the unifying thread that stems from our core values of care, respect and teamwork and runs through every aspect of our organisation, from leadership to delivery and from workforce to the community we serve. Over the last year we have achieved the following that aligns with our plans and overarching objectives relating to WRES:

- **Anti-discrimination statement and anti-racism charter developed and published – a firm commitment to zero tolerance.**
- **Targeted recruitment programmes implemented aimed at ethnic minority communities both internally focussed and external – aligned directly to the findings and recommendations from independent report**
- **A deep dive into disciplinary processes completed in response to WRES Indicator 3 and interventions established.**
- **By the end of March 2024, 62% (~5,200) of staff had completed the 'Tackling discrimination and promoting inclusivity' training – setting the foundations and important learning.**
- **Reducing bias in recruitment and interview processes through Independent Panel Members programme (30+ currently recruited)**

This achievement snapshot demonstrates just part of the journey and the findings in this report shows there is so much more to do, which will require ongoing dedication, genuine commitment and proactive interventions. Culture change programmes and complex transformation relating to EDI take time. Many of the interventions are new as of this year and whilst we are seeing positive change, some of the benefits will only start to be realised in the coming years and will set the foundations for a fairer future.

Understanding the findings

Direction of travel



Deterioration

No significant change

Improvement

Key

Ethnic minority

White

Not known / stated

Metrics 1 - 4 and 9 are a snapshot of our workforce data from 31 March 2024, while Metrics 5-8 are taken from the NHS Staff Survey, conducted in Autumn 2023.

3 key questions explored in this report

What is the data telling us?

How do we compare with previous years?

What are we planning to do?

Key findings

Metrics 1-4 and 9 are a snapshot of our **workforce data** from 31 March 2024, while Metrics 5-8 are taken from the **NHS Staff Survey**, conducted in Autumn 2023.

1. Staff Representation

of our workforce has identified themselves as an ethnic minority

2. Shortlisting

White applicants are

2.0X

more likely to be appointed from shortlisting

3. Disciplinary

Ethnic minority colleagues are

2.0X

more likely to enter the formal disciplinary process

4. Training

White applicants are

1.22X

more likely to be access non-mandatory training and CPD

5. Bullying from public

42.0%

of ethnic minority colleagues reported experiencing harassment, bullying or abuse from the public

6. Bullying from staff

24.0%

of ethnic minority colleagues reported experiencing harassment, bullying or abuse from colleagues

7. Progression

47.5%

of ethnic minority colleagues believe the Trust provides equal opportunities for career progression and promotion

8. Discrimination

15.6%

of ethnic minority colleagues experienced discrimination from their manager or colleagues

9. Trust Board

31%

of our Trust Board (voting membership) are from an ethnic minority background

We are the capital's emergency and urgent care responders

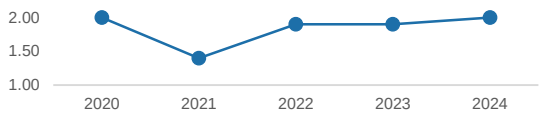
Comparisons

Metrics 1-4 and 9 are a snapshot of our **workforce data** from 31 March 2024, while Metrics 5-8 are taken from the **NHS Staff Survey**, conducted in Autumn 2023.

1. Staff Representation

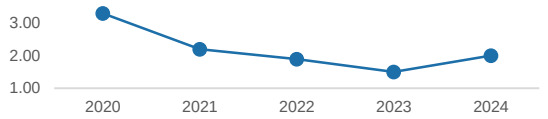
Last year (2023): 21% This year (2024): 24%

2. Shortlisting



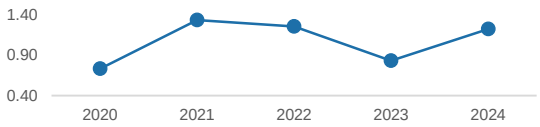
Last year (2023): 1.9 This year (2024): 2.0

3. Disciplinary



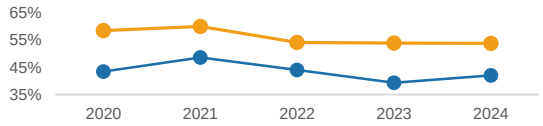
Last year (2023): 1.5 This year (2024): 2.0

4. Training



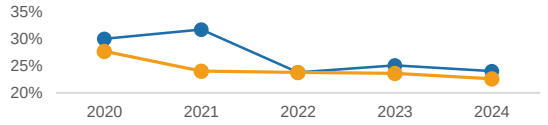
Last year (2023): 0.83 This year (2024): 1.22

5. Bullying from public



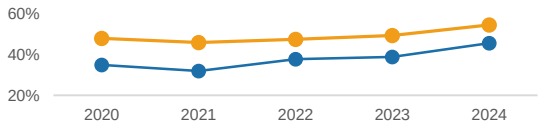
Last year (2023): 39.3% This year (2024): 42%

6. Bullying from staff



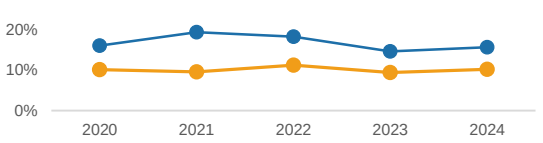
Last year (2023): 25.1% This year (2024): 24%

7. Progression



Last year (2023): 38.9% This year (2024): 45.7%

8. Discrimination



Last year (2023): 14.6% This year (2024): 15.6%

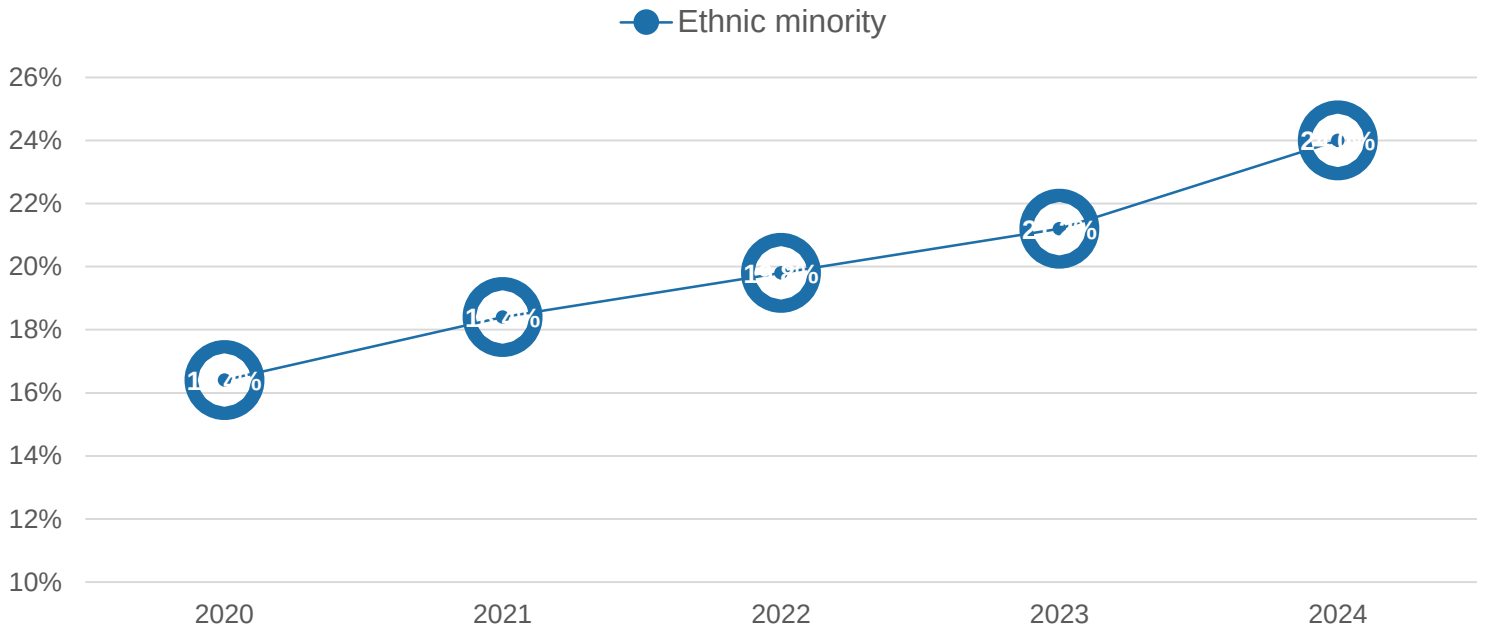
9. Trust Board

Last year (2023): 29% This year (2024): 31%

Indicator 1

Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.

Proportion of workforce identifying as an ethnic minority (%)



	2020	2021	2022	2023	2024
White	82.1%	80.1%	77.5%	75.9%	71%
Ethnic minority	16.4%	18.4%	19.8%	21.2%	24%

Data shows we are making good progress in increasing the representation from ethnic minority communities, with an almost 3% increase taking our workforce to 24%, meaning **almost 1 in every 4 members of staff are now from an ethnic minority background.** This is a **positive trend over the last few years**, with increased representation over time.

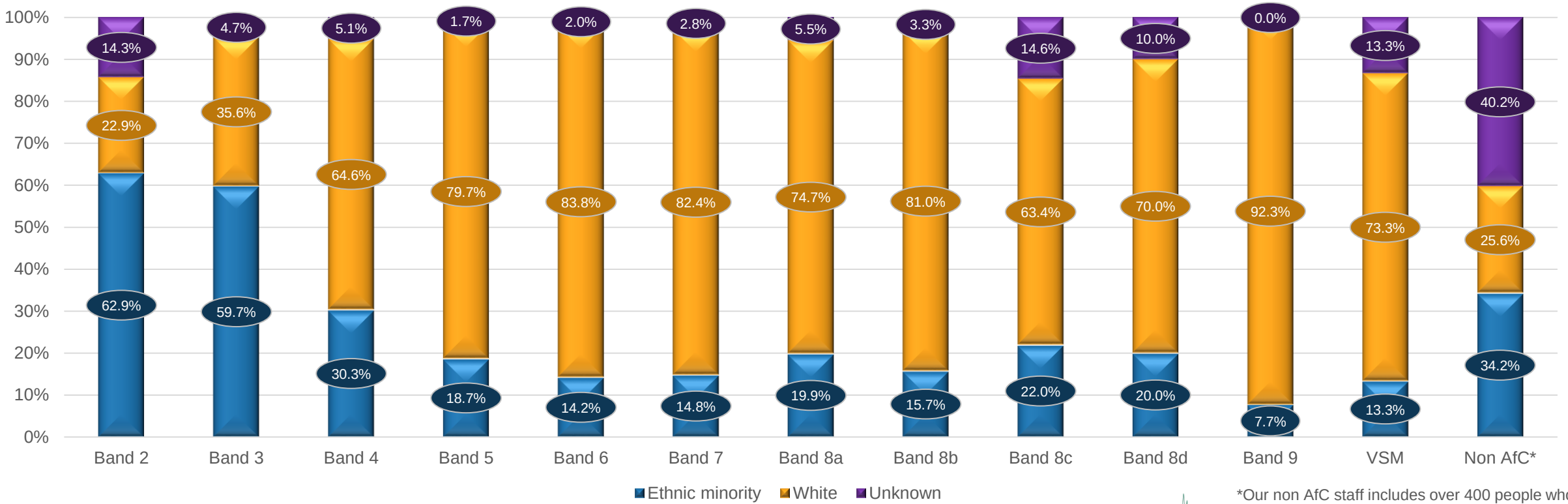
More work needs to be done to further close the gap and ensure better representation at all levels. This is an exciting change and it remains of huge importance to us to have a workforce that is representative of London, to align with our values of providing and mission to provide the highest quality care, in the best way and contributing to Londoners having the best health outcomes in the world.

Indicator 1

Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.

Ethnic minority staff across the organisation

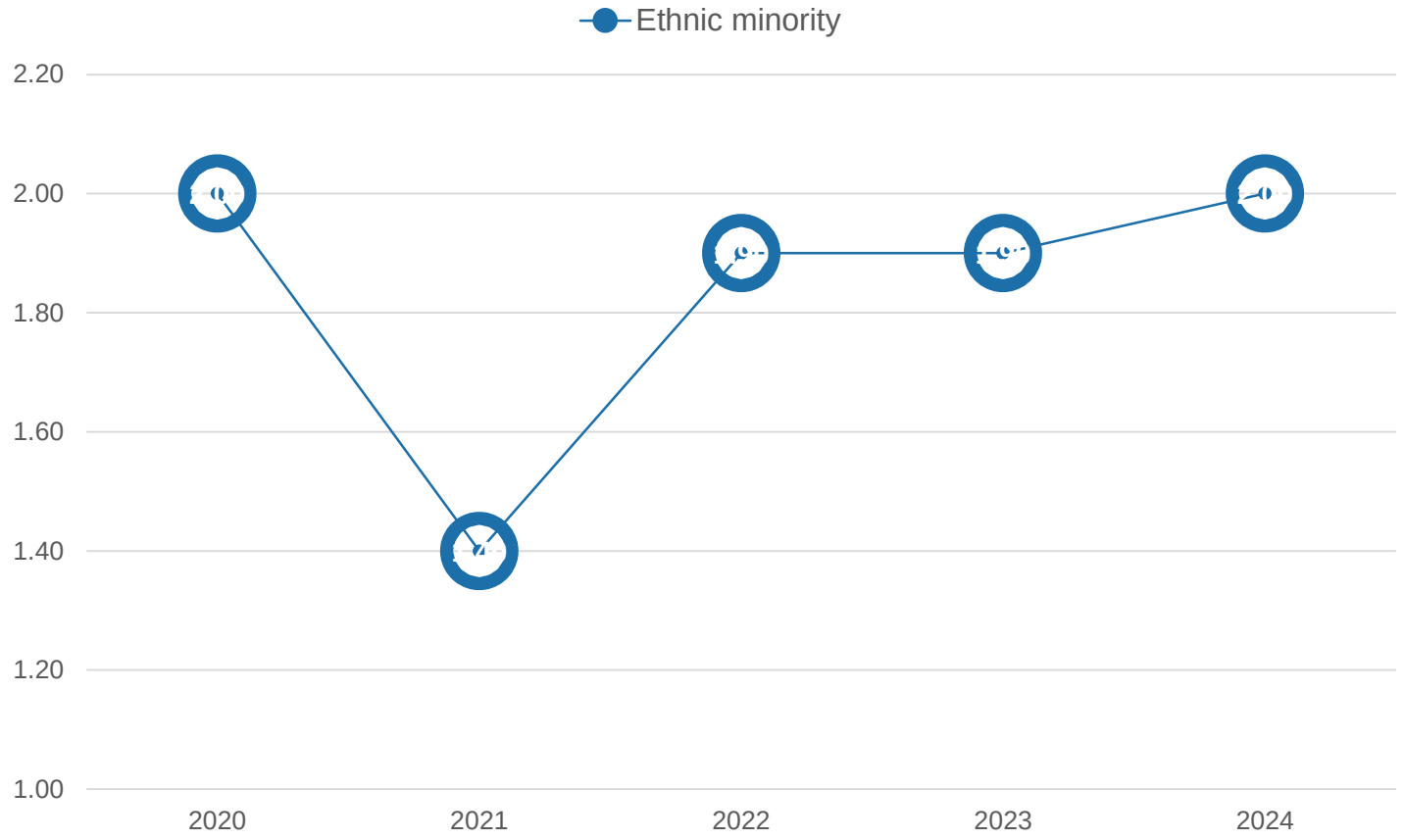
The data shows differing representation across all bands, with a large overrepresentation in the lower bands and underrepresentation in the upper bands. To note, those at VSM level represent a very small number of staff (15 people).



*Our non AfC staff includes over 400 people who prepare frontline vehicles for operational duties

Indicator 2

Relative likelihood of white staff being appointed from shortlisting compared to ethnic minority staff across all posts



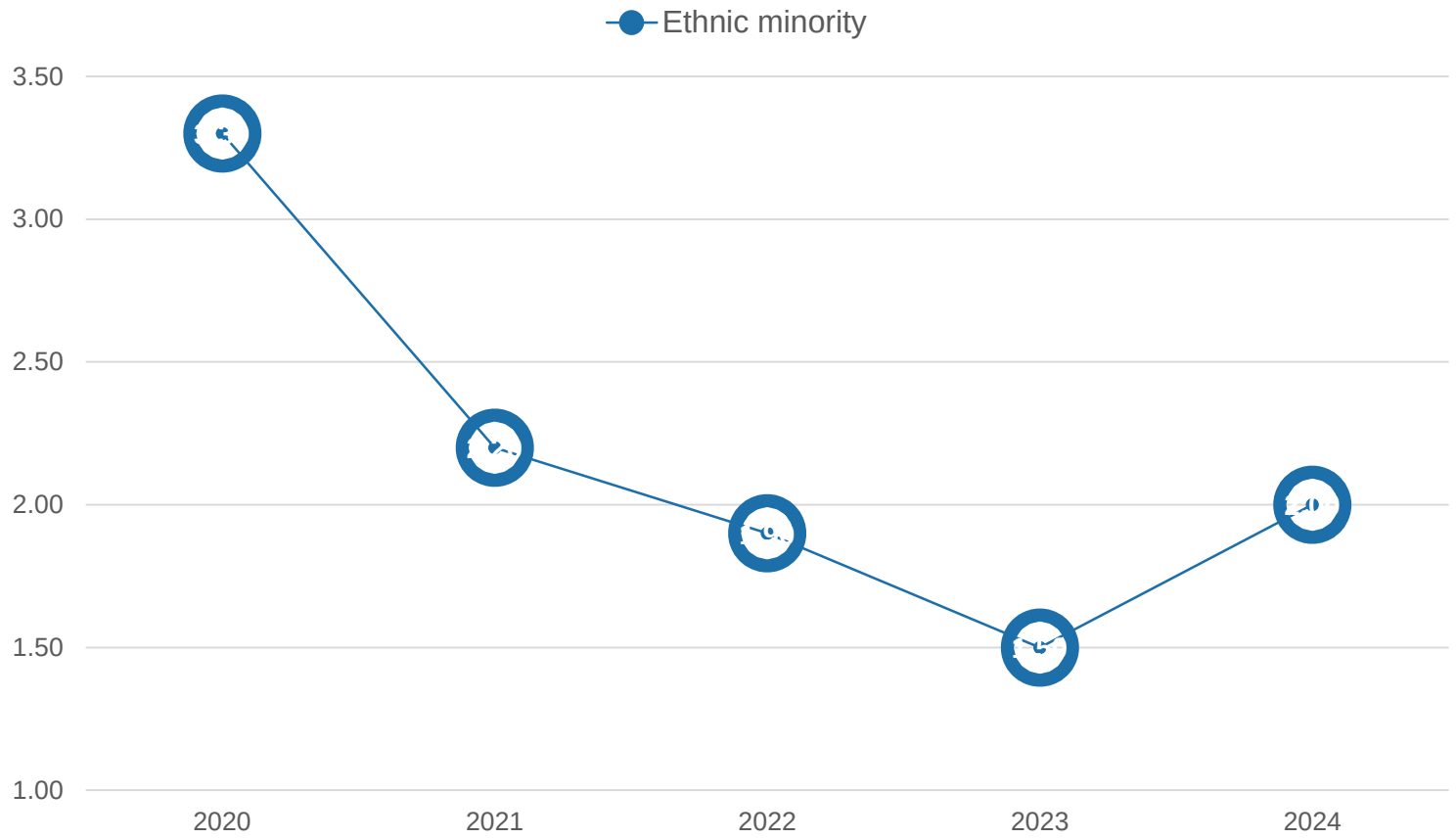
A figure below 1:00 indicates that ethnic minority staff are more likely than white staff to be appointed from shortlisting.

The data indicates that **white applicants are twice as likely to be appointed** from an open recruitment process than someone from an ethnic minority community. There has been a **slight deterioration** of 0.1 and whilst this is a nominal change it is something we take seriously and are investing time and resource in to redress. Though there has been a deterioration in comparison to last year, we have **remained consistent over the past few years and suggests longstanding issues.**

There has been a review of recruitment practices, with a focus on language and identifying where there may be unintended barriers. We will continue to focus on debiasing our recruitment and selection processes, including through the use of Independent Panel Members and a ‘Stepping up Support package’ to support staff to progress.

Indicator 3

Relative likelihood of ethnic minority staff entering the formal disciplinary process compared to white staff



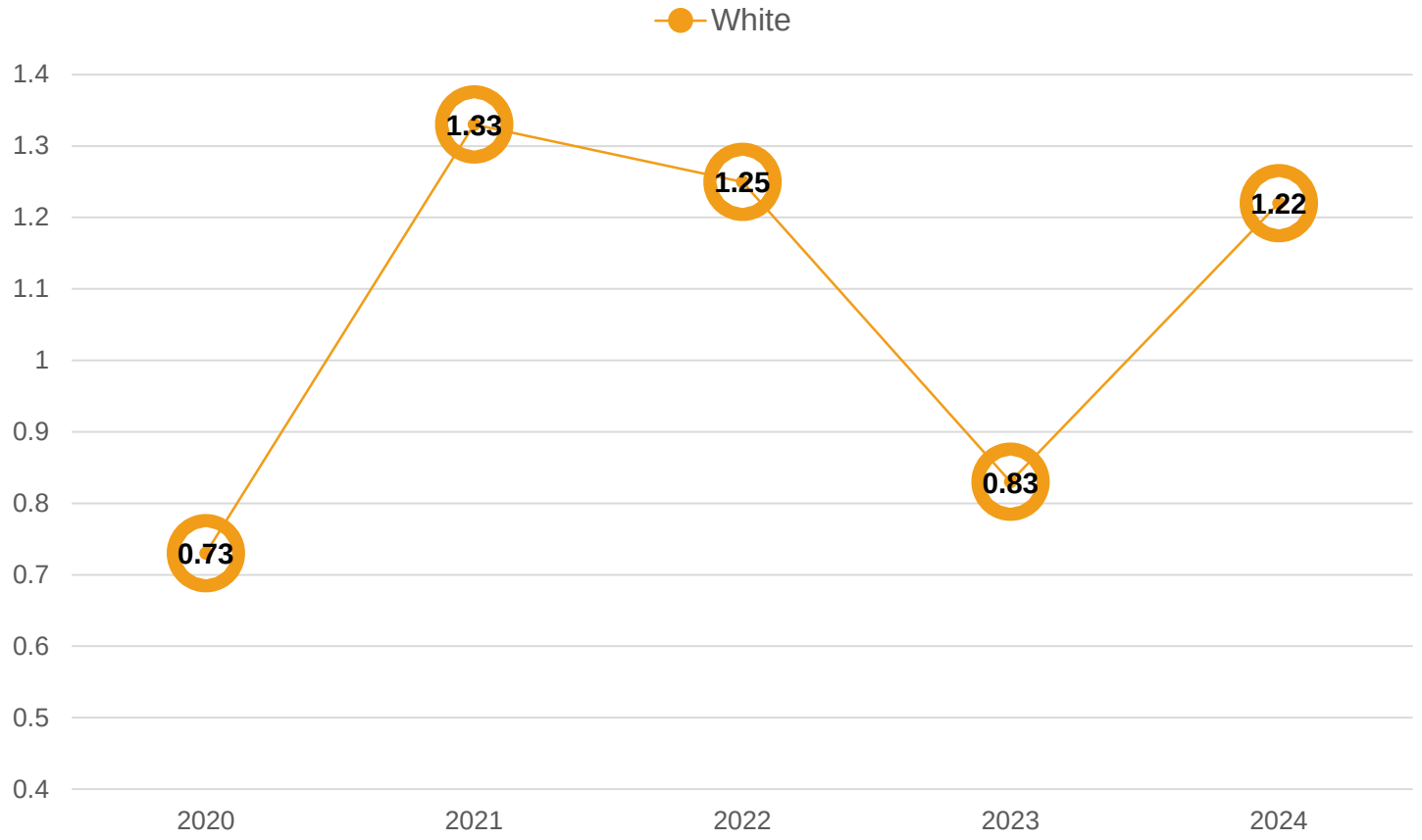
A figure above 1:00 indicates that ethnic minority staff are more likely than white staff to enter the formal capability process.

The data shows that **ethnic minority staff are twice as likely to be put through a disciplinary process** than their white counterparts. This is a disappointing result and demonstrates **a decline of 0.5** since the previous year. Although we have seen a decline compared to last year, we **have improved against this indicator since 2020**. These figures however remain high and suggest longstanding issues.

The Trust has undertaken a deep dive in to these cases to better understand why and has put in place new arrangements that ensures there is improved consistency of treatment.

Indicator 4

Relative likelihood of staff accessing non-mandatory training and CPD



A figure above 1:00 indicates that white staff are more likely than ethnic minority staff to access non-mandatory training and CPD

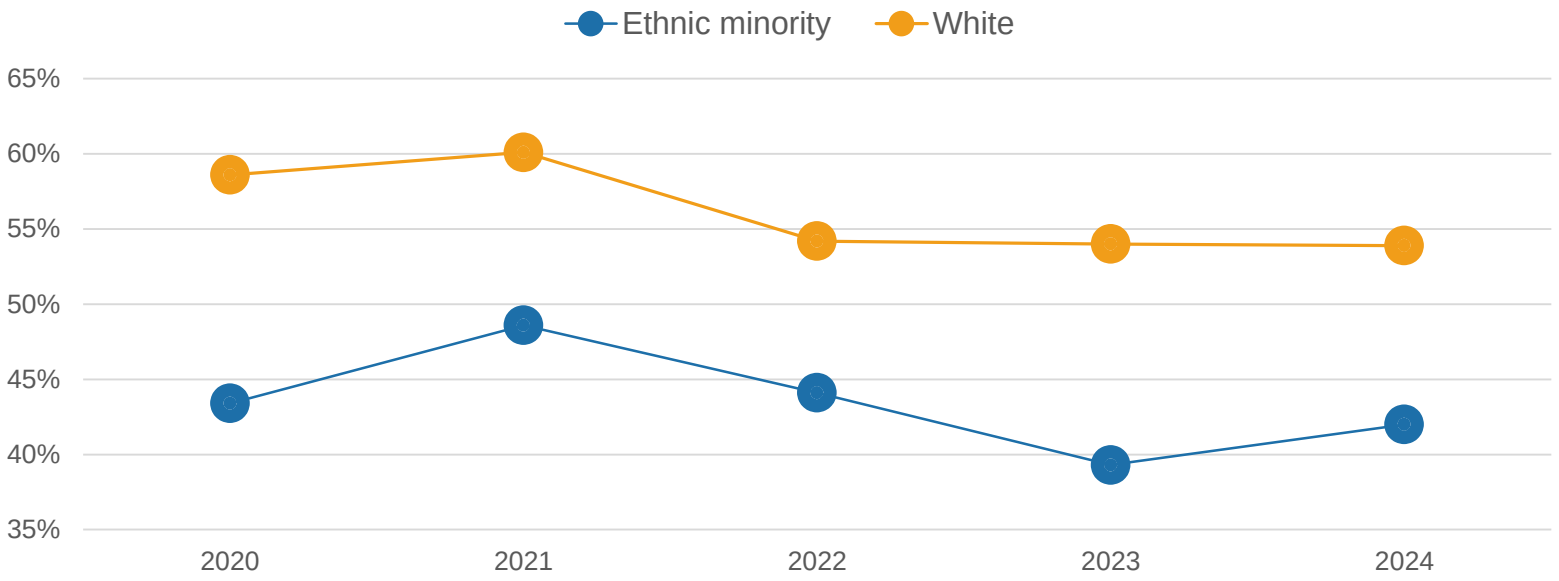
The data indicates that **white staff are 1.22 times more likely to access non-mandatory training and Continuing Professional Development (CPD) opportunities** than staff from ethnic minority communities.

This represents a **slight deterioration** on last year where the difference was 0.83, suggesting an ongoing disparity in training and development access or awareness for ethnic minority staff. There has been a **varying trend over the last few years**.

We will continue to support managers to raise awareness of our Learning and Development course catalogue for more ethnic minority staff to take up learning opportunities.

Indicator 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



	2020	2021	2022	2023	2024
White	58.6%	60.1%	54.2%	54%	53.9%
Ethnic minority	43.4%	48.6%	44.1%	39.3%	42%

The data reveals in the last 12 months **42% of ethnic minority staff experienced harassment, bullying or abuse from patients, relatives or the public**. This marks **a deterioration on last year's findings** which stood at 39.9%, demonstrating staff face ongoing challenges in this area. Although we have seen an increase from last year, there is **a positive trend over the past few years.**

White staff are telling us they are experiencing more incidents, however the difference between white staff and ethnic minority staff is closing, moving to 11.9%. The Trust is working hard to put in place measures and effort to ensure we create a safer and more respectful environment for all staff members through the continuation of training.

Indicator 6

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

The data reveals in the last 12 months **24% of ethnic minority staff experienced harassment, bullying or abuse from other staff members**. This marks **an improvement on last year's findings** which stood at **25.1%**. White staff also reported an improvement at 22.6% down from 23.6% in the previous year. There has been a general **positive trend over the last few years.**

The Trust is taking a zero tolerance approach to such behaviours and we hope to drive this down further over the coming year through the socialising of our charters to maintain an inclusive and respectful working environment.

Indicator 7

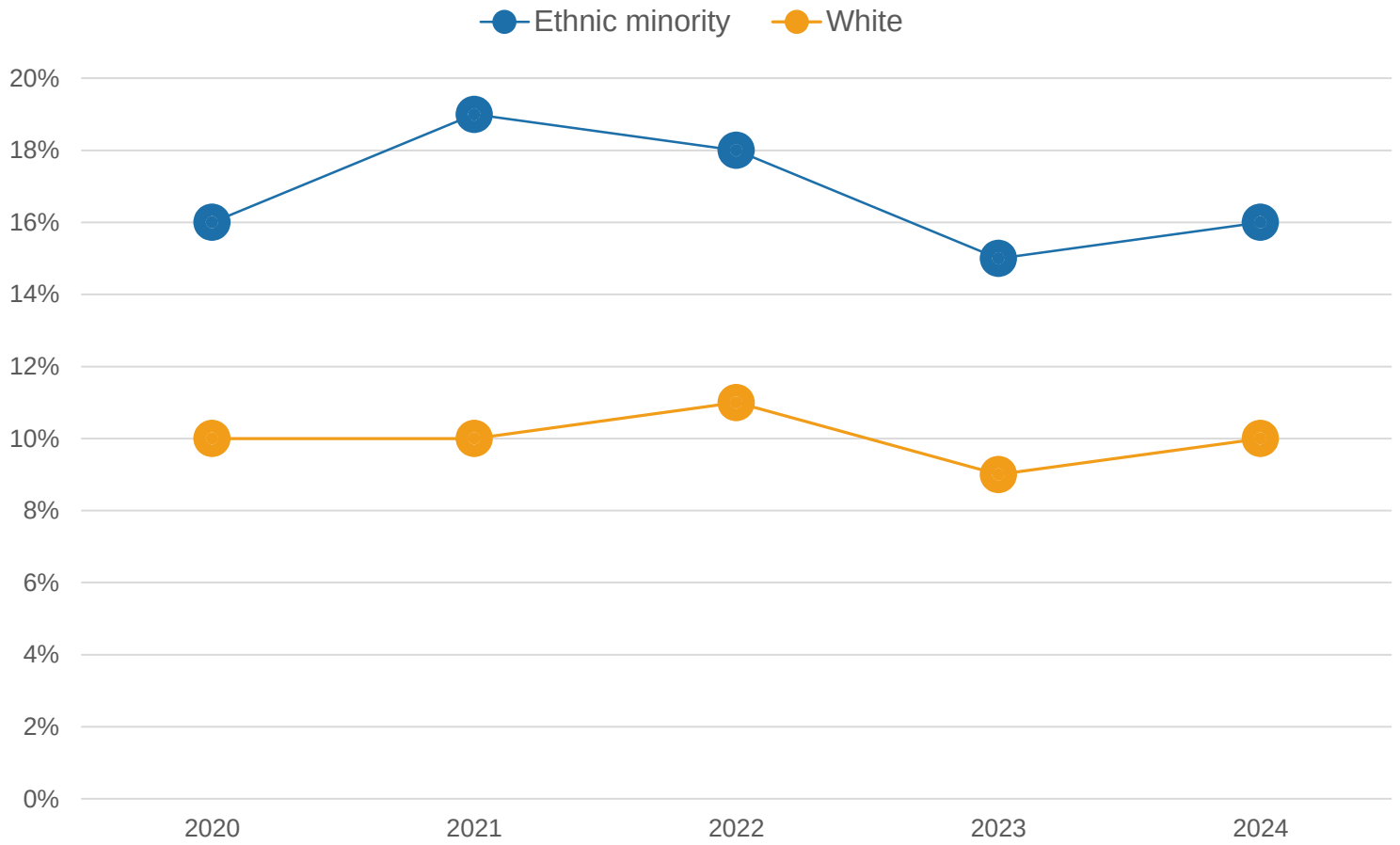
Percentage of staff believing that the Trust provides equal opportunities for career progression and promotion

The data reveals the **percentage of ethnic minority staff who believe the Trust provides equal opportunities for career progression and promotion is 45.7%** and the corresponding figure for white staff is 54.7%. There has been a general **positive trend over the last few years.**

The positive action being taken by the Trust and scheduled activities within the work plan for the coming year will look to improve the perceptions relating to this – and importantly creating suitable opportunities, supporting staff and raising the awareness of opportunities will be a key approach.

Indicator 8

In the last 12 months have you personally experienced discrimination at work from any of the following – Manager / Team Leader or other colleagues?

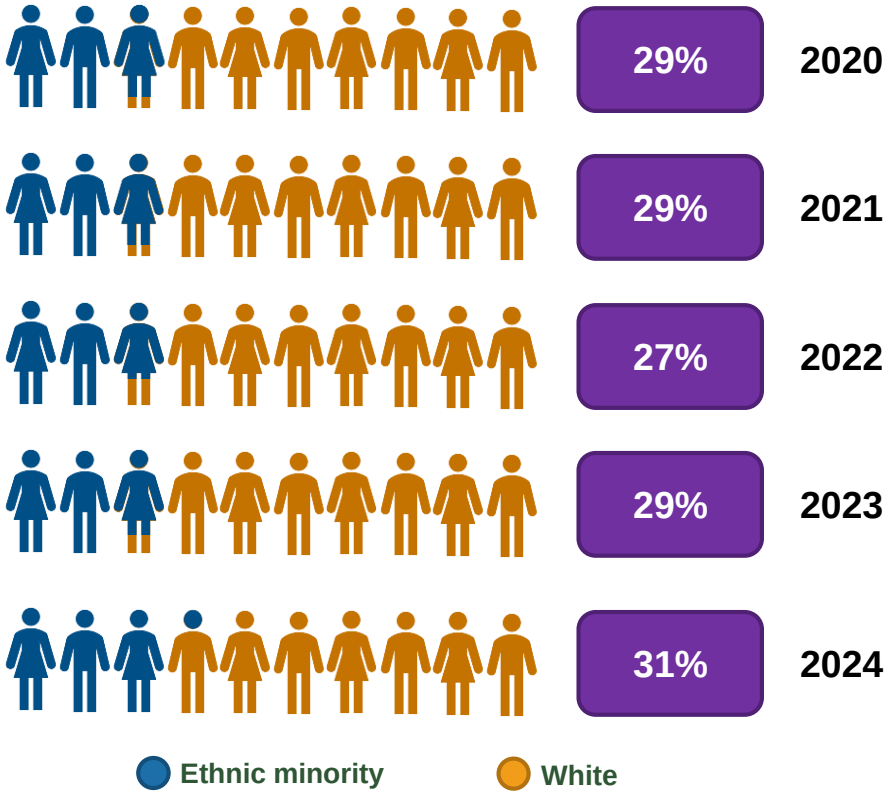


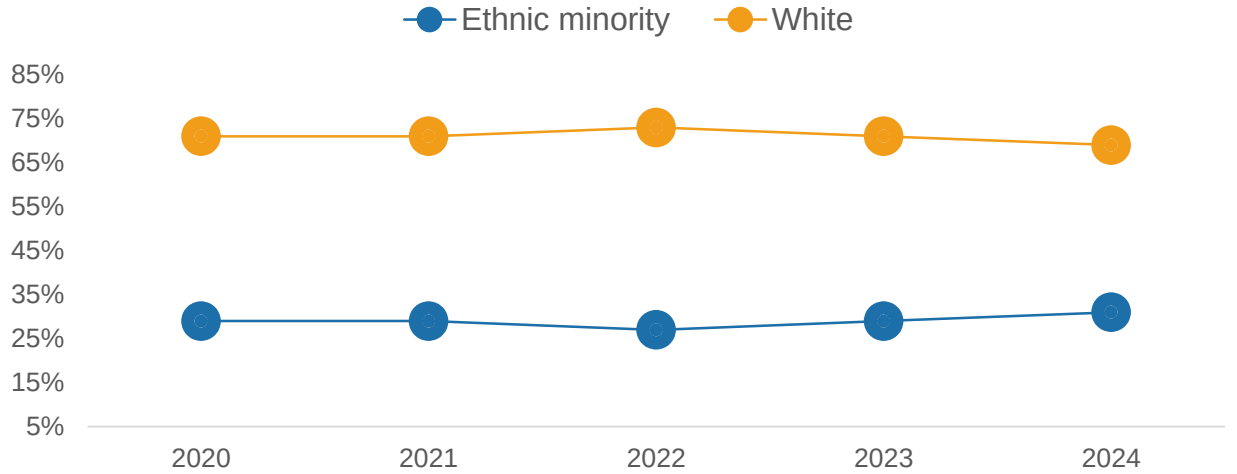
15.6% of ethnic minority staff personally experienced workplace discrimination from managers, team leaders or colleagues in the last year. This is a slight deterioration on the previous year where it was 14.6%. Data relating to white staff also showed slight deterioration at 10.2% from 9.4% the previous year. Although there has been a decrease in comparison to last year, this trend has remained **fairly consistent over the last few years.**

Having awareness of these unacceptable behaviours is critical and addressing this remains crucial to foster an inclusive and respectful work environment for all, and we will continue to support staff to speak up and continue socialising our anti-discrimination and anti-racism charters.

Indicator 9

Percentage difference between the Organisation's Board voting membership and its overall workforce.





The data indicates that **ethnic minority staff constitutes 31% of the Trust Board's voting membership**, which is 7% higher than the ethnic minority staff makeup of the overall workforce. This is an increase from the previous year of 2% and a positive trend to see the representation increase. Although this is an increase from the last year, representation has **remained consistent over the last few years.**

We remain committed to diverse representation at the leadership level and to drive inclusive governance, allowing ethnic minority individuals to be represented and contribute towards decision-making and drive a more inclusive culture.

Conclusion

This report shows how LAS is progressing against the WRES, which focuses on the experiences of people from ethnic minority communities. It highlights where progress has been made, where stronger focus and interventions are needed and how we plan to drive the best outcomes and create a level playing field for ethnic minority staff.

We have made **good improvements against three of the WRES indicators** in 2024, however we have additionally seen a **deterioration in three indicators** and **no change in three indicators**. Our WRES findings show we need to do much more to close the disparities between ethnic minority and white staff.

There are a range of initiatives that have been put in place already, including training programmes and socialising our new Anti-Racism Statement and Anti-Discrimination Charter to reinforce our commitment to being an inclusive organisation. These have been aligned to respond to the WRES findings and defined as clear business plan deliverables for LAS in 2024-2025.

In conclusion, we recognise that although there have been some improvements, we still have a long way to go to ensure our ethnic minority staff are treated equally and have the same opportunities to progress as their white counterparts. It is our hope we will see improvements in the coming year and beyond and we are absolutely committed to this.

Next Steps

Oversight of WRES will take place through the EDI Sub-Board Committee and cross organisational working groups will ensure delivery through these key areas of focus:

- **Organisation inclusion culture shift, from leadership to all aspects of the Trust.**
- **Recruiting fairly and closing the gap between ethnic minority and white applicants.**
- **Reaching ethnic minority communities in ways that work.**
- **Removal of structural barriers for ethnically diverse communities to enter into paramedicine.**
- **Ending the disparity between ethnic minority staff being entered in to disciplinary processes.**

Summary of WRES action plan

The WRES actions are presented below and align to our business plan deliverables for 2024-25:

"Increase by 10% the proportion of applicants from an ethnic minority background to jobs in ambulance operations and 999, agreeing and implementing an action plan which will include implementation of a new call handler to associate ambulance practitioner recruitment programme."

"Improve the likelihood (currently 2x less likely) of Black and ethnic minority candidates being successful at interview stage, by supporting the career advancement of colleagues."

Desired outcome	Actions	WRES Indicator(s)
Wider organisation inclusion culture shift, driven from leadership to all aspects of the Trust	• Establish data-led accountability and objectives for all executive and extended leadership • Deliver targeted workshops and training to all staff, particularly managers • Assert firm organisational commitments through the anti-racism charter and anti-discrimination statement • Continue to grow effective staff networks and identify inclusion ambassadors across the Trust	3, 4, 5, 6, 7, 8 and 9
Recruiting fairly and closing the gap between ethnic minority and white applicants	• Deliver proactive positive action initiatives to review, identify and change interview processes where barriers are identified • Roll-out of the 'Stepping up Support Package' and diverse support offer for ethnic minority staff • Ensure Independent Panel Members challenge ethnicity bias • Report on the ethnicity pay gap for the first time	1, 2, 7, 8 and 9
Reaching ethnic minority communities in ways that work	• Deliver targeted recruitment events in areas of high diversity, including recruitment fairs (LAS Fest), faith-organised events and joint partner events with LFB and MPS • Improve the LAS brand to create accessible and engaging communications for target communities • Create diverse marketing materials, including artwork on ambulances	1, 2, 7, 8 and 9
Removal of structural barriers for ethnically diverse communities in to paramedicine	• Develop and deliver targeted programmes and create internal pathways for a diverse talent pipeline • Develop apprenticeship programmes to target diverse Londoners • Work with universities in diversifying intake and exploring bursary schemes to incentivise ethnic minority communities	1, 2 and 7
Ending the disparity between ethnic minority staff being entered in to a disciplinary process	• Conduct a deep dive in to disciplinary cases • Introduce new measures to promote consistency across the disciplinary process • Improve recording of discrimination and disciplinary cases through the Freedom to Speak Up App InPhase'. • Deliver training and raise awareness of use of charters as part of disciplinary process	3

London Ambulance Service
NHS Trust

Produced by the LAS Equality, Diversity and Inclusion Team

October 2024

For further information and/or request in an alternative format, please contact: londamb.edimailbox@nhs.net

We are the capital's emergency and urgent care responders

London Ambulance Service
NHS Trust

Workforce Disability Equality Standard

LAS Report and Action Plan – 2023/2024

We are the capital's emergency and urgent care responders

London Ambulance Service
NHS Trust

CONTENTS

Overview of the Workforce Disability Equality Standard

Purpose

NHS trusts are required to produce and publish their Workforce Disability Equality Standard (WDES) report annually. The purpose of the WDES is to ensure that NHS organisations review their data against the ten indicators outlined in the WDES, produce an action plan to close any gaps in the workplace experience between disabled and non-disabled staff, as well as improving the representation of disabled staff at the Board level of the organisation.

The WDES report is a key component of our workforce EDI work, setting our direction in achieving good practice disability equality across all areas of the employee lifecycle and ensuring our staff have access to career opportunities, development and progression and receive inclusive and fair treatment in the workplace.

Methodology

The WDES requires NHS trusts and ICBs to self-assess against 10 workplace experience and opportunity indicators. Four metrics are taken from workforce data and the remaining are based on the NHS staff survey.

Scope

The report highlights current practice and shows key areas for improvement and progress within the organisation against key indicators of workforce equality for staff with a disability. It enables benchmarking across similar NHS providers and evidence how we meet our duties set out in the Public Sector Equality Duty and the standards required in the Department of Work & Pensions Level 2 Disability Confident scheme.

Definitions

The 2023 WDES technical guidance acknowledges that one of the challenges in monitoring workforce disability within the NHS is that the definitions of disability used within the NHS Electronic Staff Record (ESR), NHS staff survey and NHS jobs are not the same.

These definitions also vary when compared to the legal definition of disability, as set out in the Equality Act 2010. Work is ongoing to align definitions of disability with the Equality Act's definition and set up cross-system, agreed disability questions.

The social model of disability and the concept of 'Disability as an Asset', which are advocated by disabled people and disability rights organisations, underpin the WDES.

A message from our CEO

The capital's emergency and urgent care responders.

This year's Workforce Disability Equality Standard (WDES) report is a powerful tool for the London Ambulance Service to hold us to account on our ongoing commitment to fostering an inclusive environment where everyone, regardless of their abilities, feels valued, supported, and empowered to reach their full potential.

This report is a crucial step in our journey to address inequalities for disabled staff in LAS and it is encouraging to note the strides we have taken toward tackling discrimination and promoting inclusivity for our disabled colleagues. It is positive to see the continued increase in staff members declaring a disability, though we recognise the work to do to ensure representation at all levels. We also need to continue to create an environment in LAS where staff feel comfortable declaring their disability so we can better meet the needs of our disabled colleagues, including through implementing reasonable adjustments.

It is disheartening to see the high levels of bullying our disabled staff face from the public and we do not tolerate any harassment, violence or bullying towards any of our colleagues. I have publically made our stance clear on this and am committed to supporting our staff in making the right decision for their safety when treating the public, and hope the public are considerate towards our disabled staff in particular when receiving care.

We recognise that we have taken great strides in our journey to being a more inclusive employer, but we still have far to go to address the challenges shown in this report and the difficulties our disabled staff are telling us about. I am committed to the work required to get us to a place where our disabled colleagues are able to perform to the best of their ability.

Daniel Elkeles
CEO, London Ambulance Service NHS Trust

A note from the LAS EnAbled network

The EnAbled staff network is committed to amplifying the voices of disabled staff in the London Ambulance Service. Our aim is to remove barriers and foster a culture of genuine understanding of the lived experiences of staff with disabilities. The network aspires to be a dedicated platform for disabled employees to share their experiences, insight and challenges to break down the invisible walls that often isolate individuals with disabilities. By working in collaboration with the EDI Team and across the Trust, the network raises awareness about the unique needs and abilities of disabled staff, nurturing an environment where their voices are heard and actively sought after. It's not just a support system. It's a catalyst for change that moves the organisation towards a future where inclusivity isn't just a buzzword but a lived reality.

We are pleased with the progress demonstrated in this year's WDES report and the positive steps being taken to improve equality for our disabled staff. We recognise the work still needed and are pleased to work in collaboration with the EDI team to support positive actions.

Our strategic equality objectives

To achieve the work set out in the LAS strategy 2023-28, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028 and achieve the mission of “being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.”

The LAS strategy states:

“We aim to build a diverse organisation that values and celebrates difference, promotes equality and prioritises the wellbeing of our people. We will build a workforce that knows and reflects the people we serve. We will build an organisation where everyone can feel they belong, their voice is valued and there are opportunities for a career. Discrimination, bullying, harassment and racism have no place in our organisation and we will take a zero-tolerance approach to tackling this behaviour.”

To deliver the missions set out in the LAS strategy, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028:

OBJECTIVE 1	**Foster proactively a diverse and open culture with an equitable working environment, including through staff training on discrimination and impactful staff networks.**
OBJECTIVE 2	**Make measurable improvement in attracting and retaining a workforce that represents London, reaching out to relevant communities and helping staff to build great careers.**
OBJECTIVE 3	**Generate clear leadership accountability for action based on good management data and staff feedback, including compliance with legislation and equality standards.**

Introduction

This Workforce Disability Equality Standard (WDES) report highlights the progress we have made as an organisation. Whilst clearly showing the journey and strides we have made to become an inclusive employer, there is still a long way to go. This report reflects our ongoing commitment to fostering a diverse, inclusive and equitable workforce within our organisation that reflects the diversity of the city we serve.

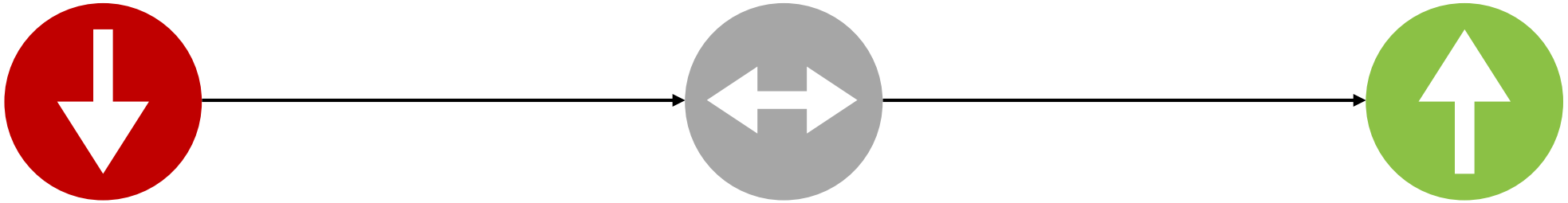
The following report provides an overview of our progress, challenges and aspirations. This emerges from our collective efforts to create an ambulance service that is not only responsive to the diverse needs of our community, but is also an inspiring model for others to emulate. Over the last year, we have made many strides to improving LAS for our disabled colleagues, including:

- **Publishing our reasonable adjustments framework and policy, supporting staff to work to the best of their ability and remove any barriers to performance**
- **Centralised reasonable adjustments hub and funding to ensure that all staff have equitable access to their adjustments**
- **Establishing a reasonable adjustments working group with subject matter experts to review policies and procedures to ensure they are inclusive to disabled staff**
- **Increase in number of managers (120+) attending Cognassist training to become a neuro-inclusive manager, supporting our commitment to make LAS an inclusive workplace for all minds to thrive**
- **Continuing close working with our EnAbled staff network colleagues to better understand the needs of our disabled staff and support them**
- **Recruiting and training 30+ Independent Panel Members to ensure our recruitment processes are fair and unbiased and reasonable adjustment recruitment requests are upheld**

We recognise that achieving true equality requires ongoing assessment, thoughtful strategies and transparent reporting. In order to improve the experience of people with disabilities, we need to create an environment that encourages more disabled staff to speak up about their experiences and share that they have a long-term condition or disability so we can better understand representation in the Trust and help track our progress against indicators.

Understanding the findings

Direction of travel



Deterioration | **No significant change** | **Improvement**

Key

Metrics 1-3 and 10 are a snapshot of our workforce data from 31 March 2024, while Metrics 4-9 are taken from the NHS Staff Survey, conducted in Autumn 2023.

The difference in Metrics 4-7 and 9 is presented in a pie chart. The key for Non-disabled and Disabled staff remains the same.

3 key questions explored in this report

What is the data telling us?

How do we compare with previous years?

What are we planning to do?

Key findings

Metrics 1-3 and 10 are a snapshot of our **workforce data** from 31 March 2024, while Metrics 4-9 are taken from the **NHS Staff Survey**, conducted in Autumn 2023.

1. Staff Representation

of our workforce has identified themselves as disabled

Disabled

Non-disabled

2. Shortlisting

Non-disabled applicants are

0.84X

more likely to be appointed from shortlisting

3. Disciplinary

Fewer than 10 disabled

<10

colleagues entered the formal capability process

4a. i) Bullying from public

60.1%

of disabled colleagues experiencing harassment, bullying or abuse from the public

4a. ii) From managers

18.2%

of disabled colleagues experiencing harassment, bullying or abuse from managers

4a. iii) From staff

23.2%

of disabled colleagues experiencing harassment, bullying or abuse from colleagues

4b. Bullying reported

44.9%

of disabled colleagues reported experiencing harassment, bullying or abuse

5. Progression

46.9%

of disabled colleagues believe the Trust provides equal opportunities for promotion

6. Presenteeism

30.2%

of disabled colleagues feel pressured to come to work when not feeling well enough

7. Feeling valued

24.5%

of disabled colleagues feel valued by the organisation

8. Reasonable Adjustments

64.0%

of disabled colleagues say reasonable adjustments were made

9. Staff Engagement

The 0-10 staff engagement score for disabled colleagues is

5.7

10. Trust Board

0%

of our Trust Board (voting membership) are disabled

We are the capital's emergency and urgent care responders

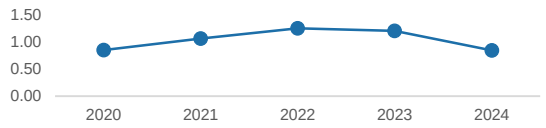
Comparisons

Metrics 1-3 and 10 are a snapshot of our **workforce data** from 31 March 2024, while Metrics 4-9 are taken from the **NHS Staff Survey**, conducted in Autumn 2023.

1. Staff Representation

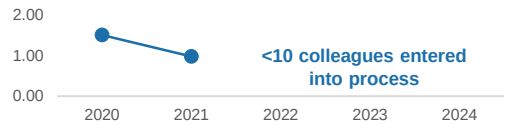
Last year (2023): 8% This year (2024): 10%

2. Shortlisting



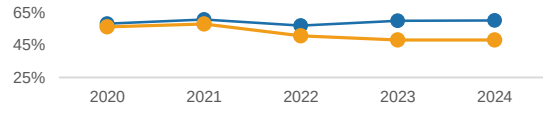
Last year (2023): 1.2 This year (2024): 0.84

3. Disciplinary



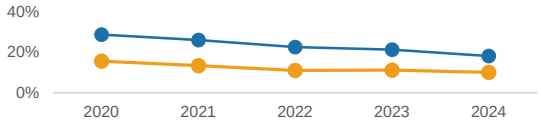
Last year (2023): <10 This year (2024): <10

4a. i) Bullying from public



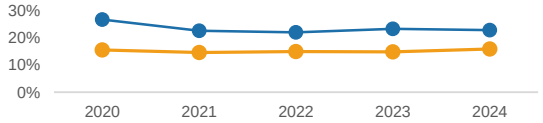
Last year (2023): 59.8% This year (2024): 60.1%

4a. ii) From managers



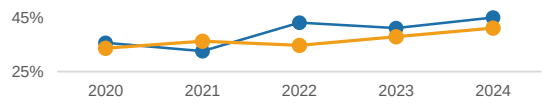
Last year (2023): 21.3% This year (2024): 18.2%

4a. iii) From staff



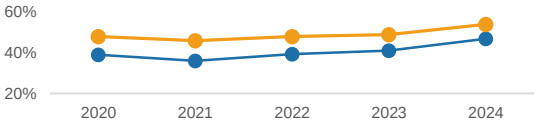
Last year (2023): 23.4% This year (2024): 23.2%

4b. Bullying reported



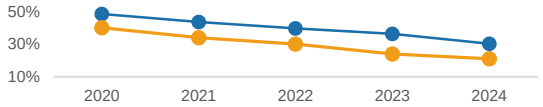
Last year (2023): 41% This year (2024): 44.9%

5. Progression



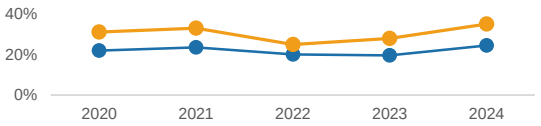
Last year (2023): 41.1% This year (2024): 46.9%

6. Presenteeism



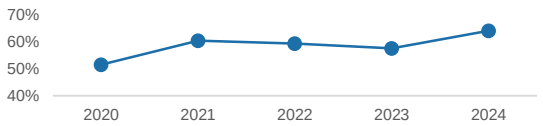
Last year (2023): 36.3% This year (2024): 30.2%

7. Feeling valued



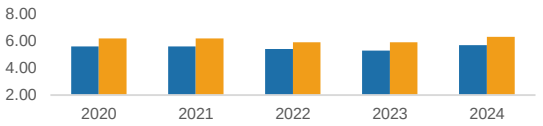
Last year (2023): 19.5% This year (2024): 24.5%

8. Reasonable Adjustments



Last year (2023): 57.5% This year (2024): 64%

9. Staff Engagement



Last year (2023): 5.3 This year (2024): 5.7

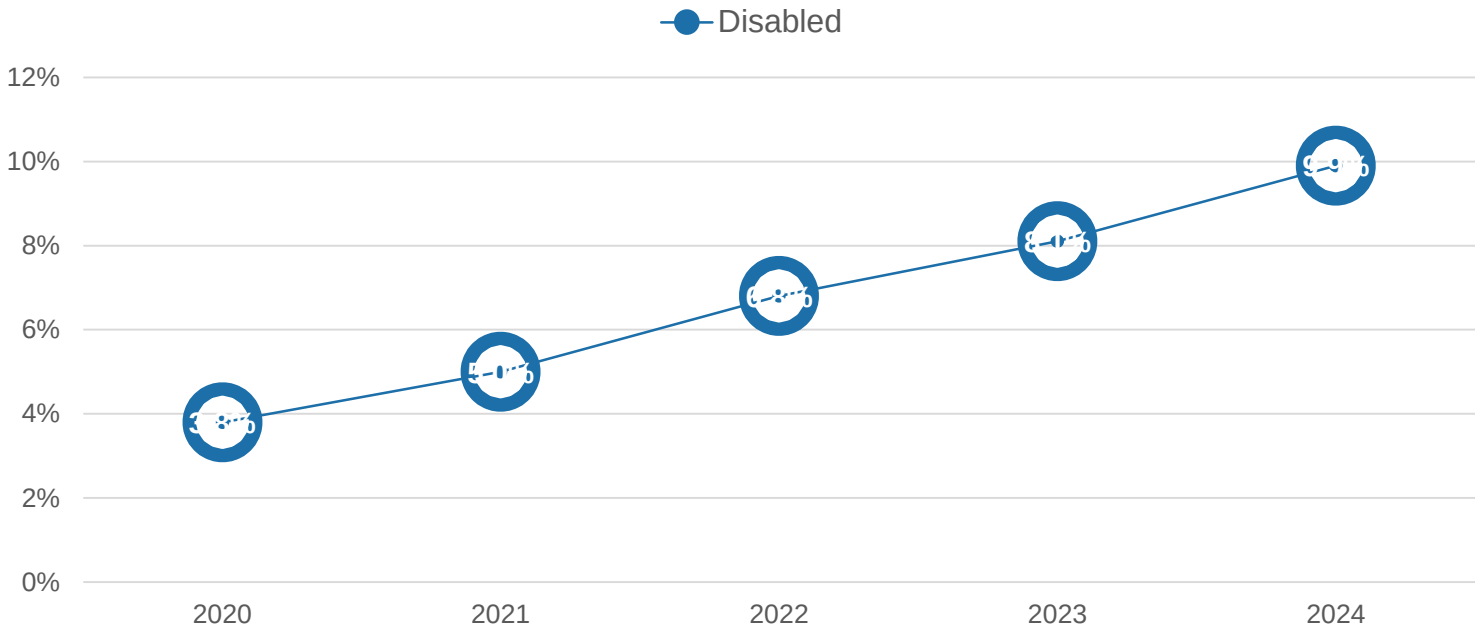
10. Trust Board

Last year (2023): 0%
This year (2024): 0%

Indicator 1

Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.

Proportion of workforce identifying as disabled (%)



	2020	2021	2022	2023	2024
Non-disabled	59.9%	64.1%	67.9%	66.2%	74%
Disabled	3.8%	5%	6.8%	8.1%	9.9%

This year, the **proportion of disabled staff has slightly increased**, rising from 8.1% to 9.9%. **In clinical roles, disabled staff make up 9.6%,** compared to 77.0% of non-disabled staff. **In non-clinical roles, disabled staff represent 10.3%,** while non-disabled staff make up 64.5%. We have made **great improvements in completion of disability data fields, increasing to 85%** in comparison to 75% last year. This is a positive trend over the last few years, with increased representation over time.

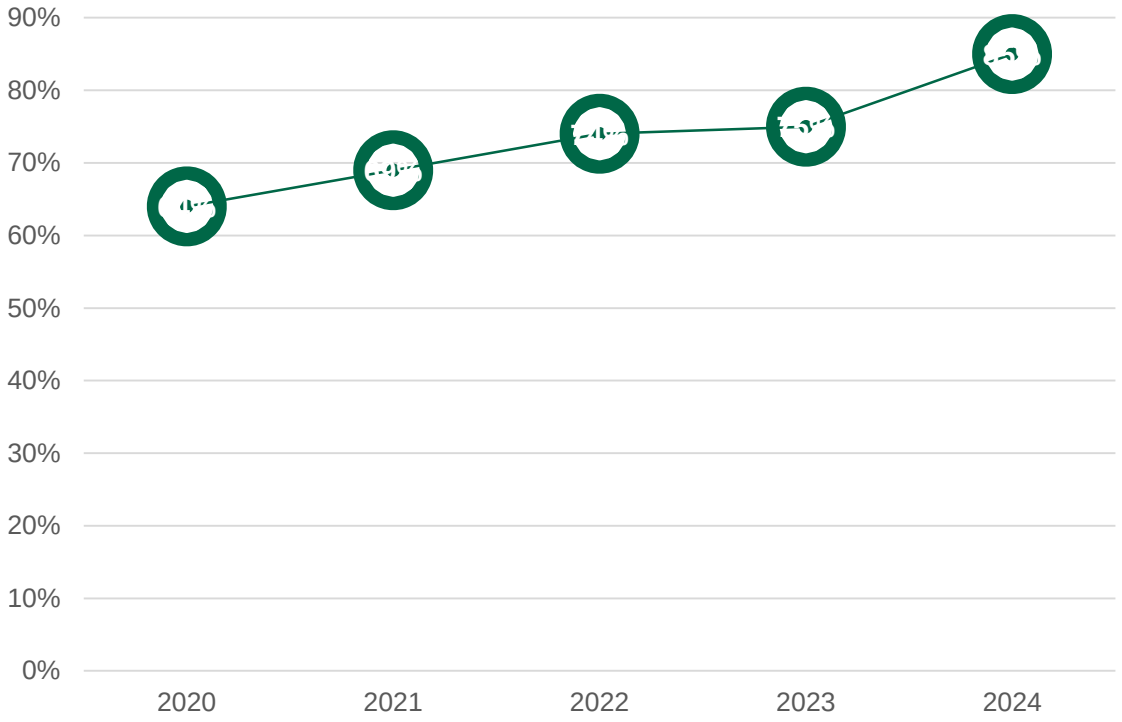
These findings highlight both progress and areas where further efforts can be made to enhance diversity and data completeness within the organisation to create a more inclusive and informed work environment.

Indicator 1

Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.

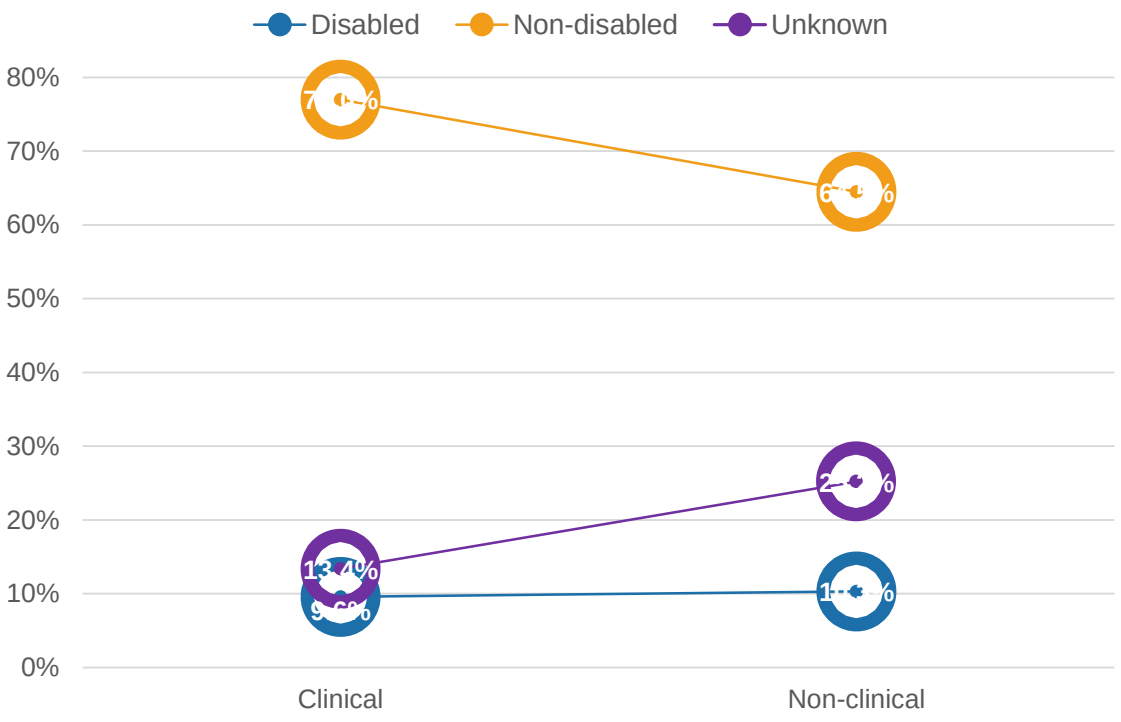
Data completeness – ESR (%)

The data completeness rate has seen a large improvement, increasing from **75**% to **85**%.



Clinical and non-clinical workforce (%)

Disabled colleagues comprise only **9.6**% of our clinical workforce, compared to **10.3**% of those in non-clinical roles.

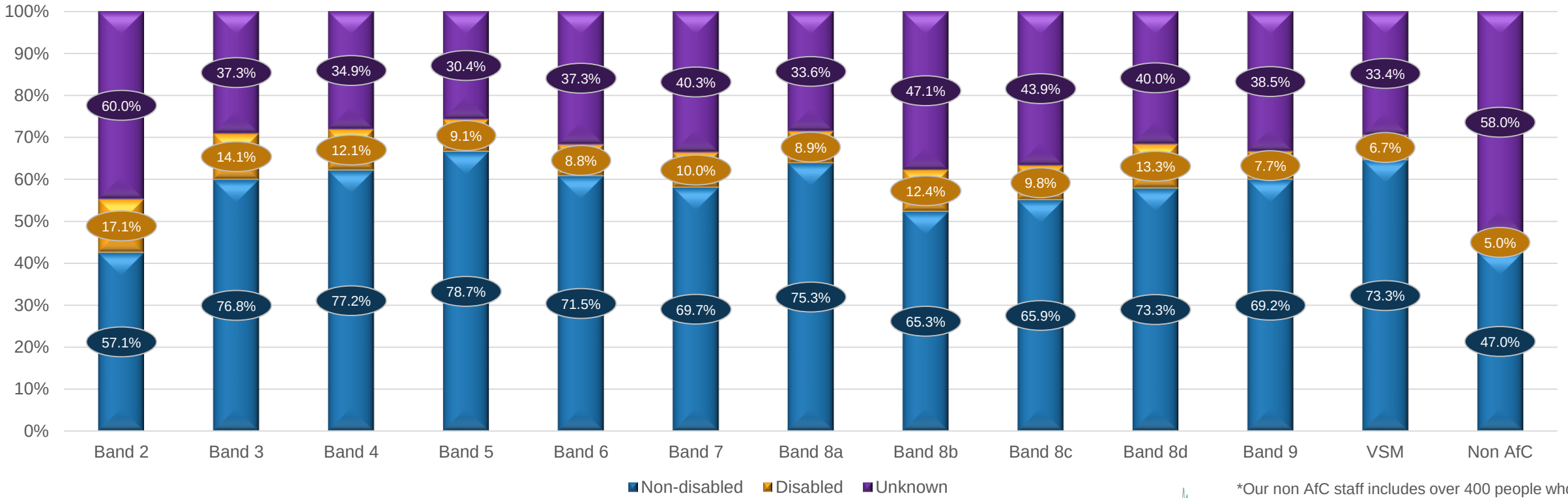


Indicator 1

Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.

Disabled staff across the organisation

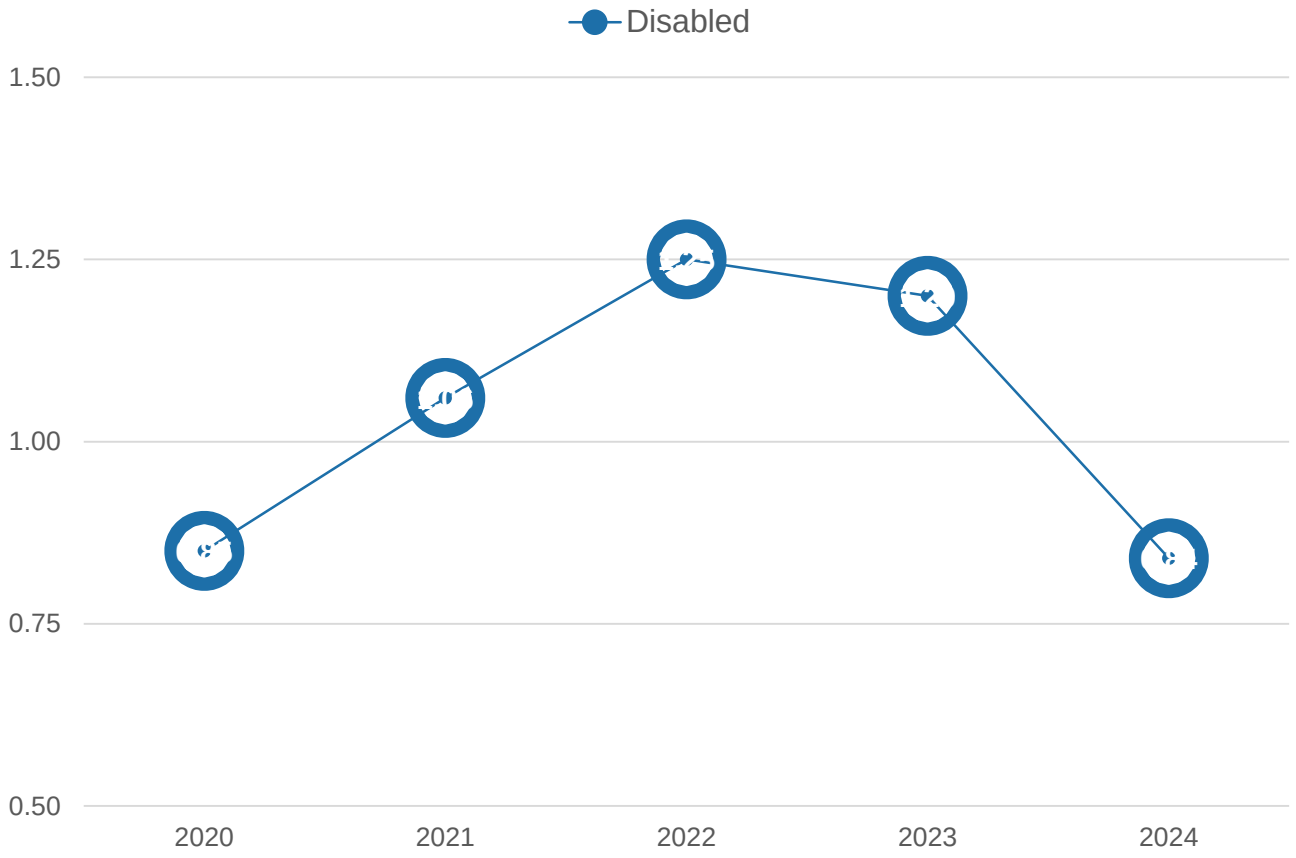
The data shows fairly consistent representation across all bands, however there is a slight overrepresentation in the lower bands. To note, those at VSM level represent a very small number of staff (15 people).



*Our non AfC staff includes over 400 people who prepare frontline vehicles for operational duties

Indicator 2

Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.



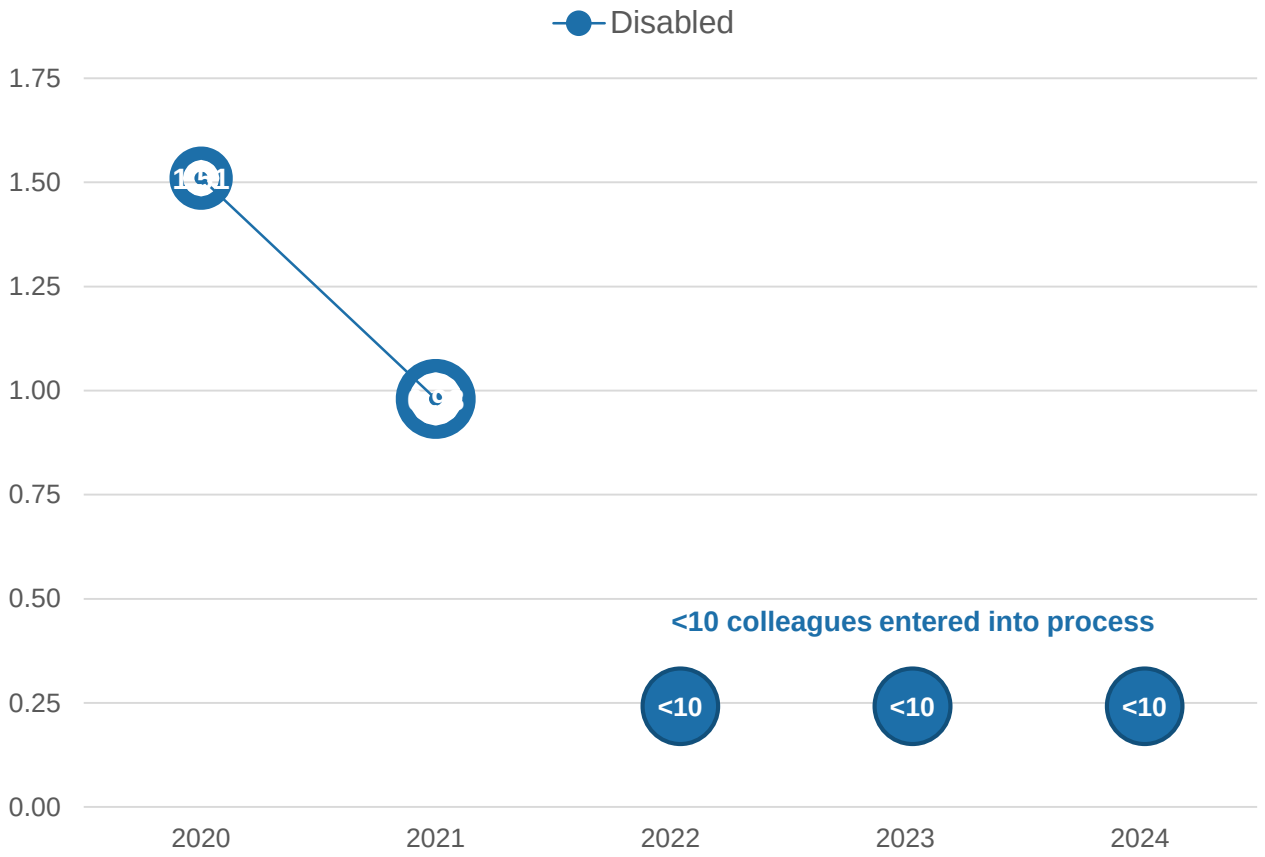
This year, the data indicates that the **relative likelihood of disabled staff being appointed is 0.84 times more likely than non-disabled staff**. This shows an improvement compared to the previous year when it was 1.20 times and is a **positive shift**. There has been a **varying trend over the last few years**, however we have now returned to levels seen in 2020.

This evidences some of the efforts taken to bridge the gap between shortlisting appointments and promoting inclusivity in the workplace, such as ensuring reasonable adjustments at interview are available for candidates. We will continue to ensure equal opportunities for all to build upon the improvements seen, debiasing our recruitment and selection processes to promote fairness throughout, such as through the use of Independent Panel Members.

A figure below 1:00 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting.

Indicator 3

Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff



A figure above 1:00 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process.

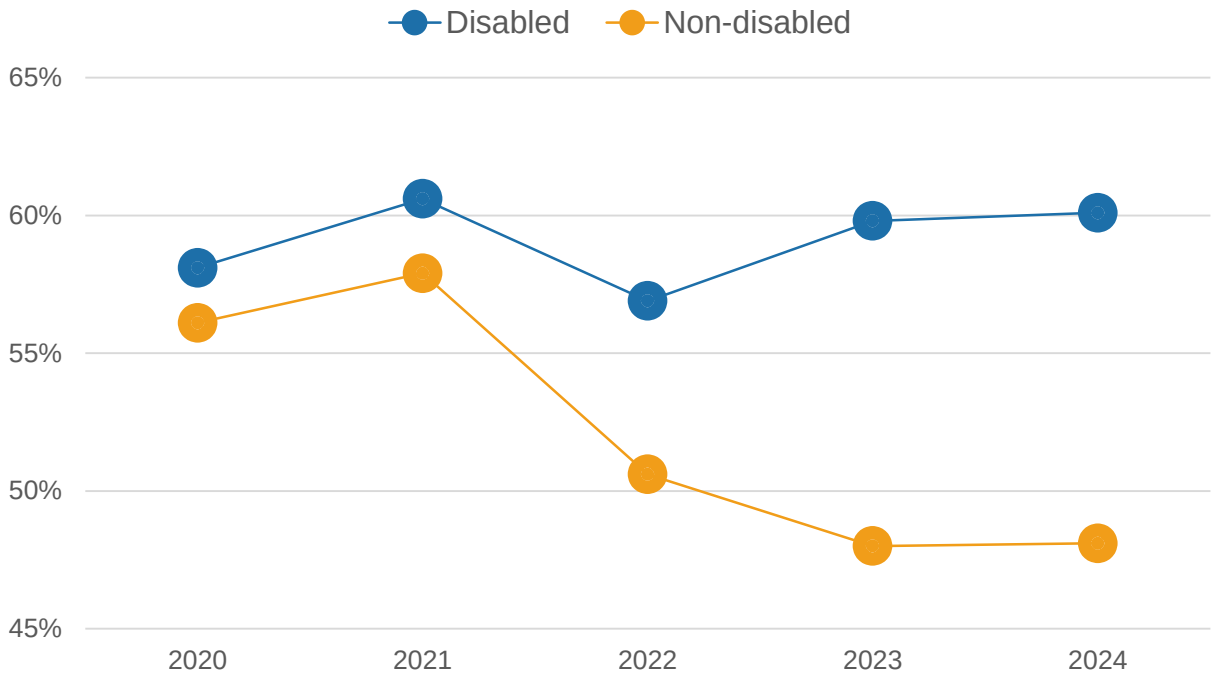
In 2021, the relative likelihood of disabled staff entering the formal capability process was 0.98 times more likely than non-disabled staff. However, **fewer than ten colleagues entered this process** in 2022, 2023 and 2024. This metric has **remained consistent and difficult to ascertain due to the low number of cases**.

This metric only applies to capability on the grounds of performance, not ill health.

Given the limited number of cases in the formal capability process, it is challenging to draw significant conclusions about changes in this metric. It's essential to continue monitoring and assessing this data over time to make more informed assessments about the inclusion and support of disabled staff in the capability process.

Indicator 4a i)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.



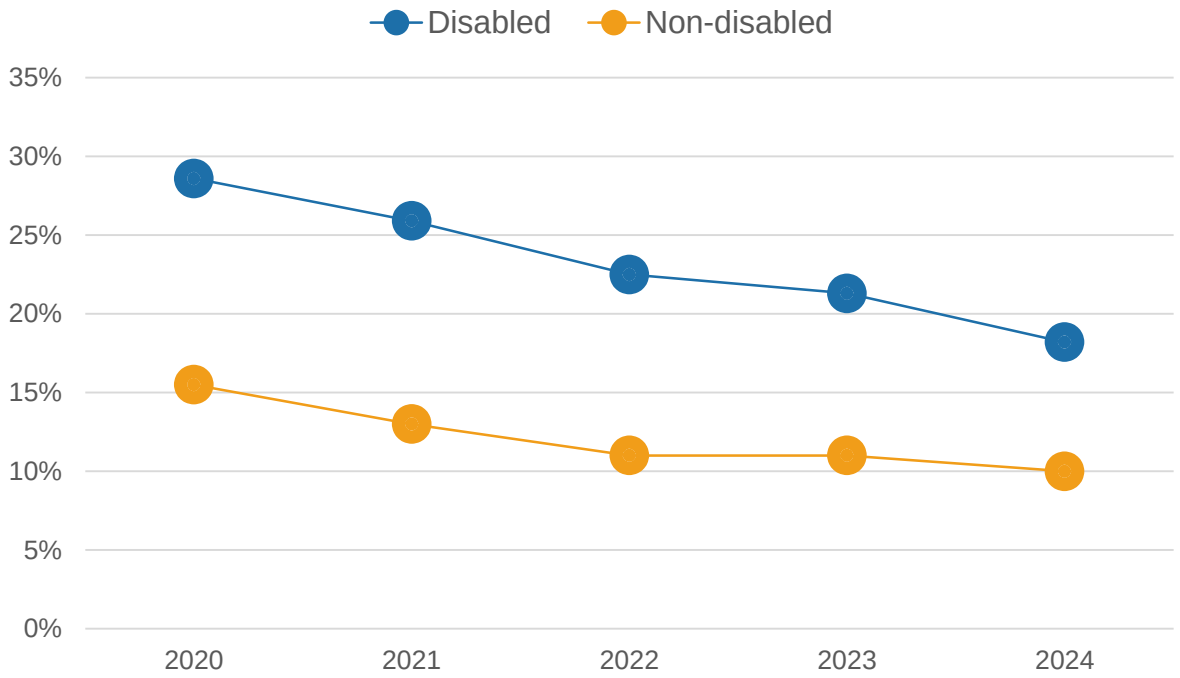
60.1% of disabled staff members have reported experiencing harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months. Comparatively, the percentage of non-disabled staff members facing similar issues is 48%. This shows that **disabled staff members are more likely to experience such mistreatment than their non-disabled counterparts**.

Additionally, the percentage has **remained consistent compared to the previous year** which was 59.8%. There has been **a varying trend over the last few years,** but remains fairly consistent. Continuous efforts are necessary to create a safer and more respectful environment for all staff members, including the continuation of training on being an active bystander and tackling discrimination.

	2020	2021	2022	2023	2024
Non-disabled staff	**56.1%**	**57.9%**	**50.6%**	**48.0%**	**48.1%**
Disabled staff	**58.1%**	**60.6%**	**56.9%**	**59.8%**	**60.1%**

Indicator 4a ii)

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



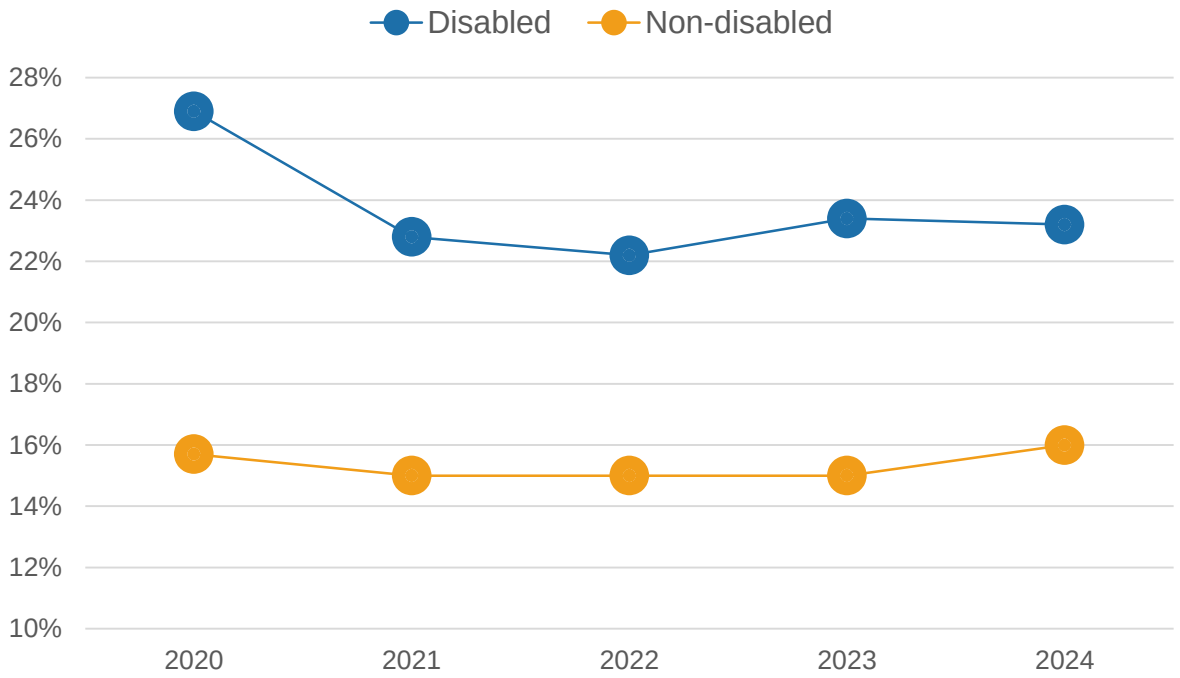
The data indicates that **18.2% of disabled staff members have reported experiencing harassment, bullying, or abuse from their managers** in the last 12 months. Comparatively, the percentage of non-disabled staff members facing similar mistreatment from managers is much lower at 9.5%. It is worth noting that there has been a **slight decrease** compared to the previous year, which was 21.3%. This is a **positive trend over the last few years**, where we have consistently improved our position.

Our priority is to address workplace behaviour to ensure a respectful and inclusive environment for all staff members and reduce the disparities between disabled and non-disabled staff. This includes supporting staff to speak up and call out discrimination, in line with our anti-discrimination statement.

	2020	2021	2022	2023	2024
Non-disabled staff	**15.5%**	**13.3%**	**11%**	**11.2%**	**9.5%**
Disabled staff	**28.6%**	**25.9%**	**22.5%**	**21.3%**	**18.2%**

Indicator 4a iii)

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



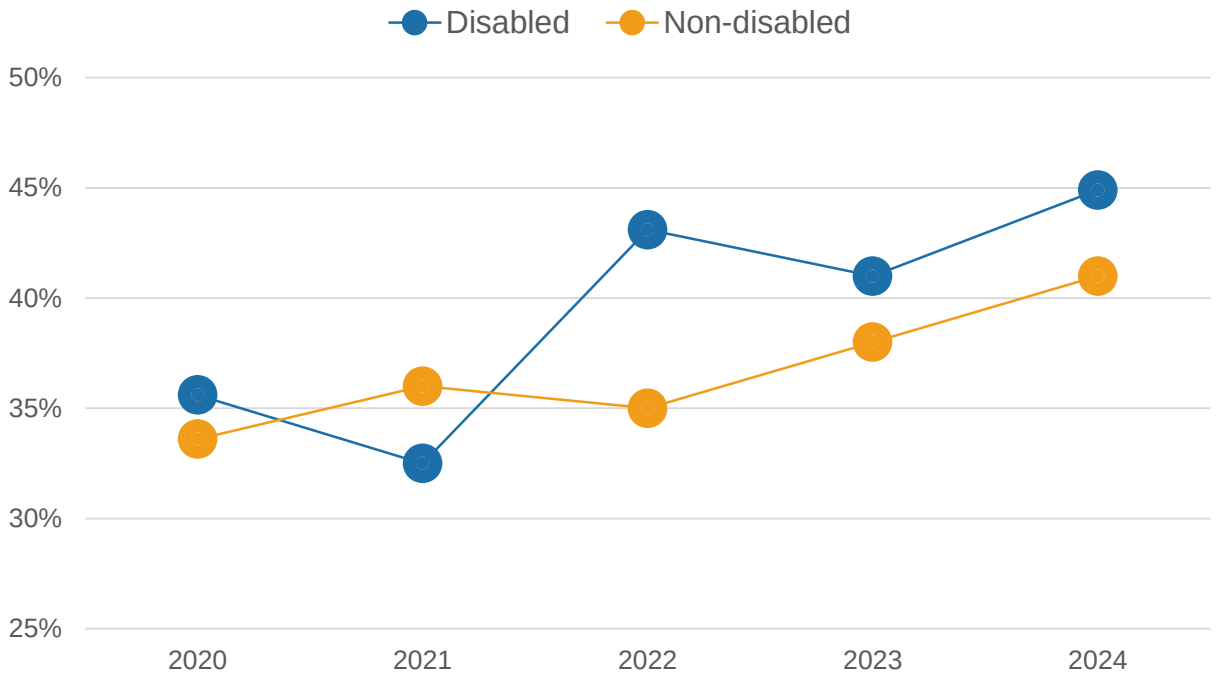
This year, the percentage of **disabled staff experiencing harassment, bullying, or abuse from colleagues is 23.2%,** similar to the previous year of 23.4%. In contrast, non-disabled staff reported a percentage of 15.8%, slightly higher than the 14.9% reported in the previous year. **The percentage of disabled staff reporting these incidents has been consistent,** however non-disabled staff have seen a slight increase. This trend has **remained consistent over the last few years**, after an initial positive trend.

These findings underscore the importance of maintaining a safe and respectful workplace for all employees to promote a psychologically safe working space for everyone. This includes supporting staff to speak up and call out discrimination, in line with our anti-discrimination statement.

	2020	2021	2022	2023	2024
Non-disabled staff	**15.7%**	**14.7%**	**15.1%**	**14.9%**	**15.8%**
Disabled staff	**26.9%**	**22.8%**	**22.2%**	**23.4%**	**23.2%**

Indicator 4b)

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months



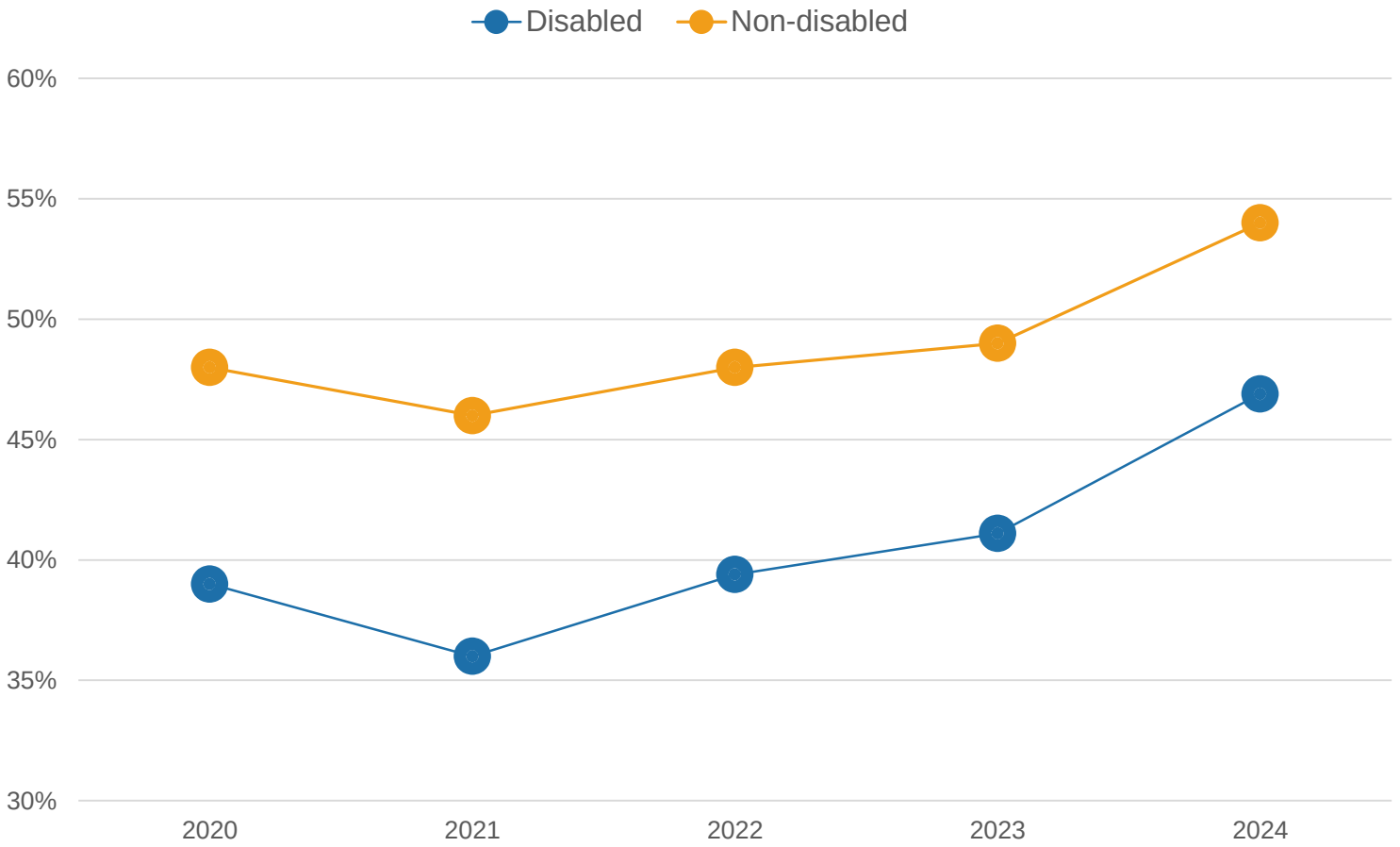
The data shows an **increase in the reported incidents of harassment, bullying, or abuse at work** by disabled colleagues compared to last year, which was 41%. Although the percentage of reported incidents remains higher for disabled colleagues, there has been improvements in non-disabled colleagues reporting these incidents, which is 41.3% compared to 37.9% last year. There has been a general **positive trend over the last few years.**

The trend suggests that **efforts to improve reporting of incidents of harassment, bullying or abuse have improved**. However, work must be done to support colleagues to make them feel comfortable in reporting incidents, ensuring a safe and supportive environment for all employees.

	2020	2021	2022	2023	2024
Non-disabled staff	**33.6%**	**36.2%**	**34.7%**	**37.9%**	**41.3%**
Disabled staff	**35.6%**	**32.5%**	**43.1%**	**41%**	**44.9%**

Indicator 5

Percentage of staff believing that the Trust provides equal opportunities for career progression and promotion.

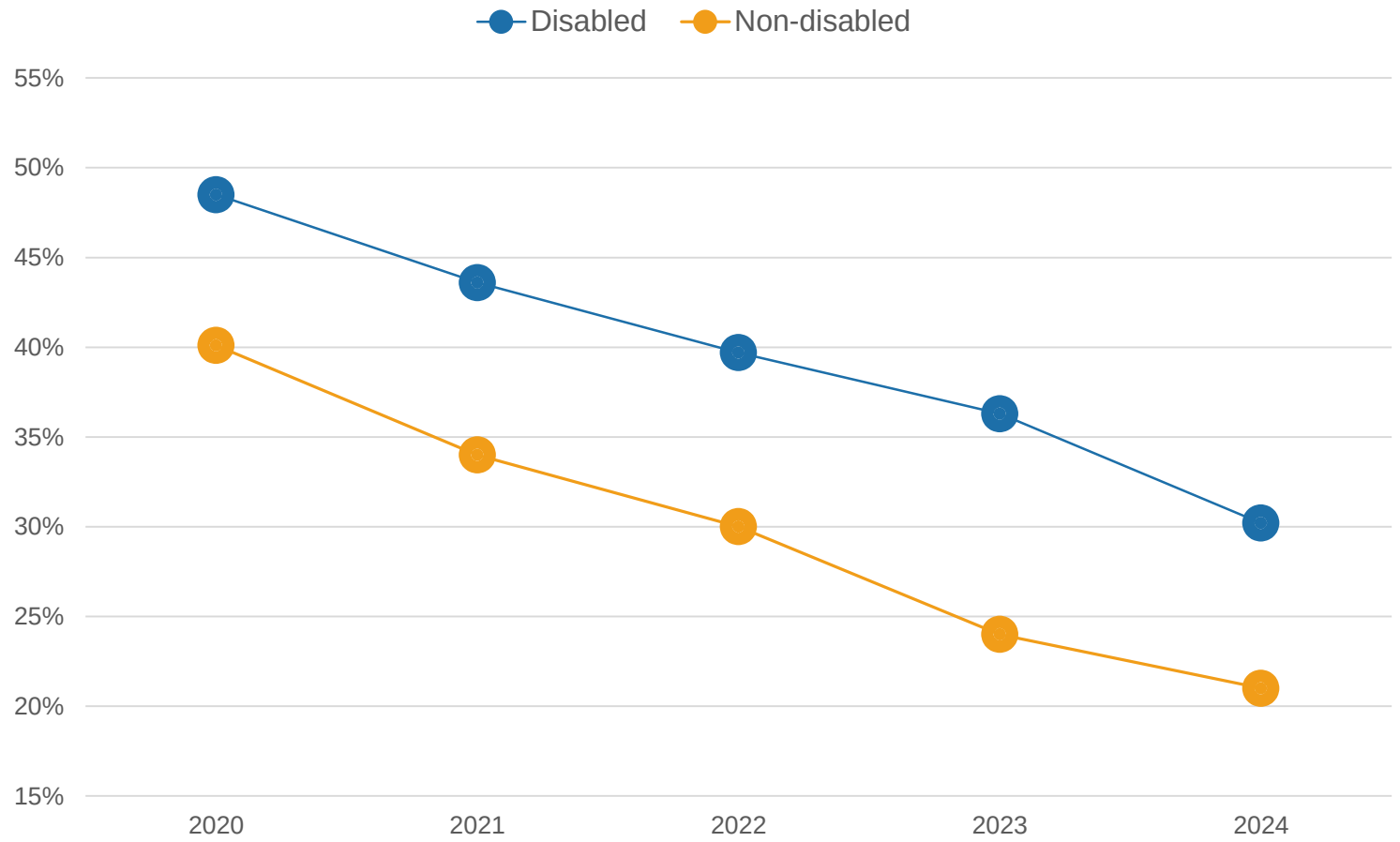


This year, **46.9% of disabled staff believe that the trust provides equal opportunities for career progression and promotion,** which is an increase from 41.1% in the previous year. Non-disabled staff have a higher percentage, with 54.4% perceiving equal opportunities, up from 46.9% in the previous year. There has been a general **positive trend over the last few years.**

While there has been **an improvement in the perception of equal opportunities** among both disabled and non-disabled staff, there is still a gap in perception between the two groups. Addressing this perception gap is essential for fostering an inclusive and equitable workplace where all employees can thrive.

Indicator 6

Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

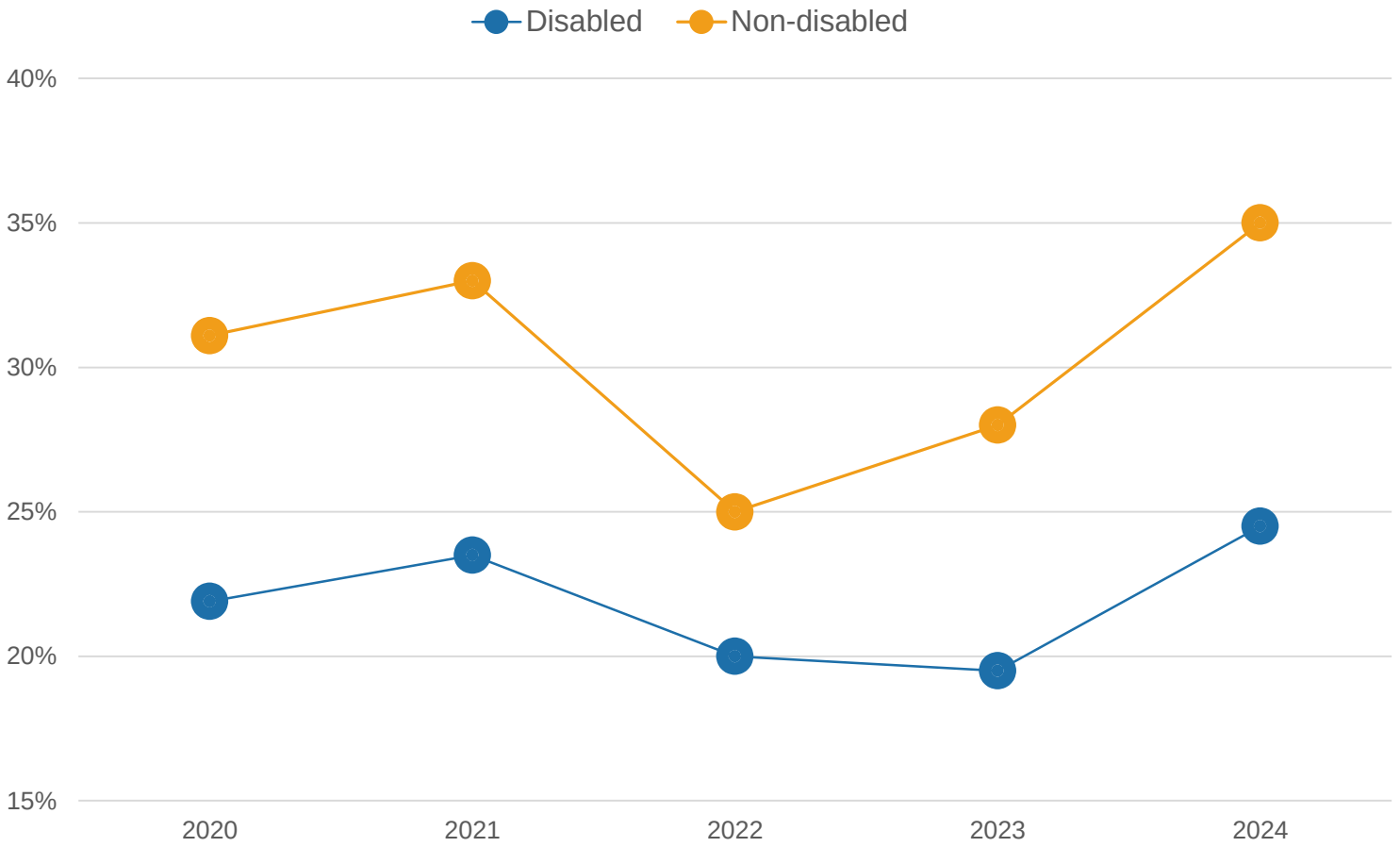


This year, **30.2% of disabled staff reported feeling pressured to come to work even when they didn't feel well enough to perform their duties.** This reflects **an improvement from the 36.3% reported in the previous year**. There has been a **positive trend** in reducing the perception of feeling pressured to work despite not feeling well among both disabled and non-disabled staff.

These findings suggest that efforts to promote a healthier work-life balance and a more supportive work environment have a positive impact. However, there is still room for further improvement and focusing on employee well-being and support is crucial to sustain and build upon these positive trends.

Indicator 7

Percentage of staff saying that they are satisfied with the extent to which their organisation values their work.

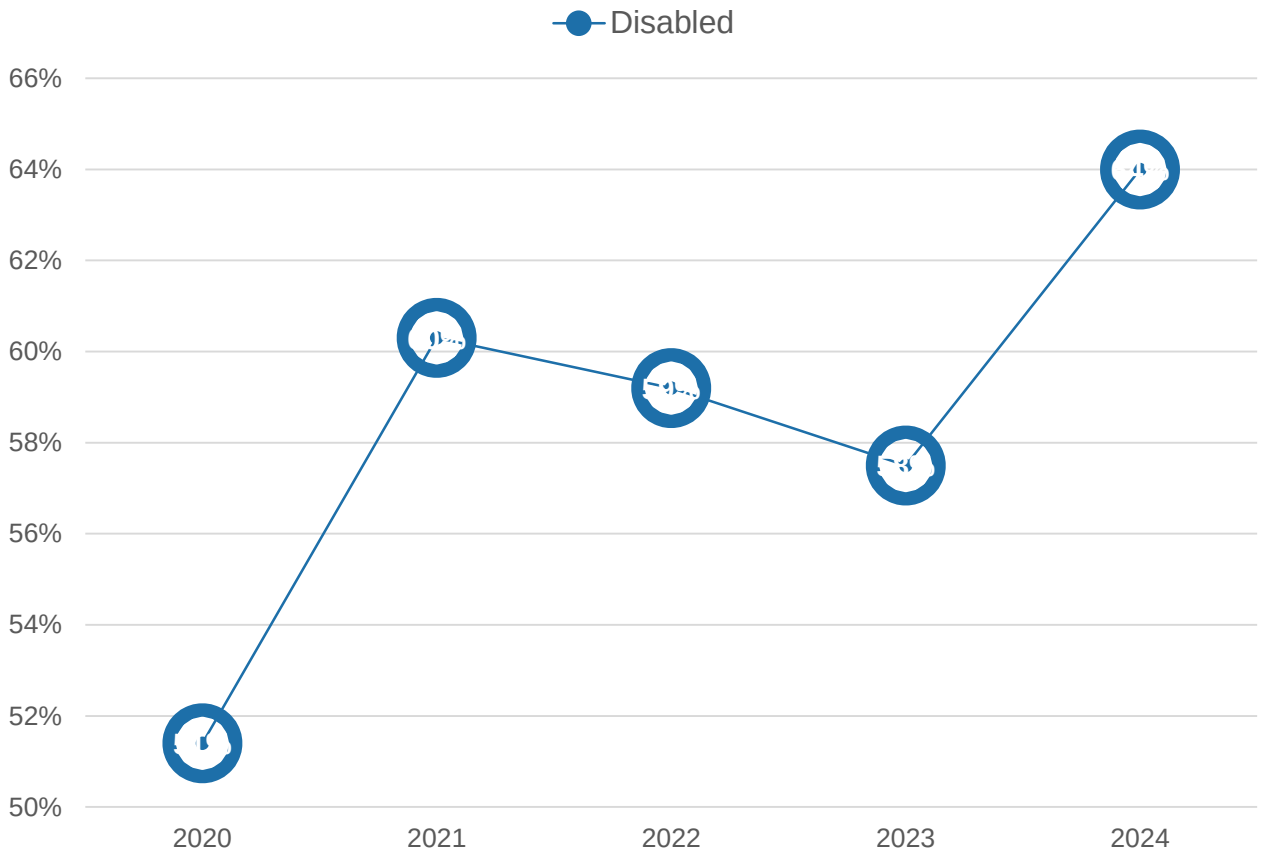


This year, **24.5% of disabled staff report satisfaction with how LAS values their work**, **representing an increase from the 19.5% reported in the previous year.** In contrast, non-disabled staff have a higher satisfaction rate, with a percentage of 34.9% this year, compared to 28.1% in the previous year. There has been a **varying trend over the last few years**.

These trends indicate that while there is a **general trend towards increased satisfaction** with how the organisation values work, there remains a disparity between disabled and non-disabled staff. Addressing this difference and working to ensure that all employees feel valued and appreciated for their contributions is crucial to promoting an inclusive and equitable workplace.

Indicator 8

Percentage of disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.



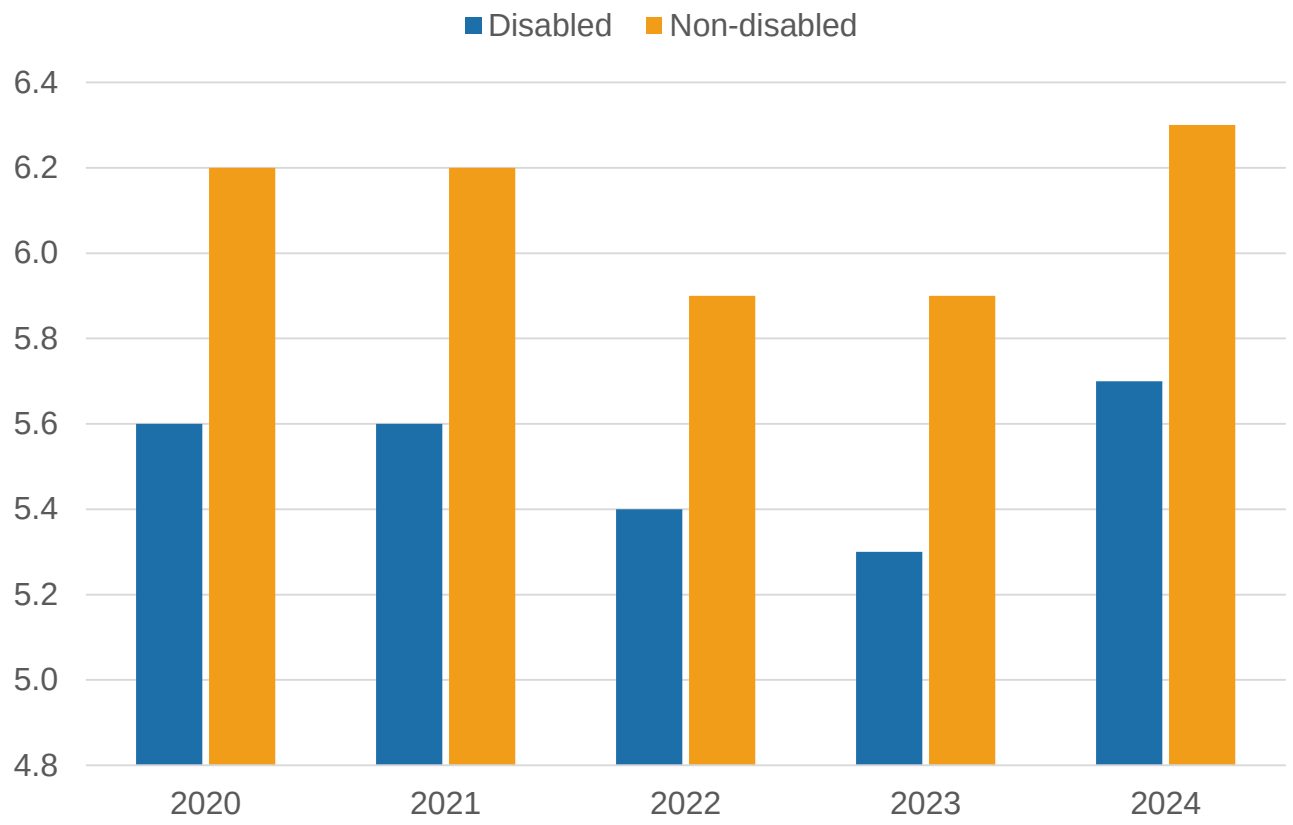
This year, **64% of colleagues who declared a disability feel that LAS has made reasonable adjustments to enable them to carry out their work**. This represents an increase from the 57.5% reported in the previous year.

There has been **an increase for the first time in three years** and suggests that there are positive actions being made to ensure employees have the necessary accommodations to perform their roles can contribute to a more inclusive and supportive work environment.

We hope this trend will continue with the introduction of the reasonable adjustments policy and guidance within the Trust. We will continue to actively seek feedback from disabled colleagues to improve adjustments and ensure a more inclusive workplace for everyone, as we recognise this data is not a full picture of the experiences of our staff.

Indicator 9

The staff engagement score (out of 10) for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.



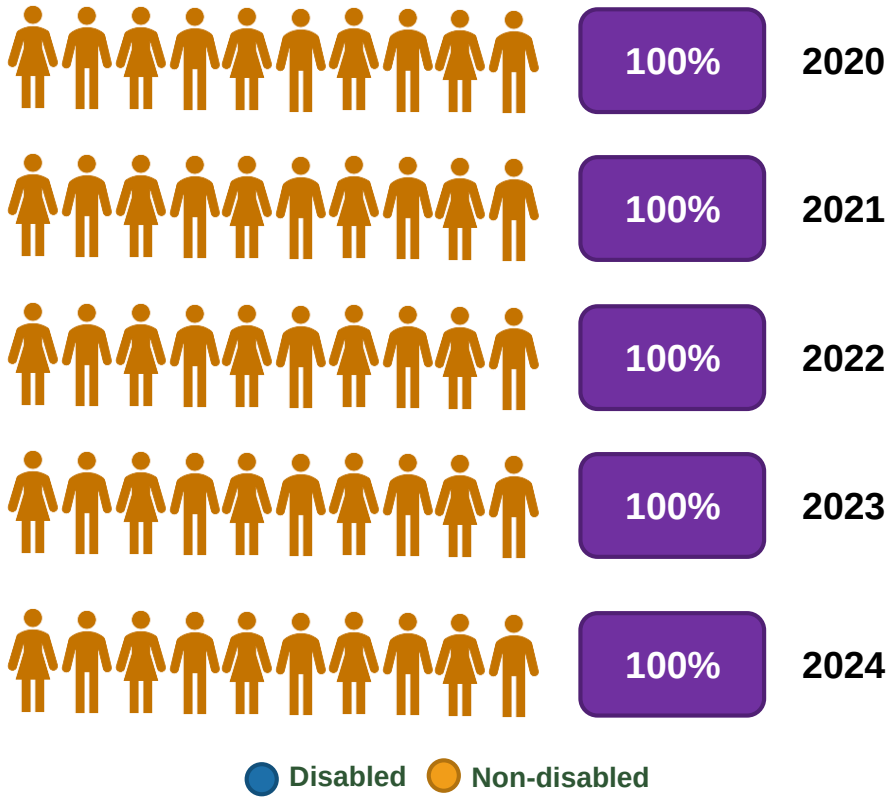
The score for **staff engagement this year for disabled staff is 5.7** which is a slight increase from 5.3 in the previous year. Non-disabled staff have additionally increased their score this year to 6.3 which is a slight increase from 5.9 in the previous year.

There has been a **previous declining trend** in the staff engagement score for disabled staff, however this has now **started to improve**. There remain differences in engagement scores between disabled and non-disabled staff, though these differences have remained fairly similar over the last 5 years.

This score highlights the importance of addressing and improving the engagement and satisfaction levels of disabled staff within the Trust. We will continue to promote a more equitable and engaged workforce as a priority.

Indicator 10

Percentage difference between the Organisation's Board voting membership and its overall workforce.



The data indicates that there is **no representation of disabled individuals on the organisation's board voting membership**. This percentage has remained unchanged for the past five years. The data shows a **consistent lack of disabled representation on the Trust's board voting membership over the past five years**.

This trend highlights the need for increased efforts to promote diversity and inclusion at the board level of the organisation and additionally ensure staff in leadership positions feel comfortable declaring their disability. Ensuring that disabled individuals are represented in leadership positions can contribute to more informed decision-making and a more inclusive culture.

Conclusion

This report shows progress from the past year, highlights current practice, and shows key areas for improvement within the organisation against several key indicators of workforce equality for staff with disabilities.

We have made **good improvements against nine of the WDES indicators** in 2024, and we have additionally seen **no change in four indicators**. These results show great improvement following a more collective and concerted effort to eradicate disparities between disabled and non-disabled colleagues, however we recognise the need to continue growing our networks and programmes for positive change.

This year, we have begun to champion a range of training and engagement initiatives across the Trust, raising the organisation's awareness of biases and inequalities whilst increasing staff confidence to tackle discrimination and promote inclusion. We have also published our reasonable adjustments policy and guidance, making clear our commitment to an inclusive workplace environment to all staff.

In conclusion, while progress has been made in various aspects of disability equality within the workforce, there are still clear areas requiring attention and improvement. Ensuring **equal opportunities**, **addressing harassment,** and **promoting diversity and inclusion at all levels** remain our essential goals.

Next Steps

Oversight of the WDES will take place through the EDI sub-Board committee and cross organisational working groups will ensure delivery through these key areas of focus:

- **Inclusive and unbiased recruitment and selection processes**
- **Good quality workforce data**
- **Increased diversity at Trust Board and ELG levels**
- **Managers equipped for meaningful and compassionate conversations**
- **Tackle, prevent and challenge bullying, harassment and abuse against staff**
- **Engagement with disabled staff**
- **Implementing reasonable adjustments and equipping managers to support staff**

Summary of WDES action plan

The WDES actions are presented below and align to our business plan deliverable for 2024-25: *"Improve the proportion of disabled colleagues who say in the NHS staff survey that reasonable adjustments were made and reduce the number of concerns raised on this topic"*

Desired outcome	Actions	WDES Indicator(s)
Continue focus on ensuring our recruitment and selection processes are inclusive and unbiased	• Ensure Independent Panel Member programme includes challenge for disability bias • Report on the Disability Pay Gap for the first time • Work to become a Disability Confident Employer (Level 2) • Improve disability representation in CTM recruitment	1, 2 and 5
Improve the quality, collection and analysis of our workforce data on all protected characteristics for staff	• Create time in teams to access ESR to complete equality data in areas where gaps are greatest, for example through huddles • Re-run of 'Safe to Say' campaigns on regular basis	1 and 9
Increase the diversity balance, including disability, at Trust Board and ELG levels	• Explore barriers to progression in leadership roles for disabled staff • Ensure completeness of equality monitoring form for Board members	1, 2, 5 and 10
Managers equipped with having meaningful and compassionate conversations	• Develop data packs and action plans to drive improvement and accountability at team, department, directorate and executive levels • Develop a People Scorecard with representation to use in Feedback and Focus Reviews • Ensure EDI training sessions are integral to leadership learning programmes	3, 6 and 7
Tackle, prevent and challenge bullying, harassment and abuse against staff and create a culture of civility and respect	• Socialise anti-discrimination statement through engagement events and training • Deliver drop-in surgery sessions to give staff increased opportunities about discrimination • Support the use of body-worn video cameras to de-escalate incidents of violence and aggression towards staff • Conduct a deep dive with the EnAbled network to understand why disabled staff are disproportionately affected by violence and aggression from the public	4a
Disabled staff are engaged in the EDI agenda and empowered to challenge inappropriate behaviours	• Work closely with EnAbled network for lived experience insight, including promoting awareness, supporting positive action initiatives, influence policies and provide input into matters concerning disability • Work closely with Freedom to Speak Up colleagues to support staff in speaking up and challenging inappropriate behaviours	4b and 9
Staff who require reasonable adjustments are supported to be at work and managers are equipped to support them	• Develop and implement neurodiversity toolkit for managers • Develop reasonable adjustments process for procuring necessary equipment and programs for staff • Develop and deliver reasonable adjustments training to all managers • Reduce health inequalities for staff through health and wellbeing programme	6, 7 and 8

London Ambulance Service
NHS Trust

Produced by the LAS Equality, Diversity and Inclusion Team

October 2024

For further information and/or request in an alternative format, please contact: londamb.edimailbox@nhs.net

We are the capital's emergency and urgent care responders

NHS
London Ambulance Service
NHS Trust

Pay Gap Report

Gender, Disability and Ethnicity - 2024

We are the capital's emergency and urgent care responders

London Ambulance Service
NHS Trust

CONTENTS

Overview

Purpose

The pay gap report is a measure of workplace disadvantage, measured in terms of a comparison between average hourly rates of pay.

All organisations including NHS trusts are required by law to produce and publish their gender pay gap report annually. Historically there have been sizeable gaps in pay between men and women and this law was put in place to reduce this unfairness.

Reporting on the ethnicity and disability pay gaps currently remains voluntary, and progressive organisations who are committed to driving fairness at work are increasingly reporting on this.

London Ambulance Service is working hard to create a fair and inclusive organisation, where people feel that they are treated well and are valued. In line with this, we are reporting on all three pay gaps for 2024.

Methodology

Data is collated and taken from Employee Staff Records (ESR) and has a good level of validity due to the high level of data completeness. The data is accurate as of 31st March 2024.

Pay gaps are measured by looking at the difference between the average (mean or median) earnings of a particular demographic against another base demographic, and is expressed as a percentage of earnings. The data also includes part-time staff data.

For the calculations, we include basic pay, allowances, pay for leave and shift premium pay, and do not include overtime. Due to how pay gaps are calculated, differences can be a result of contract type, distribution across Bands and progression / retention / recruitment rates, for example.

Definitions

All information within this report is a percentage of staff who have shared their gender identity, ethnicity and disability that represents the majority of staff, not all.

1. When we talk about gender, in this case we are taking data from people who identify as men and women.
2. When we talk about ethnicity, we are basing this upon the 2021 ONS Census categories for ethnicity.
3. When we talk about disability we are including any individual with a condition of the body or mind that makes it more difficult for them to do certain activities or interact with the world around them.

A message from our CEO

Creating an inclusive and equitable workplace is of the highest importance to the Trust – this means driving equal opportunities for all our staff to progress and thrive, where our workforce feel appreciated, safe, happy and supported. Whilst this is a complex area, an important aspect of this is ensuring people are valued equally and that their pay is fair, based on their skills, experience and contribution. This should not be based or skewed by their personal characteristics, heritage, race, disability or gender. Over the last few years the Trust has reported on the gender pay gap, but this year I am delighted that LAS is one of the very few across the NHS and making a commitment to report on the ethnicity and disability pay gap for the first time too.

As you look through the report I hope you are as pleased as I am with the nominal pay gap found between disabled colleagues and the wider workforce, and the continued downward trajectory in the pay gap between genders, this has considerably improved over the years and our aspiration is continue to drive this down further. Our EnAbled network and Women's network are and will continue to be instrumental in supporting and maintaining oversight of this.

The ethnicity pay gap is currently the highest of the three and is not just an issue for LAS but a significant issue across the NHS. By looking at this and now reporting on it, addressing the complex contributing factors that lead to this and the nuances between ethnicities and different grades, we hope to reduce the ethnicity pay gap in the coming years too. We have a solid plan in place, aligned to the Workforce Race Equality Standard which will support with this and I am confident we will see changes in reducing this gap too.

The capital's emergency and urgent care responders.

Daniel Elkeles
CEO, London Ambulance Service NHS Trust

A view from our staff networks

The BME network

"We are really pleased that the Trust is reviewing the ethnicity pay gap for the first time. This is something that we see of high importance and are actively working with colleagues on a range of programmes to redress this disparity. We will continue to find ways to understand the barriers and contributing factors and create supportive opportunities to help with progression, creating a fairer workplace for ethnic minority staff."

The EnAbled network

"We are supporting a myriad of work programmes to ensure that the experiences of disabled people at work is fair and fulfilling. We are therefore delighted to see the nominal difference in pay for disabled people when compared to the wider workforce. The workforce disability equality data also demonstrates that LAS is working hard at being an inclusive employer and the EnAbled network will continue to drive this agenda with the Trust."

The Women's Network

"We recognise that the gender pay gap exists and are pleased to see the continued reduction in the gap. We believe that women should have equal opportunities for career progression and any barrier to this, such as choosing to work part-time should be considered. We want to create a supportive culture that reflects the needs and aspirations of the women and all genders employed by the Trust and strive for parity between staff."

Our strategic equality objectives

To achieve the work set out in the LAS strategy 2023-28, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028 and achieve the mission of “being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.”

The LAS strategy states:

“We aim to build a diverse organisation that values and celebrates difference, promotes equality and prioritises the wellbeing of our people. We will build a workforce that knows and reflects the people we serve. We will build an organisation where everyone can feel they belong, their voice is valued and there are opportunities for a career. Discrimination, bullying, harassment and racism have no place in our organisation and we will take a zero-tolerance approach to tackling this behaviour.”

To deliver the missions set out in the LAS strategy, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028:

OBJECTIVE 1	**Foster proactively a diverse and open culture with an equitable working environment, including through staff training on discrimination and impactful staff networks.**
OBJECTIVE 2	**Make measurable improvement in attracting and retaining a workforce that represents London, reaching out to relevant communities and helping staff to build great careers.**
OBJECTIVE 3	**Generate clear leadership accountability for action based on good management data and staff feedback, including compliance with legislation and equality standards.**

Introduction

The capital's emergency and urgent care responders.

This report presents an analysis of the pay gap data for London Ambulance Service, with a focus on the key disparities relating to disability, ethnicity and gender. Understanding the extent of pay disparities among different demographic groups is crucial in recognising and addressing inequalities and ensuring appropriate steps are taken to reduce the disparities.

The analysis includes an examination of the salary differences across the three highlighted demographics, with further analysis relating to pay across different pay grades for these groups. The pay gap shows **the differences in average pay between one demographic with another demographic across the entire workforce. It is not to be confused with equal pay** which looks at the differences between people that carry out the same jobs or work of equal value, and it is illegal to pay anyone differently based on one demographic. In summary:

- We have been reporting on the gender pay gap for a number of years and it was good to see the gap has continued to decrease. **Women in LAS earn 95p compared to every £1 men earn.** Though we continue to see reductions, we remain committed to drive this down further.
- It is pleasing to see that in the first time reporting on the disability pay gap, **disabled staff earn 99p when compared to every £1 non-disabled staff earn**. This is very low and shows there is reasonable fairness in pay for disabled people in LAS.
- The area of clear disparity is the difference in pay between **workforce from ethnically minoritised communities who earn 85p when compared to their white counterparts earning £1.** The Trust is also reporting on this for the first time and has highlighted key discrepancies for us to act on.

Pay gap discrepancies can indicate there may be a number of issues to deal with, such as the types of contracts in place, distribution across grade bands, barriers and biases that may be hindering fair progression, and issues relating to recruitment and retention. By looking at our pay gap data, our ambition is to tackle structural and systemic challenges for our staff.

Key findings

1. Gender pay gap

51%

of our workforce are women

For every £1 that male staff earn, female staff earn

95p

2. Disability pay gap

10%

of our workforce identified themselves as having a disability

For every £1 that non-disabled staff earn, disabled staff earn

99p

3. Ethnicity pay gap

24%

of our workforce are from an ethnic minority background

For every £1 that white staff earn, ethnically minoritised staff earn

85p

Gender Pay Gap

Gender pay gap

Introduction

We have been reporting on the gender pay gap for a number of years and we are commitment to creating a fair and inclusive place to work for all gender.

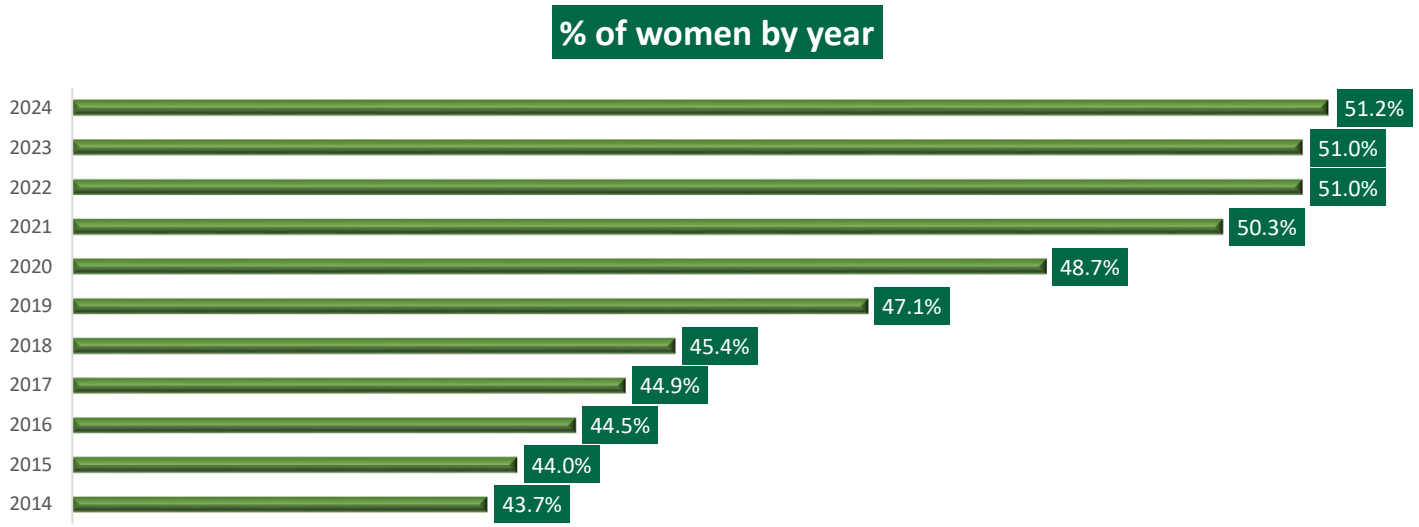
Our Women's staff network continues to support our female staff in raising issues and influencing Trust policies and procedures, helping us better understand the issues and views from female colleagues. Some highlights from the last year which have helped create a supportive work environment for female colleagues:

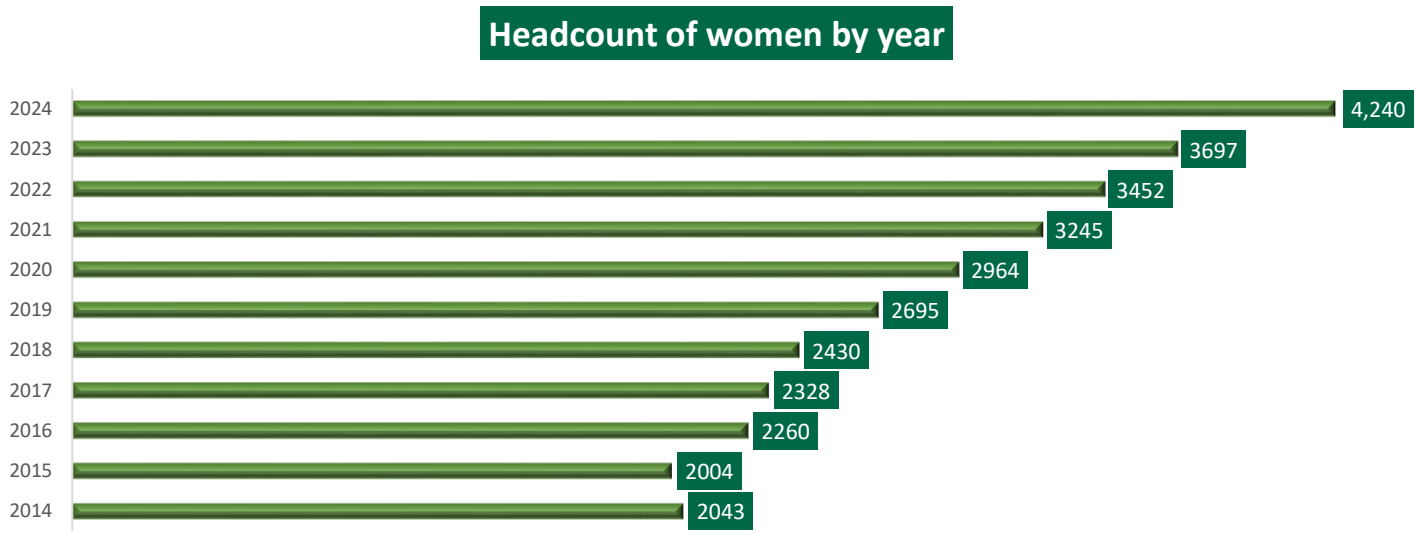
- **Appointed the first female Chief Paramedic in the country**
- **Invested in and implemented leadership programmes to support women, such as the 'women of colour' programme**
- **Reviewed recruitment progresses for bias, including review of diversity in panels, supportive recruitment and language used in job adverts**
- **Supported female staff progression, including targeted recruitment and mentoring schemes.**

The next few pages share information relating to the pay for female staff and shows there is a slight difference in pay compared to male staff members. These improvements are great news for the Trust and we will continue to work with the Women's network to continue to drive improvements to for female staff in both their experience and progression as shown in the action plan.

Gender pay gap

Representation across LAS





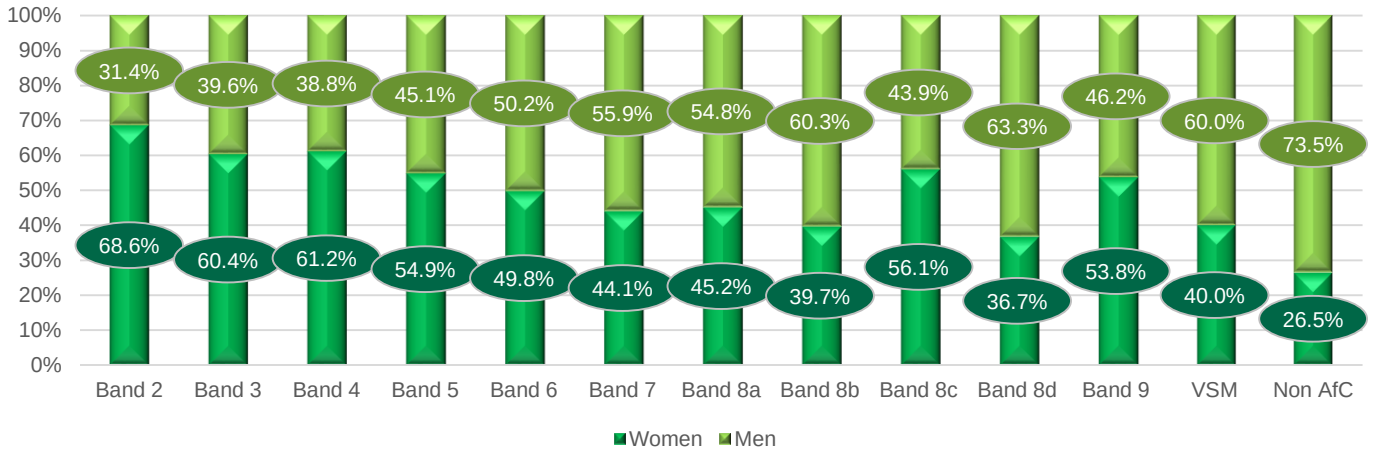
The percentage of our workforce identifying as female is 51%.

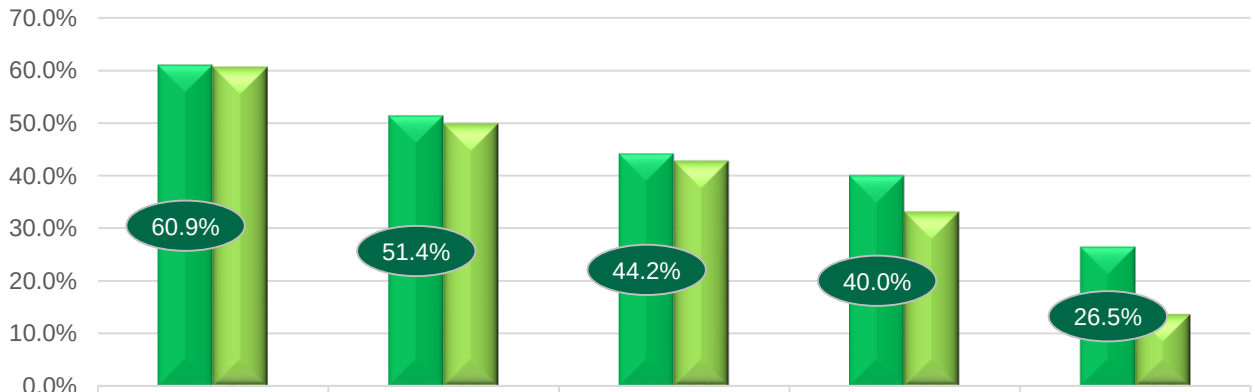
Over the last decade the Trust has seen an increase in the number of female staff, peaking at approximately 4,240 women this year.

This is brings us to the London demography where the latest census data shows the representation of women is 51%.

Gender pay gap

Representation across pay grades





	Band 2-4	Band 5-7	Band 8-9	VSM	Non AfC
Women 2024	60.9%	51.4%	44.2%	40.0%	26.5%
Women 2023	60.7%	50.0%	42.9%	33.3%	13.8%

*Our non AfC staff includes over 400 people who prepare frontline vehicles for operational duties

We can see that there is an **overrepresentation of female staff at Bands 2-4**, making up 60.9% of that grade level and is a very slight increase on last year.

We can also see that there is an **underrepresentation of women at the higher grades**, particularly at VSM level, making up 40% even though it as an increase on the previous year. It should be noted that those at VSM level represent a very small number of staff (15 people).

This suggests that although there is fairly consistent representation across the pay grades, there remain some disparities in the lower bands and VSM level.

Gender pay gap

Representation across pay quartiles

1. Lower Pay Quartile

52.6%

47.4%

2. Lower Middle Quartile

58.6%

41.4%

3. Upper Middle Quartile

48.2%

51.8%

4. Upper Pay Quartile

43.3%

56.7%

Quartiles allow us to better understand representation by ensuring an equal number of employees in each section. From this data, we can clearly see that there is consistent representation of women staff across all quartiles.

At LAS, female staff occupy 52.6% of the lowest paid jobs, whilst male staff occupy 56.7% of the highest paid jobs.

Gender pay gap

The mean and median pay gap

	Mean Hourly Rate	Median Hourly Rate
Male	24.01	24.24
Female	22.92	21.88
Difference	1.09	2.36
Pay Gap %	4.53%	9.74%

For the purposes of the calculation of median and median pay, we include basic pay, allowances, pay for leave and shift premium pay – this does not include overtime.

Data shows an hourly mean pay gap of 4.53% and a median pay gap of 9.74%. When comparing mean hourly pay, the difference between our female workforce and wider workforce overall is **5 pence**, meaning that **for every £1 a male earns, a female earns 95p.**

Gender pay gap

Summary

Over the last year the Trust, with support of the Women's network, has made a concerted effort to enhance the experiences of female colleagues at work.

We have invested in and implemented programmes to support women to apply for leadership roles, for example through the 'women of colour' programme, reviewed our recruitment processes for bias to ensure women are not put off from applying to due language used in job adverts and proudly appointed the first female Chief Paramedic in England.

We are pleased with the decreased pay gap difference between men and women in LAS, especially as this is now the lowest it has ever been.

We will continue to work with the Women's network to drive improved experiences for women staff and improve the balance across the bands to reduce the pay gap even further.

We recognise there still remain differences in the distribution of women across the workforce by grade, particularly with the lower representation in leadership roles despite an increase from the previous year. We will continue to take forward key interventions and positive actions that will support staff and colleagues in to all grades and in leadership positions.

It is important to us that all staff feel safe and supported, as this is critical in driving confidence for staff to thrive, perform to the best of their ability and progress, including female staff.

Disability Pay Gap

Disability pay gap

Introduction

We are reporting on the disability pay gap for the first time ever in LAS.

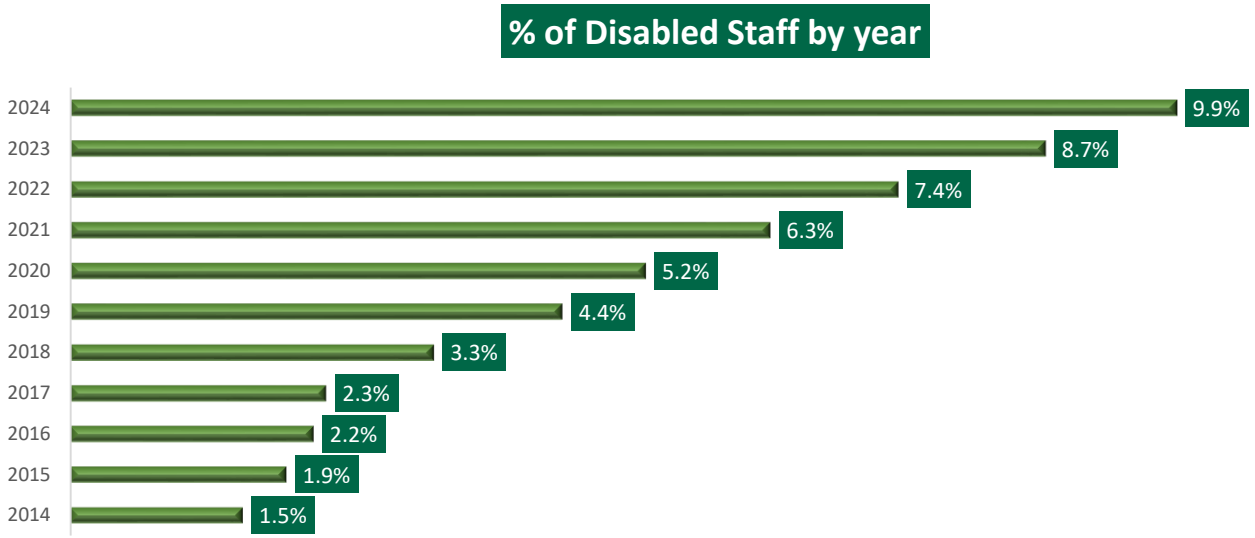
Our EnAbled staff network works with us on an ongoing basis to understand the needs, provide support and hear the views from disabled colleagues and here are some highlights from the last year which have helped create a supportive work environment for disabled colleagues:

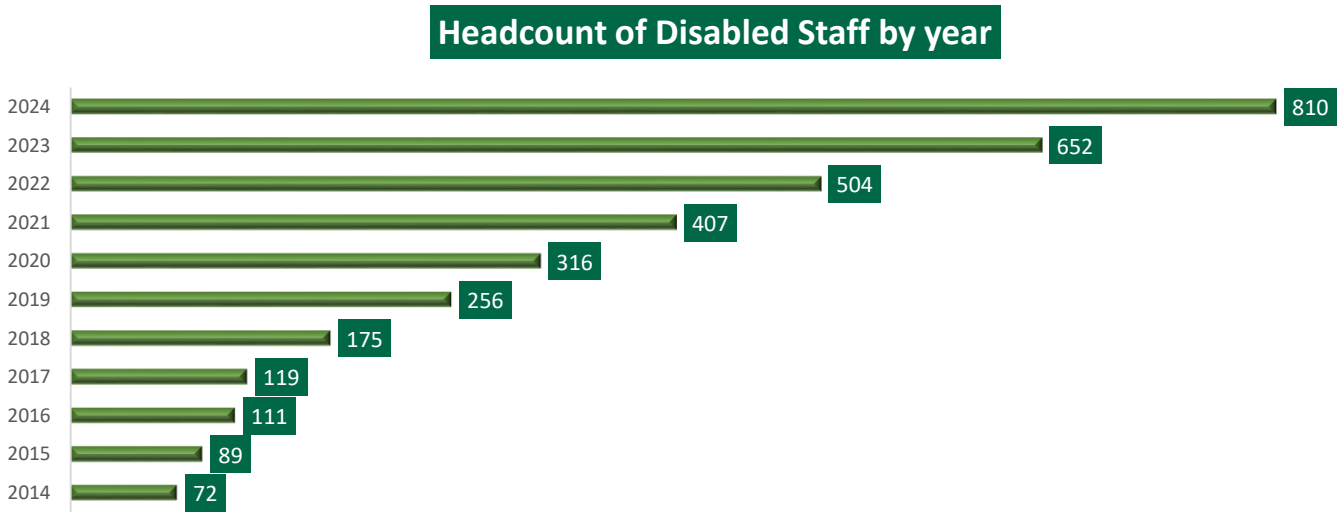
- **Published our Reasonable Adjustment policy framework and guidance.**
- **Established a Reasonable Adjustment working group to oversee and drive work.**
- **Centralised Reasonable Adjustment Hub, with allocated budget to support the Trust.**
- **Increased number of managers (120+) who attended the Cognassist training to support inclusive management with over 260 assessments for staff to help identify support needs.**
- **Ran a 'safe to say' campaign to improve data and ongoing oversight and scrutiny of data relating to disabled staff in LAS.**

The next few pages share information relating to the pay for disabled staff and shows there is very little difference in pay compared to staff members without a disability. This is great news for the Trust and we will continue to work with the EnAbled network to continue to drive improvements to for disabled staff in both their experience and progression as shown in the action plan.

Disability pay gap

Representation across LAS





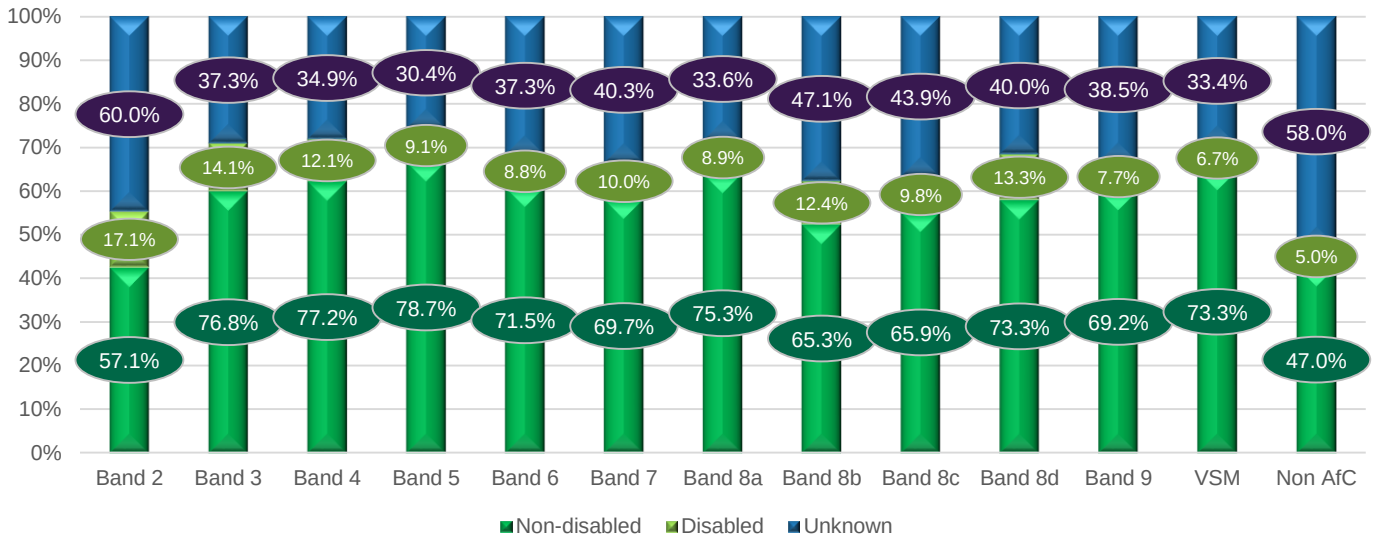
The percentage of our workforce stating they have a disability is 10%.

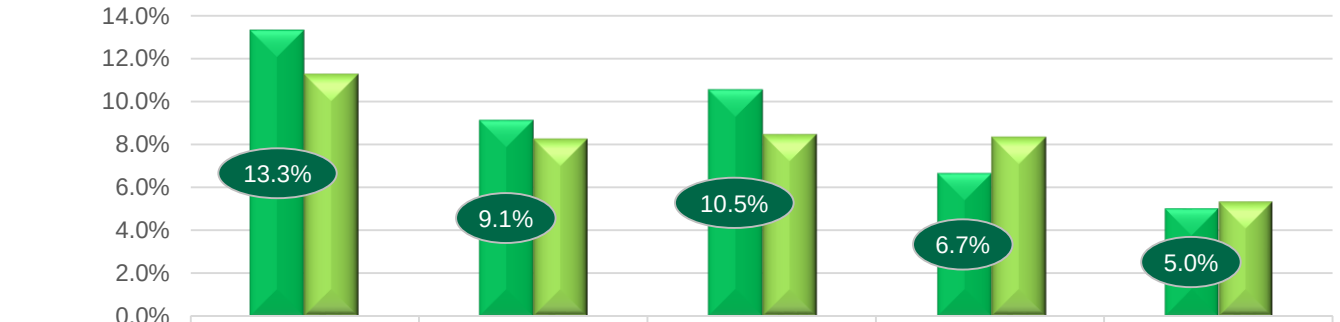
It is important to the Trust that disabled staff have a good experience at work, are valued, and have equitable access to opportunities and progression, so they are able to work effectively and thrive regardless of their disability. Over the last decade the Trust has seen a significant increase in the number of disabled staff, peaking at approximately 810 disabled staff this year.

This is bringing us closer to the London demography where the latest census data shows the representation of disabled people is 15.7%.

Disability pay gap

Representation across pay grades





	Band 2-4	Band 5-7	Band 8-9	VSM	Non AfC
Disabled 2024	13.3%	9.1%	10.5%	6.7%	5.0%
Disabled 2023	11.2%	8.3%	8.5%	8.3%	5.3%

*Our non AfC staff includes over 400 people who prepare frontline vehicles for operational duties

From staff who have declared if they have a disability or not, we can see that there is an **overrepresentation of disabled staff at Bands 2-4**, making up 13.3% of that grade level and is an increase on last year.

We can also see that there is an **underrepresentation of disabled staff at VSM level**, making up 6.7% of that grade level and is a decrease on the previous year. It should be noted that those at VSM level represent a very small number of staff (15 people).

This suggests that although there is fairly consistent representation across the pay grades, there remain some disparities in the lower bands and VSM level.

Disability pay gap

Representation across pay quartiles

1. Lower Pay Quartile

26.2%

24.8%

2. Lower Middle Quartile

24.3%

25.1%

3. Upper Middle Quartile

25.4%

24.2%

4. Upper Pay Quartile

24.1%

25.9%

Quartiles allow us to better understand representation by ensuring an equal number of employees in each section. From this data, we can clearly see that there is consistent representation of disabled staff across all quartiles, from those who have declared their disability status.

At LAS, disabled staff occupy 26.2% of the lowest paid jobs, whilst non-disabled staff occupy 25.9% of the highest paid jobs.

Disability pay gap

The mean and median pay gap

	Mean Hourly Rate	Median Hourly Rate
Non-disabled	23.17	22.44
Disabled	23.02	22.32
Difference	0.15	0.11
Pay Gap %	0.6%	0.5%

For the purposes of the calculation of median and median pay, we include basic pay, allowances, pay for leave and shift premium pay – this does not include overtime.

Data shows an hourly mean pay gap of 0.6% and a median pay gap of 0.5%. When comparing mean hourly pay, the difference between our disabled workforce and wider workforce overall is **less than 1 pence**, meaning that **for every £1 a non-disabled person earns, a disabled person earns 99p**.

Disability pay gap

Summary

Over the last year the Trust has made a concerted effort to enhance the experiences of disabled colleagues at work.

We have implemented the reasonable adjustments policy and guidance, provided better inclusion training and have gained greater understanding of the needs of disabled colleagues to drive fairness for disabled staff.

Our Workforce Disability Equality Standard data is also showing a marked improvement in the experiences of disabled people in LAS.

We are pleased with the small pay gap difference between staff with a disability and non-disabled staff in LAS, and are confident to report that overall, disabled people receive fair pay in the Trust.

We will continue to work with the EnAbled network to drive improved experiences for disabled staff and further reduce the small low difference in pay gap where possible.

Whilst there are only slight differences between distribution of disability across the workforce by grade, there are less disabled staff in leadership roles and we will put in place key interventions and positive actions that will support staff and colleagues in to all grades and in leadership positions.

It is important to us that all staff feel safe and supported, as this is critical in driving confidence for staff to thrive, perform to the best of their ability and progress, including disabled staff.

Ethnicity Pay Gap

Ethnicity pay gap

Introduction

We are reporting on the ethnicity pay gap for the first time ever in LAS.

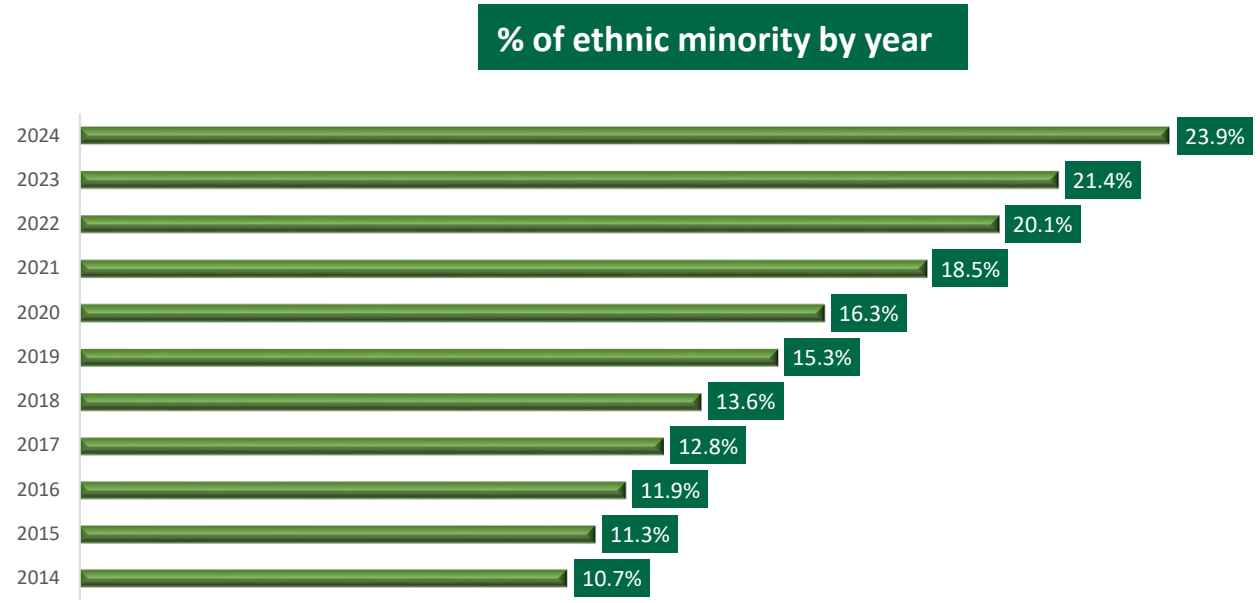
Last year, we commissioned a consultancy to help identify any barriers to the recruitment, progression and retention of people from an ethnic minority background. Actions are already underway to help improve the representation and experiences of ethnic minority staff in LAS, including:

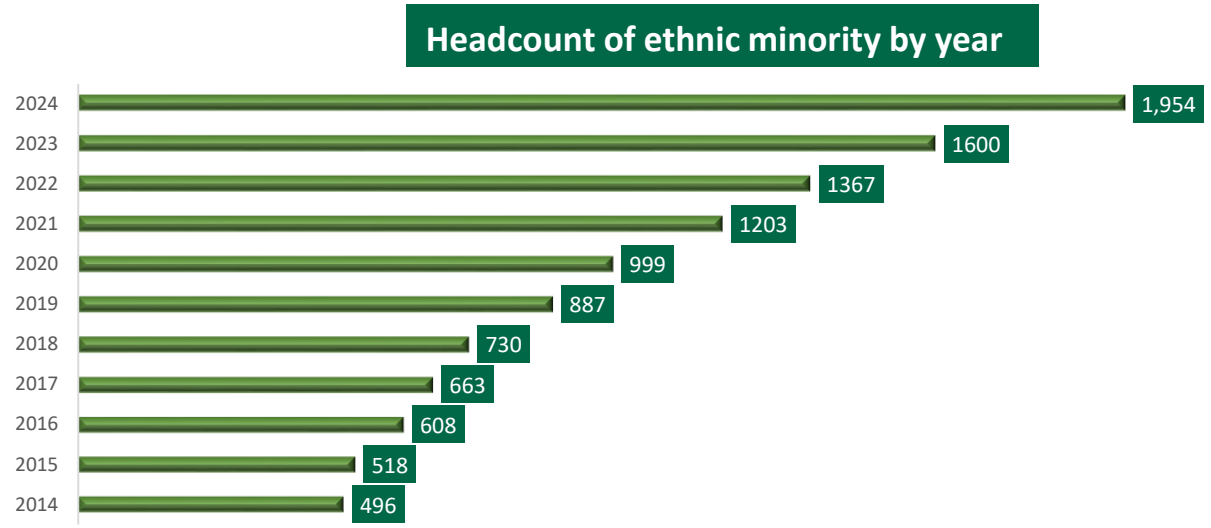
- **Recruited and trained 30+ Independent Panel Members to ensure recruitment processes are fair and unbiased**
- **Implemented the 'Stepping up Support Package' to provide additional support for ethnic minority staff**
- **Transformed the way we attract and recruit staff into roles across the Trust**
- **Reviewed our recruitment process for bias, including reviewing adverts, longlisting / shortlisting criteria and interview questions**
- **Created better pathways for staff to pursue a clinical career**
- **Rolled out our LAS Inclusive Response Programme to increase diversity and inclusivity in frontline roles**

The next few pages share information relating to the pay for ethnic minority staff and shows the largest gap in pay when compared to white staff members. We remain committed to reducing the pay gap across the Trust and will continue to work in collaboration with the BME network to drive improvements for ethnic minority staff in both their experience and progression as shown in the action plan.

Ethnicity pay gap

Representation across LAS





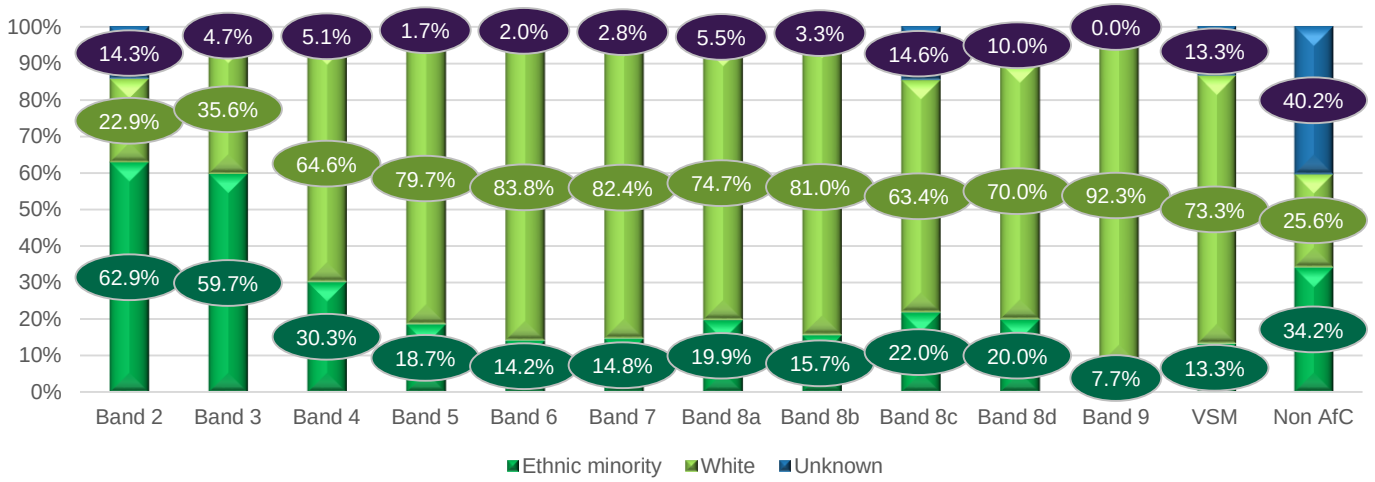
The percentage of our workforce who are from an ethnic minority background is 24%.

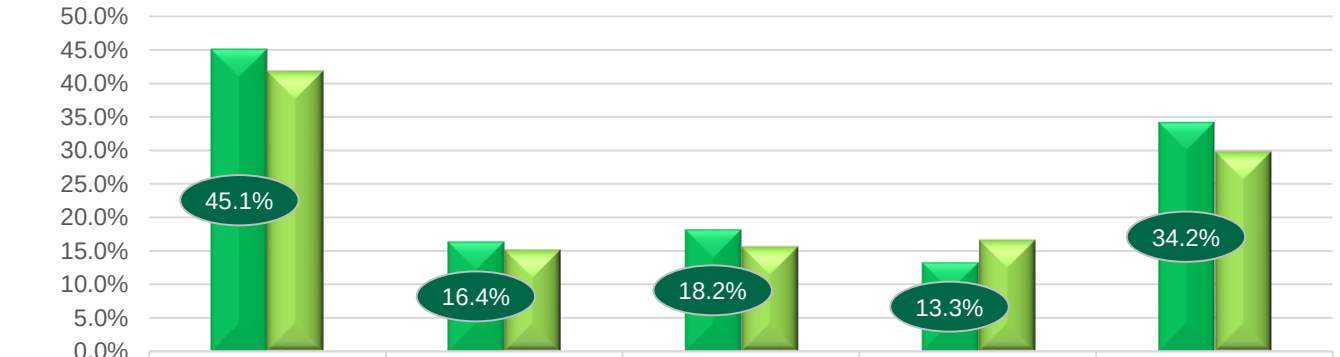
We have made significant progress over the last decade, doubling the representation of ethnically minoritised staff to approximately 1,950.

Though this brings us closer to the demographic representation in London, we remain far from the 46% ethnic minority community make-up.

Ethnicity pay gap

Representation across pay grades





	Band 2-4	Band 5-7	Band 8-9	VSM	Non AfC
EM 2024	45.1%	16.4%	18.2%	13.3%	34.2%
EM 2023	41.9%	15.2%	15.7%	16.7%	29.9%

*Our non AfC staff includes over 400 people who prepare frontline vehicles for operational duties

We can see that there is a large **overrepresentation of ethnic minority staff at Bands 2-4**, making up 45.1% of that grade level and is an increase on last year.

We can also see that there is an **underrepresentation of ethnic minority staff at all other grades**, particularly for VSM level, which makes up 13.3% of that grade level and is a decrease on the previous year. It should be noted that those at VSM level represent a very small number of staff (15 people).

This shows that there are clear disparities in representation across bands in LAS for ethnic minority staff.

Ethnicity pay gap

Representation across pay quartiles

1. Lower Pay Quartile

41.9%

17.5%

2. Lower Middle Quartile

26.9%

24.8%

3. Upper Middle Quartile

16.4%

28.9%

4. Upper Pay Quartile

14.8%

28.8%

Quartiles allow us to better understand representation by ensuring an equal number of employees in each section. From this data, we can clearly see that there is overrepresentation of ethnic minority staff in the lower pay quartile and underrepresentation at the upper quartiles.

At LAS, ethnic minority staff occupy 41.9% of the lowest paid jobs, whilst white staff occupy 28.8% of the highest paid jobs.

Ethnicity pay gap

The mean and median pay gap

	Mean Hourly Rate	Median Hourly Rate
Ethnic minority	20.91	19.25
White	24.54	24.66
Difference	3.63	5.41
Pay Gap %	14.81%	21.93%

For the purposes of the calculation of median and median pay, we include basic pay, allowances, pay for leave and shift premium pay – this does not include overtime.

Data shows an hourly mean pay gap of 14.81% and a median pay gap of 21.93%. When comparing mean hourly pay, the difference between our ethnic minority workforce and wider workforce overall is **15 pence**, meaning that **for every £1 a white person earns, an ethnic minority person earns 85p.**

Ethnicity pay gap

Summary

We are pleased to be reporting on the ethnicity pay gap for the first time. However, it has highlighted a significant disparity in the pay received by staff from ethnic minority communities when compared to their white counterparts.

Over the last year the Trust, with support of the BME network, has undertook work in response to the consultation findings and recommendations to improve our diversity. We have trained staff to support us in debiasing our recruitment and interview processes, rolled out programmes to support ethnic minority staff to develop and progress in their careers and started work to improve the balance in our frontline roles and in leadership positions.

Our Workforce Race Equality Standard data also highlights the work required to make improvements in the experience of ethnic minority staff in LAS.

The Trust is taking positive action in removing outward and hidden barriers that people from ethnic minority communities face, such as transforming the way we recruit and ensuring our communications are suitable and attractive. We speaking to ethnic minority staff to encourage them to apply for roles and supporting them through mock interviews and training, for example.

It is important to us that all staff feel safe and supported, as this is critical in driving confidence for staff to thrive, perform to the best of their ability and progress, including ethnic minority staff.

Conclusion

Having an organisation that is fair and inclusive, where people feel they are valued equally, are able to thrive and have equal opportunities at work, regardless of who they are and where they come from is of the highest importance to London Ambulance Service Trust.

Whilst the Trust has been reporting on the gender pay gap since a number of years to meet legislative requirements and drive improvements in this areas, and we are pleased to be reporting on the disability pay gap and ethnicity pay gap for the first time. Reporting on the disability and ethnicity pay gaps is voluntary and by doing this it is a true demonstration of the commitment we place in creating a fair and inclusive organisation.

The **gender pay gap is continuing to reduce** with the current gap being women earning 4.53p less per £1 when compared to men. There is a slight improvement in women in leadership positions too, though there is still a general underrepresentation.

The **disability pay gap at LAS is relatively low**, with there being less than 1% difference in pay between colleagues with a disability and without a disability, but more work needs to be done to improve the balance of disabled staff across the different pay bands, particularly in leadership roles.

The **ethnicity pay gap currently shows the highest discrepancy**, with staff from ethnic minority communities receiving on average 15p less per £1 than their white counterparts and the data shows this demographic sit disproportionately in the lower banded roles.

Working with the staff networks, we have developed a set of actions to reduce the gaps in pay across all reported demographics. The ethnicity pay gap and disability pay gap actions align with our Workforce Race Equality Standard and Workforce Disability Equality Standard action plans respectively. The gender pay gap actions will be led by the Women's Network.

We are pleased to be comprehensively reporting on pay gaps this year, taking the time to gain awareness of our data and baselines to put in place targeted responses. We are determined to create a fairer future, with fairer pay, for all working at LAS.

LAS pay gaps

Summary of action plans

Objectives	Actions
Improve all pay gaps	Deliver targeted EDI workshops and training raising awareness of bias, increasing understanding and tools to ensure fairness Drive data led accountability with objectives set for all executive and extended leadership Deliver proactive positive action initiatives - review, identify and change interview process where barriers identified Continue roll-out of Independent Panel Members, supporting recruitment and selection processes Drive ongoing improvements in data collection and quality of data, running ‘Safe to Say’ campaign
Improve disability pay gap	Support staff with reasonable adjustments and are equipped to carry out duties, thrive and progress at work
Improve ethnicity pay gap	Roll-out Stepping Up Support Package and diverse support offer Conduct targeted recruitment, reaching ethnic minority communities in ways that work including improved communications
Improve gender pay gap	Deliver targeted positive action for women of colour programme, supporting with progression in to leadership roles Explore alternative work patterns that enable women to move in to senior/leadership roles and part time opportunities to support all Support women to undertake caring responsibilities in parallel to work and carers policy developed Review relevant policies with the gender balance lens Ensure uniforms support improved work experience for women

NHS
London Ambulance Service
NHS Trust

Produced by the LAS Equality, Diversity and Inclusion Team

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For further information and/or request in an alternative format, please contact: londamb.edimailbox@nhs.net

We are the capital's emergency and urgent care responders

5. Questions from the public

6. Presentation slides