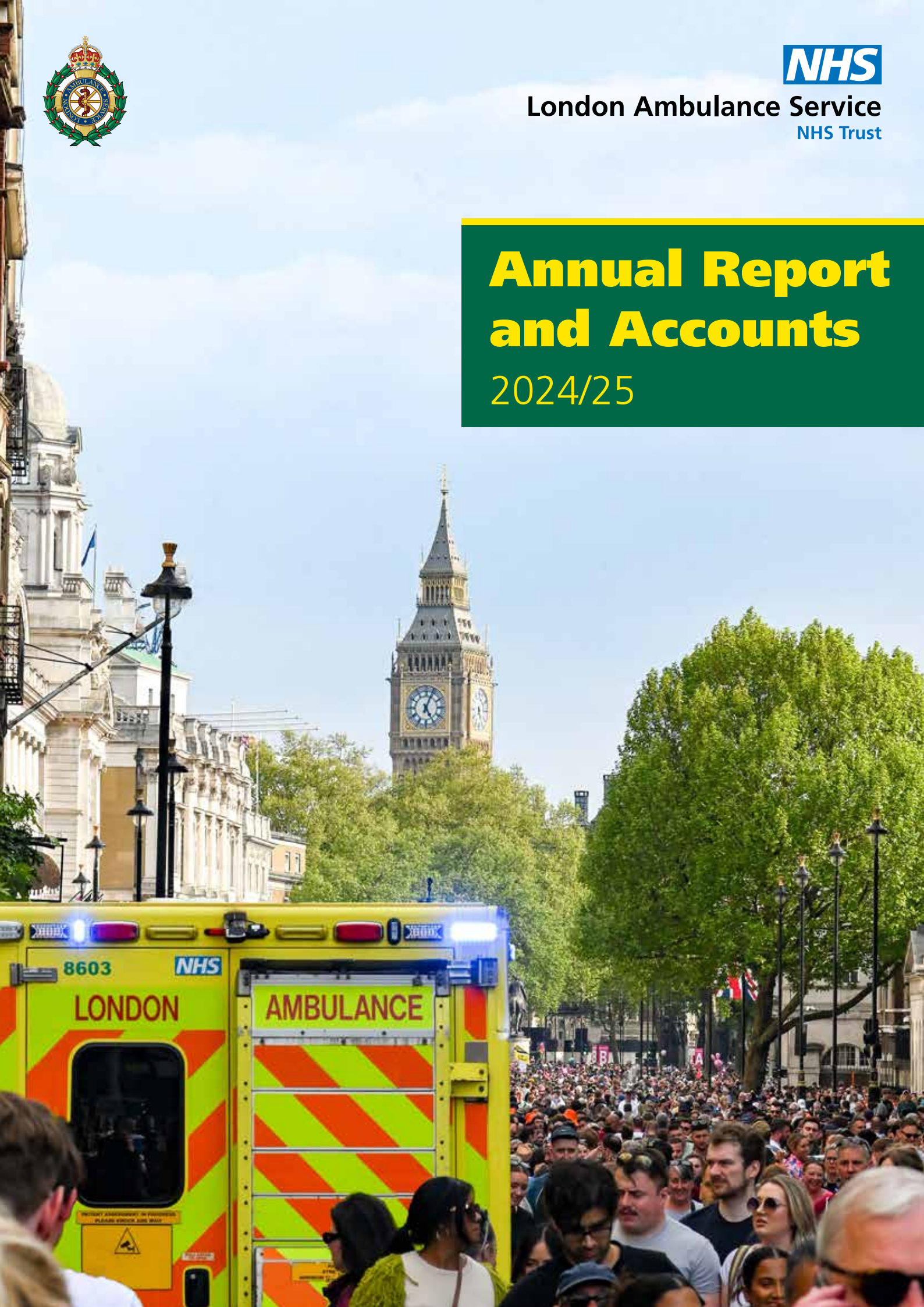
NHS
London Ambulance Service
NHS Trust

Annual Report and Accounts

2024/25




LONDON • AMBULANCE • SERVICE

Contents


Emergency
999
111

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 2024/25 and a summary of our objectives for the coming financial year.

Foreword

A message from our Chair Andy Trotter and Acting Chief Executive and Chief Medical Officer Dr Fenella Wrigley.

Chair Andy Trotter

Acting Chief Executive and Chief Medical Officer Dr Fenella Wrigley

It is an honour to present the annual report and financial accounts for London Ambulance Service 2024/25. This report allows us to look back at the 12 months between April 2024 and March 2025, reflect on the innovative improvements we have made to patient care and our services, as well as the steps we have taken to improve the working lives of our dedicated staff members.

This was an incredibly busy year for us – we have seen an increase in the number of people calling 999 and 111, resulting in more patients cared for by crews at the scene, as well as more people who did not need an emergency ambulance response receiving care and advice from our experts over the phone. Despite that increased demand, we have continued to reduce the time it takes us to get to our patients – reducing by a minute, the time it took to get to those who may be suffering from a heart attack or stroke (known as Category 2 patients) and reducing our response to our sickest patients (Category 1 patients) by seven seconds.

Around us, hospitals and primary care services (for example GP practices) also remained busy, meaning that we needed to work collaboratively with other health and care services to keep any impact to our patients to a minimum. Doing so has allowed us to continue to provide services to five GP practices, answering calls from their patients during their busiest times, and working with hospitals across the capital to ensure our crews can safely handover patients.

Towards the start of the year we also launched the Southern Ambulance Services Collaboration, which brings together other ambulance services in the south of England to support one another more effectively, share best practice and work together to provide high-quality resilient care at the best value.

In the context of such a busy year, we knew winter this year was going to be a particular challenge, and we wanted to be ready for the demands of the colder period. We led the coordination of a winter plan across London which helped to keep our patients safe – our Category 2 response times were approximately 40 seconds quicker than they were last winter despite LAS seeing an 11% overall increase in total incidents during these busy months.

Behind the scenes, we have continued to work hard to make sure our staff have the tools they need to do their jobs, and began the roll out of a new model of working that means local teams manage their vehicles, equipment and team rotas – doing so gives our teams local control, improving efficiencies and delivering better outcomes for our patients and our staff.

Over the past few years, we have kept a real focus on the working lives of our staff, transforming morale, culture, and building team working. We are delighted to say this focus has continued to pay off, with some very positive results in this year's staff survey about teams and line managers. Improving our working lives also means that we're seen as a great employer where we are able to attract good quality staff and the turnover is reduced. We have seen a fall in our turnover rate from 10% in 2023/24 to under 9% this year. Our training and apprenticeship programmes have also gone from strength to strength, meaning our pipeline of staff set to join us is stronger than it has been in many years.

We are also 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 from page 106.

We are London Ambulance Service, and we are proud to be the capital's emergency and urgent responders. We hope that is evident on every page of this annual report, and you enjoy reading it.

Andy Trotter OBE QPM
CHAIRMAN

Dr Fenella Wrigley MBE
ACTING CHIEF EXECUTIVE AND CHIEF MEDICAL OFFICER

About us: what we do, our visions, values and purpose

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

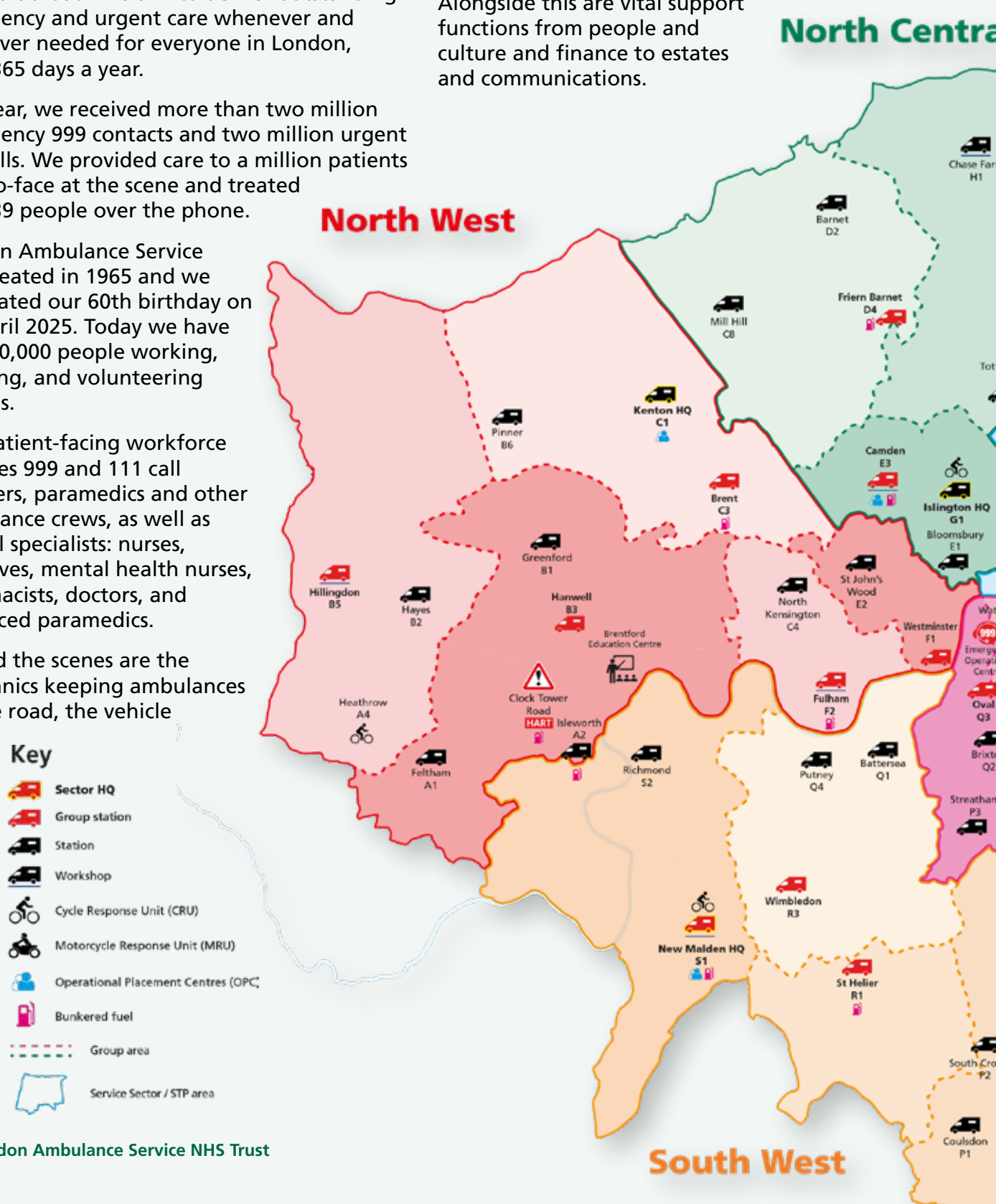
We are the largest ambulance service in the UK, serving the city's nine million residents as well as those who visit from other parts of the UK and abroad. We aim to deliver outstanding emergency and urgent care whenever and wherever needed for everyone in London, 24/7, 365 days a year.

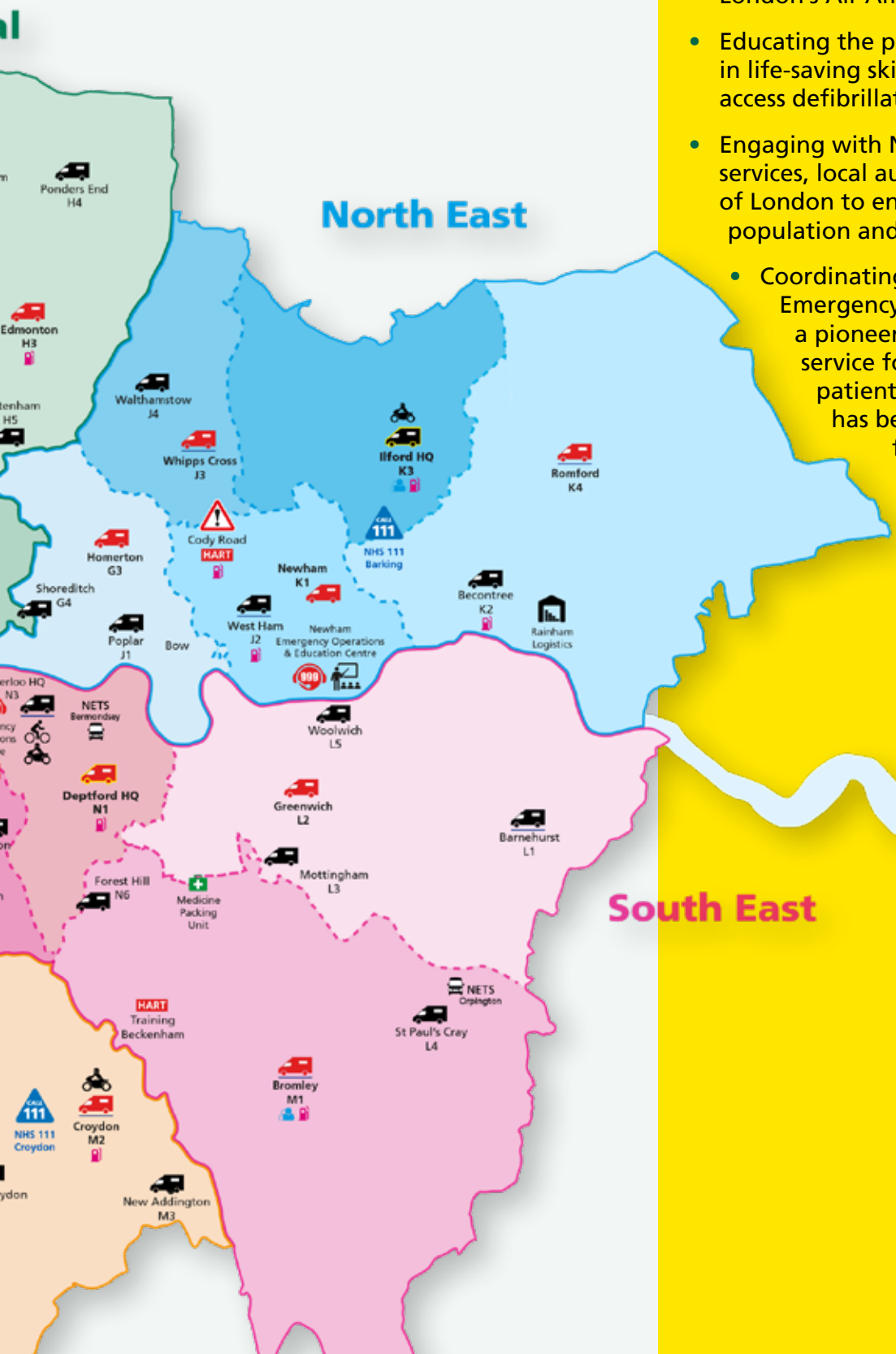
This year, we received more than two million emergency 999 contacts and two million urgent 111 calls. We provided care to a million patients face-to-face at the scene and treated 273,139 people over the phone.

London Ambulance Service was created in 1965 and we celebrated our 60th birthday on 1st April 2025. Today we have over 10,000 people working, studying, and volunteering with us.

Our patient-facing workforce includes 999 and 111 call handlers, 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 medications and life-saving drugs, plus all our housekeeping teams. Alongside this are vital support functions from people and culture and finance to estates and communications.





Our other work includes:

- Planning for, and responding to, major and significant incidents with our emergency service partners.
- Running the NHS Emergency Capabilities Unit on behalf of NHS England
- Providing paramedics to work as part of London's Air Ambulance.
- Educating the public and school children 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.

Our Values & Behaviours

Caring

Kindness	be caring and compassionate, polite, welcoming, approachable
Positive	embrace change, be enthusiastic and optimistic, proactive
Empathetic	put myself in other people's shoes, consider other perspectives
Listening	hear others, be open, approachable, give others space to speak

Respect

Equity	be fair, embrace diversity, accept others for who they are
Inclusive	advocate for others, ask for input, seek out alternative views
Understanding	be interested in others' feelings, stories and backgrounds
Appreciative	offer descriptive praise, seek out feedback, value others

& Teamwork

Supportive	offer help when you notice others need it, check in regularly
Collaborative	seek opportunities to work together, communicate, clarify
Professional	be accountable, responsible for my attitude, calm and reassuring
Integrity	be honest, share learnings, act in others' and LAS' best interests

Together we put Caring, Respect & Teamwork at the heart of all we do for Londoners

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 2024/25

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

999 contacts

2,097,150

People have been recruited and appointed

(since 1 April 2024)

1,077

New recruits from BAME* background

35%

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

1,151 vehicles

*Black and minority ethnic

111 calls (answered)
2,006,609

Number of patients treated over the phone
273,139

Number of patients seen
1,084,922

This year in honours and awards

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

March 2024

NHS Communicate Award for Best Use of Digital Communications and Engagement

London Ambulance Service won the NHS Communicate Award in 2024 for 'Best Use of Digital Communications'. Our highly creative and engaging social media content supported recruitment efforts to attract a new wave of frontline and control room staff to #TeamLAS that truly reflects the diverse communities we serve. Data shows that 20% of all our applicants are sourced from our social media channels and the external website.

June 2024

Chief Constable's Commendation from the British Transport Police – Dean Hawkins, Paramedic

Dean was the first paramedic on the scene at Sudbury Hill Tube station responding to reports of a man attempting to stab a tube worker. He assisted in restraining the attacker on the tracks alongside an off-duty British Transport Police (BTP) officer. His bravery led to a Chief Constable's Commendation, awarded by Chief Constable Lucy D'Orsi.

Motor Transport Award in the Low Carbon Category

Awarded to the fleet operator for showing real progress in cutting carbon emissions. The shortlisting reflects LAS's major transition towards a more sustainable and zero-emission fleet.

July 2024

Shortlisted for the HSJ Awards – Trust of the Year Category

Recognised for record improvements in every aspect of the NHS Staff Survey, significantly improving 999 call answering and ambulance response times, and implementing more alternative healthcare pathways to reduce unnecessary hospital conveyance.

Shortlisted for the HSJ Awards – Staff Wellbeing

For the 'Teams Based Working' model, which has transformed frontline staff collaboration, increased team morale, improved access to managers, and reduced sickness and staff turnover.

Shortlisted for the HSJ Awards – Primary and Community Care Innovation of the Year

Recognising LAS's collaboration with Wide Way Medical Centre on the 'GP Support Service', helping safely navigate patient calls to the appropriate care outcome.

Shortlisted for the HSJ Awards – Provider Collaboration of the Year

A joint initiative with King George Hospital for the Rapid Offload Model, which has significantly reduced delays in handing over patients at the hospital's emergency department.

October 2024

Excellence in Urgent and Emergency Care Award at the NHS Parliamentary Awards

Acknowledging the reduction in patient handover times from 50 minutes to 23 minutes. This nomination was put forward by many MPs including Secretary of State for Health and Social Care, Wes Streeting.

HPMA Healthcare People Management Association Team of the year

LAS People Team was awarded this for designing and delivering the Our LAS Culture Change Programme, which has delivered demonstrable improvements across many core metrics including sickness, retention and the most improved staff survey results in LAS' history in 2023.

HPMA Healthcare People Management Association People Leader of the Year

Damian McGuinness, Chief People Officer, for leading the People Team to achieve the above demonstrable changes.

November 2024

Multicultural Apprenticeship Awards Health, Medical and Social Care Employer of the Year

For the high numbers of apprentices progressing to paramedic roles and the scheme's success in increasing workforce diversity.

London Mayor's Apprenticeship Employer of the Year at the 2023 Adult Learning Award

Winning for the third consecutive year, recognising a programme that has trained over 2,000 apprentices, most of whom continue working for LAS.

December 2024

King's Ambulance Medal as part of King's New Year's Honours List – Darren Farmer, Director of Ambulance Operations

Since joining LAS in 1992 as a paramedic, Darren Farmer has provided exemplary service for over 30 years. Darren has been instrumental in introducing a new way of working at LAS to improve workloads and lead to improved satisfaction among frontline staff.

Long Service Awards – January 2025

More than 120 colleagues came to accept awards for long service at our ceremony held at the Royal College of Physicians. Staff who have served at LAS for 10, 25 and 40 years to celebrate their commitment.

This was a truly joyous event which gave us a chance say thanks for everything our long-standing colleagues have done throughout their careers, and to their families for supporting them.

This year in pictures

April 2024

Cathy-Anne Burchett, Associate Director of Operations for South East London, was presented with a King's Ambulance Service Medal in recognition of her 30-year career dedicated to helping members of the public in their hour of need and improving the working lives of LAS colleagues.

May 2024

LAS appointed Pauline Cranmer QAM as Chief Paramedic after a distinguished 30-year career in the capital, marking the first time a woman held this title anywhere in the country.

May 2024

LAS Chief Medical Officer, Dr Fenella Wrigley was presented with a Member of the Most Excellent Order of the British Empire (MBE) in recognition of her distinguished career caring for London since she graduated from St George's University Medical School in 1996.

July 2024

Once again LAS celebrated Pride month. Members of our LGBTQ+ staff network (who were not working on the day) were delighted to be invited to join the annual Pride parade.

August 2024

LAS and the wider NHS network in London were the topic of a Channel 4 documentary, Emergency. Broadcasted over four nights in August, the documentary showcased the life-saving teamwork between LAS and the four major trauma centres across London that treat traumatic injuries.

August 2024

LAS launched the London Heart Starters campaign with new data that shows dozens of London neighbourhoods are 'defibrillator deserts' – where there is little or no access to a life-saving device. With the campaign, London Ambulance Charity aims to raise funds to place 200 public-access defibrillators in unlocked cabinets where they are needed most.

This year in pictures

September 2024

More than 200 'Life Hikers' gathered at Battersea Park to support the London Ambulance Charity's first ever fundraising walk, London Life Hike, raising almost £25,000 to fund defibrillators across London.

October 2024

The BAFTA-winning series by BBC1's Ambulance returned for the 13th season to showcase a behind-the-scenes look at the operations at the UK's biggest and busiest ambulance service. Over the 11 weeks, cameras followed the work of our frontline crews and control room staff in action. On average, the six-episode programme generated two million views which was roughly a 15% share of all television viewers at the same time.

Our LAS Awards 2024

October 2024

"Our LAS Awards" celebrated the incredible dedication and care of hundreds of staff including a paramedic who pulled people from the wreckage of a burning car moments before it exploded, and clinicians who fought through flames to save a woman trapped in a house fire.

December 2024

The Secretary of State for Health and Social Care, Wes Streeting MP and (the then) NHS England CEO Amanda Pritchard came to HQ to hear about how were bolstering our operations in the run up to winter. Also in attendance were Health Minister Karin Smyth MP and Sarah-Jane Marsh, NHS England, National Director of Urgent and Emergency Care.

October 2024

Team LAS welcomed the Prime Minister, Sir Keir Starmer (pictured above), and Secretary of State for Health, Wes Streeting, to LAS Dockside Education Centre, as our esteemed guests joined us to officially launch the consultation on the NHS 10 Year Plan. This was a historic moment and our first Prime Ministerial visit since Tony Blair visited LAS HQ in 2005 to thank our staff in the wake of the 7/7 bombings.

March 2025

A team of brave volunteers completed a 42 metre abseil at Tottenham Hotspur Stadium to raise money for the London Ambulance Charity, raising a staggering £28,000 which will help provide free training in life-saving skills and provide defibrillators for areas in London where they are needed most.

November 2024

Our staff gathered to mark Remembrance Day and commemorate those who gave their lives in conflict. The LAS Armed Forces network led the service and wreath-laying with assembled staff in the memorial garden outside the HQ.

Performance – our key achievements

This was year two of our five-year strategy, and we saw continued progress in achieving our three missions.

Key achievements include:

- Improved our Category 2 performance in comparison to last year – this is one of our biggest challenges as an organisation.
- Throughout the year, the average time it took us to answer 999 calls was 5 seconds (mean call handling).
- Achieved a 111 mean answering time of 55 seconds across the year, reduced from 124 seconds in 2023/24.
- We surpassed our target for the year in increasing our Trust hear and treat rate (which is where we provide expert advice over the phone), achieving 20.1%, above the 17% target. This has a real impact on patient flow; being able to get the right care in the right place throughout the health system.
- Played a leading role in development of the pilot Integrated Care Coordination Hub in North Central, delivering better integrated care for patients and reducing pressures.
- Successfully integrated the NHS Resilience Emergency Capabilities Unit (formerly known as the National Ambulance Resilience Unit (NARU)) into LAS to deliver outstanding care to patients in major and complex incidents.
- We led the coordination of a winter plan which helped to keep patients safe – Our Category 2 response times were approximately 40 seconds quicker than they were last winter despite LAS seeing an 11% overall increase in total incidents.

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

- We have made strides forward in reducing health inequalities, developing a reducing health inequalities action plan focussed on promoting and delivering individualised care for patients, conducting patient engagement related to unequal maternity care and developed a sickle cell improvement plan based on previous patient engagement.
- We have launched a number of quality improvement initiatives, including one that speeds up the process to get an ambulance crew on the road at the start of shift – data shows the pilot has worked well, with crews at Camden reducing the time it takes to start a shift from 28.7 minutes to 10.9 minutes.
- LAS Organisational Development and Talent programme has seen 323 leaders enrolled on leadership courses.
- We saw an increase in staff engagement, with a 25% increase in the number of staff involved in staff networks.
- We implemented a sexual safety action plan aimed at keeping our staff safe at work.
- Implemented electronic safeguarding referrals to make our staff's role easier when out on the road.
- A focus on making the most of our resources has increased the average number of patients our crew see in a shift to 5.2.
- We've invested in our fleet, having commissioned 159 new vehicles, 100 double crewed ambulances, four mental health vehicles, 16 Hazardous Area Response Team (HART) vehicles, five bariatric ambulances, five driver training units, ten cars for frontline staff, nine logistics vehicles and ten vehicles that will be dispatched to lower category patients who are able to walk to the vehicle.
- Surpassed our target to train 10,000 London LifeSavers, reaching 17,192 people this year.
- Delivered the first phase of electronic controlled drugs registers to improve clinical safety and efficiency.
- Achieved a 72.0% response rate to NHS staff survey, the highest level of engagement for any NHS provider in the country.

Areas to improve

In 2024/25, London Ambulance Service (LAS) made strong progress across both its 999 and 111 services. However, the average response time for Category 2 (seriously unwell) patients was 37 minutes 39 seconds (against the recovery target of 30 minutes), this area remains a key focus for further enhancement. Similarly, although the 90th percentile for Category 4 exceeded the 180-minute target, efforts to reduce wait times are ongoing, supported by system-wide initiatives and service redesign including increasing the use of Hear and Treat.

Hospital handovers remained efficient on average, with a handover time of just under 24 minutes – this is above the national target of 15 minutes but well within our locally agreed standard of 45 minutes. Although total hours lost due to handover delays rose slightly compared to last year, the service successfully reduced the incidence of the most severe delays, helping to maintain patient flow and safety.

The 111 service has seen marked improvement in call handling, reducing the call abandonment rate from 9% to 4%, a significant step closer to the national 3% target. Clinical validation activity has continued to strengthen, with 92% of Category 3 and 4 ambulance outcomes now validated, approaching the 95% standard.

The Clinical Assessment Service (CAS) handled over 705,000 cases in the year and made measurable gains in response timeliness, with 63% of urgent cases responded to within 20 minutes, up from 44% the previous year. However, this remains a substantial way off the 95% target.

Risks

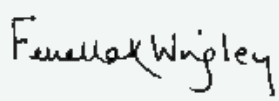
The Trust has identified four major risks:

1. Inclusion and Equality: Progress made on reducing pay gaps and improving diversity, but further work is needed, particularly on ethnicity and disability disparities.
2. Ambulance Performance: Increased demand and funding constraints challenge response times, though productivity improvements have helped maintain performance.
3. Cybersecurity: Ongoing investment in systems and staff training is strengthening protection against cyber threats.
4. Airwave Communication System: Ageing infrastructure poses a risk until replaced by 2029/30, though interim solutions are in place to reduce vulnerabilities.

Going Concern disclosure

Our full accounts, presented at the end of this report, have been prepared in accordance with the directions given 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 2024/25.

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. For this reason, the Trust continues to adopt the Going Concern principle in preparing the annual accounts and annual report. The Chief Financial Officer 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.



Dr Fenella Wrigley MBE 25th June 2025

ACTING CHIEF EXECUTIVE AND CHIEF MEDICAL OFFICER

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	
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	30 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

* For 2024/25, we were funded to achieve a Category 2 mean response time of 36 minutes, NHS England has since revised the national target to 30 minutes under the urgent and emergency care recovery plan.

How we performed against national ambulance service response targets 2024/25

			2022/23*		2023/24		2024/25	
Category	**Measure**	**Target**	**Response time**	**Incidents (n)**	**Response Time**	**Incidents (n)**	**Response Time**	**Incidents (n)**
Category 1	Mean average	7 minutes	00:08:08	139,125	00:07:29	151,743	00:07:22	165,738
	90th percentile	15 minutes	00:14:02		00:12:40		00:12:37	
Category 2	Mean average	30** minutes	00:47:40	622,311	00:38:39	646,186	00:37:39	675,431
	90th percentile	40 minutes	01:48:54		01:27:10		01:22:28	
Category 3	Mean average	120 minutes	01:41:03	181,276	01:16:04	174,351	01:27:02	175,183
	90th percentile		04:19:24		03:06:45		03:26:01	
Category 4	90th percentile	180 minutes	07:29:50	9,272	04:41:17	8,488	05:03:13	10,354

* 2022/23 Response Time Performance excludes Oct'22 and Nov'22 data.

** For 2024/25, we were funded to achieve a Category 2 mean response time of 36 minutes, NHS England has since revised the national target to 30 minutes under the urgent and emergency care recovery plan.

The past year has been another extremely busy and challenging 12 months for our 999 services – with nearly 2.1 million calls and our crews attending nearly 1.1 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 2024/25 across all ARP (Ambulance Response Programme) targets. For Category 1 calls, which involves life-threatening illness and injuries, we reduced our response times by 7 seconds – moving close

to the 7 minute standard and consistently met the 90th percentile target of 15 minutes. For Category 2, which includes seriously unwell patients, such as those with symptoms of a heart attack or stroke, we reduced the average response time by one minute. We were funded to achieve a Category 2 mean response time of 36 minutes, well above the 18-minute national target. NHS England has since revised the national target to 30 minutes under the urgent and emergency care recovery plan, which we are now working towards. We recognise there is more to do to meet the national standard of a mean 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. This sees our clinicians assessing appropriate calls to identify whether these patients need to be prioritised for an ambulance or whether they could be treated more quickly and appropriately elsewhere. It ensures that those who are most in need receive the fastest response and the process does not delay ambulances when a person needs one. We continue to uphold our position as a leading trust in Category 2 segmentation and hear and treat and are supporting other trusts in implementing and refining their delivery models.

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.

Providing care to the people of London

In February, we marked a decade of our work to bring together mental health experts and paramedics to deliver specialist mental health care across the capital. Our mental health team has pioneered use of highly specialised clinicians to ensure patients in mental health crisis receive the best possible care and avoid busy accident and emergency (A&E) departments wherever possible. Today, the Service has a team of more than 40 clinicians including mental health paramedics, experienced nurses, social workers and occupational therapists. These specialist practitioners provide remote assessment over the phone to patients, while our mental health joint response cars pair a mental health professional with a paramedic to treat people experiencing a mental health crisis at home or through local community services. The unit was initially launched as a single car in south east London in November 2018 and has now expanded to six response cars across London. More that 29,000 patients have been treated by the team since the unit expanded. Only 18% of patients seen by the Mental Health Joint Response Cars were conveyed to A&E.

In the last year, we have also mobilised bespoke ambulances to attend patients in a mental health crisis and support the Metropolitan Police with the implementation of Right Care Right Person (RCRP). The ambulances, created in partnership with mental health experts and charities, have been

designed to be more comfortable and create a calm environment for patients in a mental health crisis.

Under a separate programme, our community health joint response cars pair emergency paramedics with community nurses across London to respond to elderly and frail patients. This brings the skill sets of these two professionals together to deliver tailored assessments, treatment and follow-up plans for patients in their own homes. The programme is delivering faster responses to patients and reducing unnecessary conveyances to emergency departments.

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 but our teams responded effectively throughout the year to maintain patient and public confidence.

Having increased the number of 999 call handlers by 300 over 12 months, our teams answered calls 8 seconds faster in 2024/25 than 2023/24, from 13 seconds in 2023/24 to just 5 seconds in 2024/25.

In May, our EOCs were designated Accredited Centre of Excellence status. This is a distinguished award for high-performing agencies that demonstrate pride, teamwork and innovation to put communities first.

We are continuing with our successful clinical dispatch support between our Clinical Hub and EOC teams. This model has helped us increase the number of patients given clinical advice over the phone, with hear and treat rates of 20.1%.

A fundamental part of the care we provide is ensuring we can get to people who need us quickly. Working in collaboration with colleagues from hospital Trusts and the Integrated Care Boards (ICBs), London Ambulance Service developed, agreed and implemented a handover process at emergency departments that ensures patients are accepted by hospitals and ambulances are released within 45 minutes of their arrival (when it is safe and appropriate).

We continued to implement this successful model, having expanded it across all five of our ICS partners in October 2023. This was the first region-wide agreement of its kind reached between hospital Trusts, ICBs and an ambulance service and has freed up our clinicians so they can attend patients waiting in the community.

However, despite this the total number of hours lost to hospital handovers has risen this year to 111,379 compared to 105,166 hours in 2023/24. This is because, although the longest handover times are decreasing, the short and medium handover times are increasing, which affects the overall average. Despite the increase in demand, this number shows us spending only 23 minutes 44 seconds on average per handover, far below the 45-minute target.

To keep pace with the increasing demand for our services, in the past year we also continued our ambitious recruitment programme with 1,077 new starters, including 500 frontline ambulance staff and 300 call handling staff. This has further supported our work to improve our response times and increase our 'hear and treat' rates.

In May, we launched the Southern Ambulance Services Collaboration between us at London Ambulance Service, East of England Ambulance Service NHS Trust, South Central Ambulance Service NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust and South Western Ambulance Service NHS Foundation Trust. This formalised collaboration has seen our teams working closely together to enable us to support each other more effectively, share best practice and work together to provide high-quality resilient care at the best value. We have focussed on three key areas through the partnership: developing our shared procurement capability to help us purchase the best-quality products and services at the best price; identifying and developing uses of AI technology in our 999 and 111 call answering services to improve the quality of care we provide and support staff wellbeing; and optimising productivity for our ambulance crews on their shifts to maximise the care we can provide for our patients.

To continue to improve the service we provide, the management of vehicles, equipment and people are now being done at a local level overseen by a team manager. This is known as our localised delivery model, a shift in accountability and empowerment, bringing decision-making closer to those on the frontline from central operations.

After all, team managers and staff at each station know their people, vehicles and equipment better than anyone else, and with the right support from our centralised teams, they can solve issues more quickly and with less impact on our staff and patients. This new approach places decision-making and operational responsibility in the hands of our local teams, allowing us to adapt to the unique needs of our patients.

Key challenges in 2024/25

Across the year, we met 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 significant incidents and spearheaded new measures to ensure our patients received the care they needed.

On 30 April, our crews responded quickly and courageously to reports of a stabbing in Hainault, with the assailant still at large as we arrived on scene. Our teams treated five patients with a variety of injuries before taking them all to hospital. Tragically, despite the very best efforts of our teams, a 13-year-old boy died at hospital. We received a letter of thanks from the Mayor of London, Sadiq Khan, for the work done by our clinicians at the scene.

Throughout the summer, we felt the impact of the hot and humid weather – which can exacerbate respiratory issues – in an increase in the number of 111 and 999 calls we received. To help Londoners stay safe in the heat, our teams shared advice with the public through the media and via our social media channels.

On top of the usual demand we would expect for a summer's weekend, on 8 June we were called to an incident in Brockwell Park where a number of people including children were

seriously injured on a fairground ride. We declared a significant incident and took four patients to a major trauma centre.

In July, we were exceptionally busy following a global IT outage caused by a faulty software update for Microsoft devices. Although our systems were not directly affected by the outage, hospitals and GP surgeries experienced significant disruption to services including appointment and patient records systems, which in turn meant more people came to us for medical advice and treatment. During the outage, our 111 health advisors experienced one of their busiest days since the COVID-19 pandemic.

July also saw our teams respond to three significant incidents. At a house fire in East Ham on 13 July, tragically, and despite the best efforts of the emergency services, one child died at the scene and two died later in hospital. We also declared a significant incident on 12 July because of a fire in Wandsworth and, in the early hours of 17 July, our teams responded to a significant incident caused by a chemical incident in a block of flats.

On Tuesday 3rd December, our crews responded to a fire in a five-storey block of flats near Borough High Street and conveyed five patients with minor injuries to hospital.

On 30th January, we responded to a serious road traffic collision involving a bus and a car in Norwood, SE27. We treated 10 patients at the scene, four of whom we discharged at the scene and six of whom we took to hospital.

During winter, LAS experienced extraordinarily high demand for our services. As early as November, we were receiving more than 7,000 calls a day. In December we attended more than 16,000 of these Category 1 calls, making it our third busiest December ever and the highest number of seriously sick patients recorded in a single month. December was also the seventh busiest month in the Service's history, with 999 call volumes at 92% of the unprecedented demand seen in March 2020 when the COVID-19 pandemic hit the UK. In the first week of January this year, demand was 20% higher than at the same point last year.

1 January saw us responding to more Category 1 calls than we ever have in a single day, 634.

Our 999 Winter Plan for 2024 – delivered in collaboration with NHS system

partners, including Integrated Care Boards and the capital's hospitals – ensured we could meet this additional demand on the Service and the NHS. We focused all our efforts on performance and ensured we reached our sickest patients and answered 999 calls more quickly this year than we did last winter.

Our plan allowed us to better respond to the periods of increased pressure on health services across the capital and relieve demand at London's busiest hospitals, ensuring our crews could take patients to emergency departments with the most available capacity. We agreed triggers and an escalation process on how to do this across the region with the five ICBs and 28 emergency departments and used it regularly throughout winter, facilitating daily calls where necessary and bringing relevant systems together to agree the best plan for their patients.

Among measures in the plan, we put more staff in ambulances, cars, and in our control rooms while maximising use of other forms of care with easier access into local non-A&E services. We also increased the number of our clinicians who are able to 'hear and treat' patients over the phone – giving expert medical assessments and advice over the phone to reduce the number of people going to A&E unnecessarily where alternatives were able to provide a better route to healthcare for them. In January 2025, 20.5% of our 999 patients were receiving treatment over the phone via hear and treat (up from 15.9% in January 2024). While the number of calls we took grew by 9% on last winter and the total number of incidents increased by 11%, through greater use of our hear and treat expertise we saw only a 4% increase in the number of face-to-face incidents our crews attended. Despite seeing some of our busiest ever months for demand, the proportion of patients we took to hospital this winter was also lower than at the same time in the previous year. The measures in the plan ensured we reduced our response time to our Category 1 and Category 2 calls compared to last winter.


LONDON AMBULANCE
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NHS 111

LAS 111 Performance	Target	2022/23	2023/24	2024/25
Total number of calls received		2,178,449	1,976,912	2,087,107
Total number of calls answered		1,780,465	1,792,382	2,006,609
% Abandonment rate	3%	18%	9%	4%
Number of ambulance outcomes clinically validated		108,882	146,418	242,425
% Category 3 and Category 4 ambulance outcomes clinically validated	95%	75%	86%	92%
Number of ambulances stood down following clinical validation		99,095	132,474	212,681
Number of ED validations completed		43,931	60,060	68,072
% of ED referrals validated	50%	32%	46%	46%
Number of ED referrals avoided		28,101	40,802	45,512
Number of CAS (clinically assessed) cases		557,258	541,399	705,112
Number of CAS cases requiring response within 20 minutes		119,635	134,961	132,496
% of CAS cases responded to within 20 minutes	95%	39%	44%	63%
Star 5 paramedic call backs (where a GP calls an ambulance crew to advise on non-emergency care for a patient)		N/A	30,861	36,342
Average response for Star 5 paramedic call back	30mins	N/A	28mins	28mins

The Integrated Urgent Care (IUC) team at London Ambulance Service has had a successful year expanding our services and relocating to a new state of the art facility.

The service now holds NHS 111 contracts in each London ICB. London Ambulance Service is the sole provider in South East London and North East London, the lead contract holder in North Central London and North West London and provides a proportion of call answering in South West London. In addition to this, the directorate has continued to deliver ambulance validation activity across London, has continued to deliver the General Practice Support Service, developed specialised pathways with local services to support 'Right Care Right Person', and launched '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 2024/25. We handled over 2 million calls and achieved an abandonment rate of only 4%. 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 periods of peak demand which have put pressure on the service to deliver rapid improvements. To address this, we have focussed on reducing staff turnover and improving absence rates, which has helped maintain safety and performance.

The Clinical Assessment Service (CAS) has managed 705,112 cases during the year. We improved response times for our most urgent patients requiring a call back within 20 minutes. Our CAS team consists of paramedics, nurses, general practitioners, doctors, and clinical decision support system clinicians supported by clinical supervisors and clinical floor walkers. CAS performance and demand has been impacted by a combination of patients presenting with high acuity symptoms, as well as patients finding it difficult to access their own GP. To improve CAS performance in 2024/25, we

have made changes to the queue management process, worked with local commissioners to refer patients to local pathways and reviewed our forecast to meet peaks in clinical demand. The team is working towards the 95% target, and future improvements are being managed through the IUC Transformation Programme.

The IUC team has delivered a successful validation service during the past year and continues to be one of the top validation performers in the country. Validation is the process by which the outcome reached during the initial assessment is reviewed by a clinician to confirm this is the most clinically appropriate outcome for the patient. We have completed 242,425 of category 3 and category 4 ambulance validations alongside 68,072 Emergency Department validations. This work has enabled the team to safely stand down 212,681 ambulances and reduce ED attendances by 45,512 by redirecting to local more suitable pathways or managing the patient in the CAS with advice and guidance.

To facilitate the expansion of the services, in May 2024 the IUC team moved 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. As well as providing adequate space for this large and diverse team, the centre also provides the required technical and operational resilience for continuous running. This means that if required, the contact centre could also operate as a 999 call centre in a continuity incident.

As of the 1st August 2024, LAS are now answering all 111 calls in North Central London, and the majority of the calls in North West London – which equates to around 1,250 additional calls a day. Local providers continue to deliver the 111 Clinical Assessment and GP out-of-hours services. This change has improved 111 response times within North Central London and North West London, at no extra cost to the taxpayer. We were pleased to welcome more than 180 London Central West (LCW) colleagues who transferred over to LAS.

We have continued to deliver our General Practice Support Service (GPSS), following its successful roll out last year. This service is available in selected practices and enables GPs to deliver same-day access for patients, by ensuring the practice phone lines are answered in a timely way. The GPSS has resulted in 53,846 calls answered on behalf of the GP practice with 28,448 GP appointments being booked and 5,791 pharmacy referrals. The abandonment rate for this service has reduced to 6% and also allowed 370 very unwell patients to be sent an ambulance without having to call 999 after seeing their GP.

Risks

The Risk Management Strategy and Policy provides the overarching principles, framework and processes to support managers and staff in the management of risk. 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, quality, environmental and reputational risks.

The Trust's Risk Management Strategy and Policy is an integral part of the Trust's approach to continuous quality improvement. It is intended to support the Trust in delivering its key objectives, as well as ensuring compliance with external standards, duties and legislative requirements.

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

The Board identified the following major and emerging risks in 2024/25, as set out in our Board Assurance Framework.

Achieving the changes required to make the LAS a fully-inclusive and supportive workplace which increases representation and reduces disparities for under-represented groups, especially resolution of the gender pay gap in LAS, ensuring that people who have a disability are supported, and ensuring that people from a BAME background are able to progress in LAS.

The Trust has designated 2025 as the Year of Inclusive Team. This followed on from a focus on promoting diversity and fostering inclusivity that are aligned to Trust values (respect, caring and teamwork). The Trust has successfully reduced the gender pay gap, bringing it down from 11.5% March 2023 to 4.8% March 2024, which means women are paid 95.2p for every pound a man is paid in our organisation. We are proud of the progress we have made in this, but acknowledge there is more to do.

The Trust has reported on disability and ethnicity pay gaps for the first time. Disabled staff earn 99p when compared to every £1 non-disabled staff earn. There is a bigger area of disparity in the Ethnicity Pay Gap of 15% between people from a black and ethnic minority background compared to people who are white. The Trust has an EDI Implementation Plan that has actions to address pay gaps.

The Trust has taken steps to reduce barriers in recruitment and selection processes by implementing a process for Independent Panel Members (IPMs) to be on interview panels. All IPMs are trained to constructively challenge potential bias. We have introduced a 'stepping up' support package to encourage and support internal staff to apply for progression. Our positive action initiatives have improved the relative likelihood of Black, Asian and Minority Ethnic (BAME) staff being appointed from shortlisting compared to White staff (WRES Indicator 2).

There is a calendar of events, which started in 2024/25 on the inclusive team theme that includes setting up an Inclusion Board. This will strengthen the voices of staff and provide a platform for diverse perspectives to enhance decision-making processes and for all extended leadership group members to set their own equality, diversity and inclusion (EDI) objective.

Achieving Ambulance Performance Standards in view of insufficient funding from commissioners, constrained capacity in the urgent and emergency care system (including handover delays) and possible underachievement of productivity issues.

We have seen our response times to both Category 1 and 2 patients improve this year despite significant pressure in terms of demand and time lost at hospitals awaiting handover of patients, with no additional funding compared to the previous year. For 2024/25, our funding was based on a Category 2 mean of 36 minutes, significantly above the 18-minute national target. However, under NHS England's urgent and emergency care recovery plan, the target has been revised to 30 minutes.

Demand in the urgent and emergency care system across London has continued to increase this year and 999 calls have increased by 9% compared to the last financial year. Hospital handover delays remain a significant contributor to ambulance waiting times. In order to manage the increase in demand and maintain our response times, and ensure we continue to deliver a patient centred service, we have focused on ensuring patients receive the


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care as soon as possible in the right place. Our hear and treat rate has increased from 15.5% to 20.1%, our urgent community response usage is at 9,840 incidents up from 8,035 last year and the mental health joint response cars are able to manage over 70% of patients without conveyance. In addition we have successfully delivered on a number of productivity initiatives which have reduced out of service time and job cycle time.

Staff sickness rates have shown a trend upwards, particularly towards the end of the calendar year, despite an influenza vaccination programme delivered within the trust.

Vulnerabilities within the organisation expose us to service disruption through a cyber-attack, or information security breach, which could result in unauthorised access to sensitive data, disruption of business operations, financial loss, and reputational damage. The vulnerabilities also put at risk our DSPT compliance.

Significant work continues in improving and maintaining our security posture. We have implemented new technologies to improve our zero trust protocols and policies, as well as continuing to improve on our legacy infrastructure and support systems.

New cyber security training has been implemented Trust-wide with a focus on phishing and reducing the cybersecurity risks by equipping staff with knowledge and tools to spot potential issues.

Our security metrics have improved over the year with a focus on vulnerability exposure, and securing the supply chain.

The organisation may experience significant disruption due to a failure of the Airwave service. The Airwave infrastructure is end of life and not due to be fully replaced until the Emergency Services Network (ESN) programme under the Home Office delivers, which is due in 2029/30.

We implemented the national Control Room Solution (CRS) In November 2024, which replaces some critical parts of the Airwave infrastructure. This reduces some of the vulnerabilities we had with the Airwave system although the core components are still to be replaced under the ESN programme.

We continue to work with colleagues in the Ambulance Radio Programme to further mitigate this risk.

Since the implementation of the national CRS solution at London, there have been a number of regional and national incidents which have had impact on our operational performance. These issues are being investigated and led on by the Ambulance Radio Programme with support from the National Digital Leads and NHS England to provide assurance.

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 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 have increased clinical oversight in our EOCs. This has meant that patients waiting for an ambulance can be monitored and managed over the phone or referred to an appropriate community service closer to home. 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.

LAS has launched several quality improvement initiatives aimed at streamlining operations and improving patient care. A recent example is the programme focused on reducing the time it takes for crews to start their shifts. This includes clearer labelling and more streamlined processes at the start of shifts. This has already shown significant results in pilot areas, in St Helier Ambulance Station these small changes saved 14 minutes and 47 seconds, and 732 patient facing hours. We are currently expanding this programme across all LAS stations.

We are undertaking a transfer of care pilot with St George's Hospital that is helping to identify the workflow processes and patient information required to facilitate a seamless transfer of patient care from LAS to acute hospitals. The use of natural language models and Artificial Intelligence is being explored to improve data presentation and handover processes.

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 are held to discuss potential incidents led by the Chief Medical Officer.

All patient safety incidents are reviewed to ensure that a proportionate learning response is applied, in line with the Patient Safety Incident Response Framework. The London Ambulance Service has taken actions to improve the quality of our service by undertaking targeted work with associated system improvement plans on the management of calls during shift handover periods, the assessment and management of paediatric patients, call duplication processes, dispatch of solo responders to high-risk determinants (those with chest pain) and the assessment and management of patients presenting in a ventricular fibrillation (VF) cardiac arrest. Improvement work continues in all areas.

Reducing health inequalities

This year, LAS has continued our commitment to reducing health inequalities, building on the work of the steering group who set up the foundations of this work last year.

We implemented a structured approach to producing our 'Delivering Individualised Care: Responding to London's Health Inequalities' action plan using the CORE20PLUS5 framework. CORE20PLUS5 refers to the most deprived 20% and population groups who may be at risk of health inequalities (such as people with BAME background or people with learning disabilities), it then highlights five clinical areas requiring improvement. This is a national NHS England approach to inform action to reduce healthcare inequalities at national and system levels.

To ensure robust oversight and effective implementation of our action plan, LAS has embedded health inequalities reporting within Assurance Committees of the Trust Board. A multifaceted scorecard and evaluation framework has been developed with key stakeholders from performance, quality, and clinical departments to ensure continuous improvement is at the heart of our action plan.

Key achievements

CORE20 (the 20% most deprived population areas in London)

The London Lifesavers programme has established a standardised process for CPR training delivery across all London boroughs. This initiative trained over 17,000 London Lifesavers this year, significantly surpassing the targets set for 2024/25 which was 10,000. Looking ahead, the service is developing a data-driven roll-out plan from September 2025 onwards, using the latest cardiac data from the Clinical Audit and Research Unit and demographic information to inform priority borough scoring. More deprived areas experience worse outcomes and lower bystander intervention, therefore prioritising these boroughs aims to reducing health inequalities in cardiac arrest survival.

The service has analysed cardiac arrest data to identify "defib-deserts" and targeted the introduction of defibrillators, while our London Ambulance Charity is running fundraising

campaigns to cover the costs to improve availability in the most deprived areas. Efforts are continuing to increase the number of public access defibrillators across the city.

An internal scoping review has been completed to identify disparities in response times between boroughs. The service is now investigating disproportionate conveyance rates and delays in hospital handovers to address these disparities.

LAS PLUS (locally identified groups of patients who experience poorer than average health outcomes)

Sickle Cell Disorder

We recognise that patients with Sickle Cell Disorder are affected by health inequalities.

We have co-designed, agreed, and implemented an 'Improving Sickle Cell Care' action plan following extensive engagement with over 90 patients and carers, more than 325 LAS clinicians, two charity organisations, clinical specialists, and review of over 4,000 clinical encounters. The findings of this sickle cell engagement have been presented to over 260 leaders in LAS for cascading through their teams.

Patient experience with sickle cell care has been introduced at a public Trust Board meeting, where two patients shared their stories and took questions from board members about their experiences. A sickle cell clinical learning package has been developed for delivery to all clinicians within the clinical training cycle for 2025/26.

We continue to engage with the patient organisations who participated within the initial engagement – Sickle Cell Society and the Croydon Sickle Cell and Thalassemia Support Group, to whom we are very grateful for their support, expertise and partnership on this important topic. LAS is advocating for direct conveyance to Acute Sickle Cell units (bypassing emergency departments) and we have agreed on a direct pathway with St George's Hospital Acute Sickle Cell Unit and due to launch in April 2025.

Key information for patients about the service LAS provides is being developed and will be distributed through voluntary, community and social enterprise (VCSE) organisations. This will include guidance on accessing 999 and 111 services, the use of Universal Care Plans, and an overview of how emergency calls are managed. The materials are being co-produced with patients to ensure information is accessible and addresses what is important for patients.

Maternal health

Maternal health, particularly within the BAME ethnicities, was also identified as a key patient cohort affected by health inequalities. LAS has identified and commissioned two VCSE organisations to conduct patient engagement, to understand the experience of women and birthing people using LAS services. These organisations have facilitated focus groups, one-on-one interviews, and surveys on behalf of the LAS. Preliminary findings have been received, with final reports and actionable recommendations to follow shortly thereafter.

LAS has designed maternity-specific information leaflets through collaboration with Happy Baby Community, a charity who supports expectant women and new mothers who are seeking asylum or have arrived as refugees. The women and birthing people have fed into the elements of information that would be most useful to them, and these will be translated into nine commonly spoken languages to improve health care access for patients with low English language proficiency. This initiative aims to reduce barriers to care and ensure equitable service provision.

Cardiovascular risk management

A pilot in South East London looked at informing GPs when patients had signs of high blood pressure or high blood sugar recorded. It has now been rolled out across London. This initiative helps ensure that any risk factors for potentially serious future health conditions that are identified during emergency care are communicated to primary care providers for appropriate follow-up.

LAS, this year, has also become a pioneer organisation of London's Million Hearts and Minds campaign – a five-year social movement to encourage Londoners to increase their awareness of cardiovascular health and take steps to reduce their risk of cardiovascular disease. 2024/25 saw us engage with Greater London Authority to become a pioneer organisation, ready for public launch later in 2025.

Social determinants of health

This year we have developed our work plans relating to the social determinants of health. As an Ambulance Trust, we have a unique role to play as we provide unscheduled care to patients within their home environments. We therefore have an opportunity to identify any social factors that contribute to health inequalities and to support our patients to access services that may improve their health.

Substance addiction

LAS, in collaboration with substance addiction support services, have introduced a six-month pilot project for substance addiction service signposting in North East London. This enables clinicians to directly signpost to this specialist service, where previous routing would be via a referral to the patient's GP. A substance addiction information webinar has been delivered to over 100 clinicians to enhance their knowledge and skills in this area. All Clinical Team Managers and Team Managers in North East London have received substance addiction training and clinicians have received team training day sessions from a substance addiction team and Hackney Public Health team.

This initiative will be evaluated in the first quarter of 2025/26 to inform next steps.

Housing and health – damp and mould

An internal review of patient presentations where damp or mould in the home environment was noted has been completed to better understand the prevalence and nature of these issues. This is a key potential area for positive intervention and, in collaboration with Greater London Authority and local councils, we have captured the key elements of information required in order to support referral of these incidents to appropriate social teams. This will be completed electronically through the Trust's safeguarding notification process.

Training and awareness sessions have been delivered to all Advanced Paramedic Practitioners in Urgent Care via clinical governance days, which are being amended for delivery across all LAS clinical staff. An article has been published in the Trust's learning magazine highlighting the key role LAS clinicians play in identifying and supporting patients to seek help for this dangerous housing condition.

Patients experiencing homelessness

Recognising the barriers that people experiencing homelessness face accessing routine primary care services, focus has been placed upon how LAS can support these patients to access services. A signposting pathway has been established, in collaboration with the Driving for Change Homelessness Support Bus. This is designed to support people to overcome complex barriers associated with resolving homelessness. Furthermore, upskilling of staff to ensure confidence in advocating for patient's rights in relation to receiving primary care is in progress and prompts to support patients to register with GP services are being developed. Continuing professional development (CPD) sessions are being designed with input from partnership agencies to enhance staff knowledge and skills in this area.

Cross-cutting themes

LAS has engaged with partners to explain the need for improved access to patient information held elsewhere in the NHS, such as ethnicity data. Key national stakeholders, including the Association of Ambulance Chief Executives and NHS England, have been gathered to work through solutions. A case for change has been agreed to make ethnicity data available, with ongoing information governance discussions progressing at a national level.

The service has collaborated with experts in smoking cessation to develop and deliver a bespoke webinar for all clinical staff. Additionally, collaboration with experts has facilitated the delivery of pop-up 'very brief advice' intervention training.

In addition to maternity-specific patient information, general health information has been developed and translated into nine commonly spoken languages to support patients with low proficiency in English to navigate the various NHS service offerings. A social prescribing platform is currently being reviewed as part of the Making Every Contact Count (MECC) initiative.


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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 2024/25 financial year the Trust identified four 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).

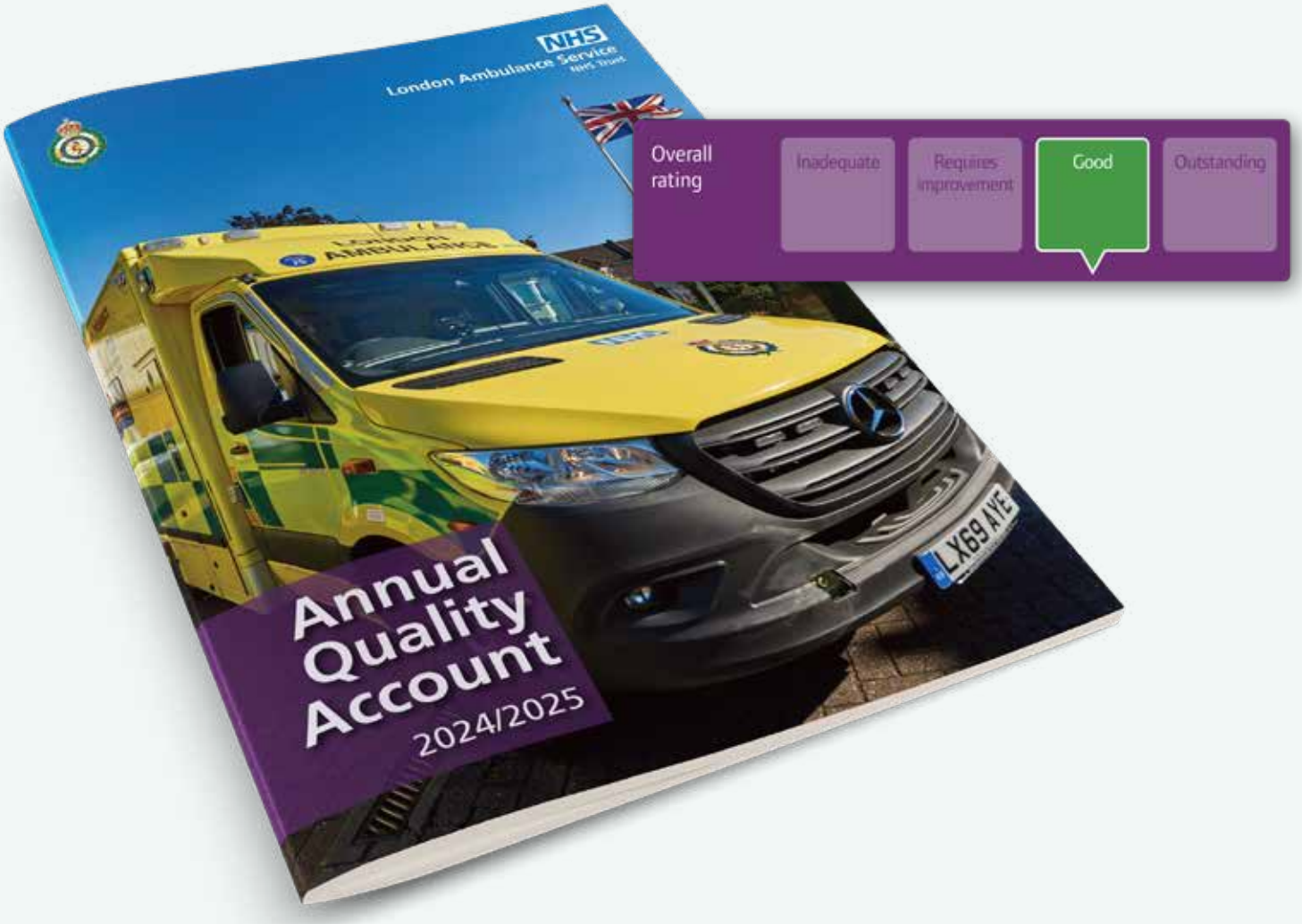
In identifying these priorities, we have considered:

- our progress against the previous year's quality priorities
- triangulation of data sources
- 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 four overarching priorities for 2024/25 were:

- improving efficiency
- feedback and learning
- improving outcomes
- reducing delays.

We have made significant progress against all of these priorities. We have completed the roll out of Clinical Dispatch Support in all sectors, as well as delivered our first Rapid Process Improvement Workshop. We also made significant improvements on reducing the amount of time our vehicles are 'out of service' by 2%. A summary of our progress against all four priorities can be found in our 2024/25 Quality Account and are highlighted below.



Quality Priority	Key Performance Indicator (KPI)	Status
Improving Efficiency	Clinical Dispatch Support is all sectors 24/7	**Achieved** – successfully implemented Clinical Dispatch Support across all sectors on a 24/7 basis. This was accomplished in September 2024, facilitated by increased focus and capacity which allowed us to accelerate our recruitment and training trajectory starting from November 2024.
	95% of Category 3 and Category 4 ambulances validated (making sure the call has all the necessary information and is appropriately prioritised)	**Achieved** – We consistently exceeded the target resulting in reduced double crewed ambulance demand. The methodology to measure KPIs has been reviewed. Skill mapping of clinicians against competency is now complete. A new queue management process ensures capacity availability. A live dashboard provides real-time oversight, and a historic dashboard is available for weekly performance reviews.
	Reduce out of service by 2%	**Achieved** – We exceeded the 2% target, resulting in a 10% reduction. The 'out of service' programme tested ideas between July and August, and efforts to improve it locally continued after this.
Feedback and Learning	Implement learning from After Action Reviews and inquiries	**Achieved** – Reviewing learning at the Emergency Planning and Resilience Steering Group monthly meetings has led to significant achievements, including the development and monitoring of key performance indicators for incident response. Additionally, plan and process amendments have been made in response to identified learning from incidents, such as securing drug rooms, managing power outages, and addressing IM&T failures.
	Deliver first Rapid Response Improvement Workshop	**Achieved** – The five-day Rapid Improvement Event (RIE) was commissioned by the Executives in response to a request from Staff Side colleagues. The purpose was to review and enhance the necessary checks at the start of each operational shift. Approximately 15 departments across the Trust collaborated to evaluate the current Start of Shift (SoS) process. They examined each step, applying QI LEAN Methodology to identify and reduce waste within the process. This initiative resulted in 15 individual actions being agreed upon and implemented at the St Helier site. The outcomes and actions identified at St Helier were presented during an SoS Launch event on 25th October 2024. Following these achievements, a comprehensive Trust-wide rollout plan was developed for conducting a two-day RIE at each of the 20 main operational stations across the Trust.

Quality Priority	Key Performance Indicator (KPI)	Status
Improving Outcomes	Location matching (accurately identifying and verifying the exact location of the incident): <80 secs	**Achieved** – System Improvements: • Added new locations to the gazetteer, including bus stops, rail station codes, DLR station codes, and Thames marker posts. • Created a sustainable process for checking reported gazetteer errors. Policy and Education/Training: • Began Call Handling core skills refresher with a focus on Location Matching; 50% of call handling teams have attended. • Released Location Matching standard operating procedure (SOP) with updated Cleric messaging. • Provided Gazetteer and Map guide to staff. • Developed Call Handling Reset sessions covering location matching and early predict, rolling out via team days and huddles. • Delivered Call Handling reset sessions to watch leadership teams. As a result of the improvements detailed above, some difficult locations have been made easier to search for in the gazetteer, and there is a clear process for reporting address issues and updating them.
	80% Compliance STEMI bundle	**Not achieved** – We averaged 76%, just falling below the target. Significant achievements occurred in the latter half of the year, with expected impact visible from April 2025 onwards. Care bundle compliance has generally increased this year, staying within normal control limits and variation. This improvement is due to ongoing education efforts by the Sector Clinical Lead team and the new STEMI care pack release.
	Health Inequalities Reduction	**Not achieved** – This year has focused on developing a robust five-year action plan that is clinically led and evidence-based. National evidence on health inequalities has been reviewed alongside our patient profile to consider interventions and improvements that LAS can implement to enhance access to services and the care experience for patients. Developing a plan for 'Improving Sickle Cell Care' is one of our 2025/26 quality priorities.

Quality Priority	Key Performance Indicator (KPI)	Status
Reducing Delays	Category 2 <37 minute mean	**Not achieved** – Our performance was 37:39, an improvement of a minute from 2023/24. We have observed an overall improvement in C2 performance, with Q4 exhibiting significantly lower daily C2 response times compared to the previous year. The Patient Per Shift initiative has led to enhanced productivity and a more manageable festive period. Despite the rise in face-to-face incidents, there was no significant increase in C2 performance.
	QI project aiming to reduce long waits for Category 1 and Category 2 patients	**Achieved** – Completion of the initial work stream to achieve 5.2 patients per shift in Ambulance Operations, achieved and sustained for Q3. Q4 targets have now been shared, with a trajectory for our pan London position to be 5.4 patients per shift.
	90% of priority 1-3 patients receiving call back within 1 hour	**Not achieved** – Whilst the quality priority has not yet been met, extensive progress has been made throughout the year with performance now consistently at 40%. We are working on further improvements in the IUC business plan. Some improvements from the year include: • Modelling of Clinical and Non-Clinical staff requirement by role skillset using historical NHSP Dx coding completed to establish baseline hourly requirement by role • Evaluation of current staff requirement by role against revised Skill mapping • Implementation of effective Queue Management Process to ensure maximum efficiency, efficacy and performance • Development of additional clinical support functions such as the clinical floor walker The foundations for further improvement for 2025/2026 have been put in place. Through the increase seen so far, more patients have been called back within the required timeframe which has reduced patient risk and improved care.

In 2025/26, we will continue our improvement journey, and have identified three priority areas for improvement. In identifying our priorities, we have considered our progress against the 2024/25 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 priorities for 2025/26 are:

- Continue to safely increase Hear and Treat rate to achieve an improvement on 2024/25 to 23% across London by the end of the financial year.
- Reduce incidents relating to the availability of LP15 defibrillators on frontline vehicles.
- Deliver 'Improving Sickle Cell Care' plan, including providing a bespoke CSR educational package for all clinicians.

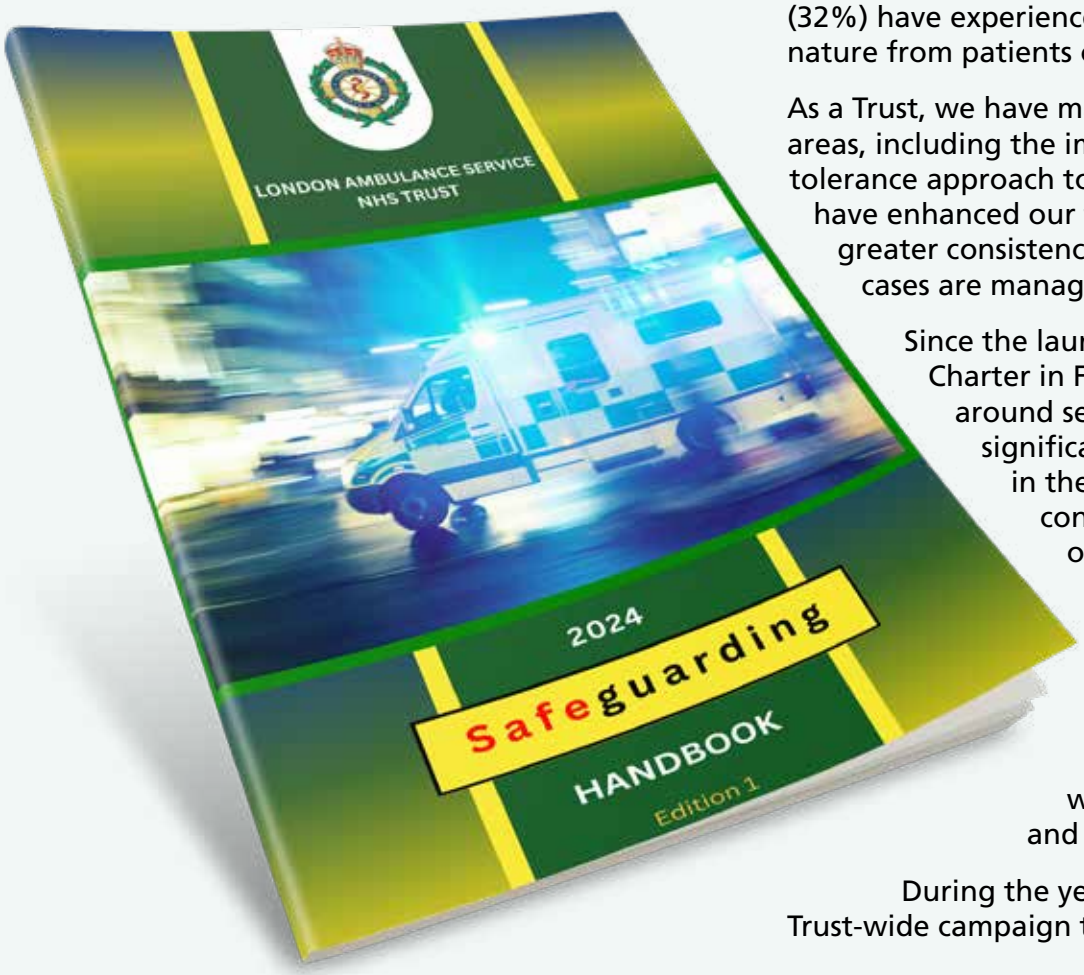
Safeguarding

We have continued to improve our support for children and adults at risk of abuse and neglect. A key development in 2024/25 was the introduction of electronic safeguarding referrals for all staff, making it quicker and easier to raise concerns, and during the year we saw an increase in reported safeguarding concerns, with 44,975 referrals made – up from 42,750 in 2023/24.

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

- Children 20,148
- Adult safeguarding 12,694
- Adult welfare 12,133

Safeguarding activity and compliance have continued to increase over the course of the year. Our primary focus has been the introduction of a new electronic referral process, and we are continuing to work closely with the provider, Doc-Works, to enhance both the system and the quality of referrals submitted.



Training compliance across the Trust has been mixed. We did not meet the contractual requirement of 85% compliance for safeguarding training at Level 2 or 3. Individual teams and departments have recovery plans to meet the required compliance, and this will continue to be monitored through the Clinical Quality Oversight Group.

There have been 63 safeguarding or sexual safety issues raised for staff this financial year of which 51 were related to sexual safety concerns. 43 of these related to concerns from staff about colleagues and 8 related to either patients or other members of the public.

There were 5 safeguarding concerns involving staff and the Trust worked with the police and safeguarding partners in relation to these.

As part of 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 550 (9%) of staff had experienced unwanted behaviours of a sexual nature from colleagues, and that 21 of those experienced it 6-10 times and 26 experienced it over 11 times. This is shocking and unacceptable at London Ambulance Service. Another 1915 (32%) have experienced behaviour of a sexual nature from patients or members of the public.

As a Trust, we have made progress in several key areas, including the implementation of a zero-tolerance approach to sexual misconduct. We have enhanced our triage processes to ensure greater consistency and rigour in how these cases are managed.

Since the launch of our Sexual Safety Charter in February 2022, awareness around sexual safety has increased significantly, leading to a rise in the number of reported concerns. The Charter outlines our commitment to fostering an environment where everyone behaves in a way that supports sexual safety. It also reflects our pledge to treat any concerns raised with empathy, seriousness, and understanding.

During the year, we launched a Trust-wide campaign to improve education and

communication around sexual safety. This included the rollout of mandatory training and bespoke sessions delivered in key areas of the organisation. We also established a dedicated Sexual Safety Working Group, which is developing and delivering a comprehensive action plan focused on staff experiences and culture change.

We remain firmly committed to challenging inappropriate behaviours and attitudes, as part of our wider efforts to improve the working lives and experiences of all colleagues and volunteers—regardless of background, gender, race, disability, or sexual orientation. Sexual safety and active bystander training have been central components of phase two of our cultural change programme.

The Trust has also undertaken significant engagement with the Learning Disability and Autism community. We are continuing to develop a range of accessible digital resources to help people in this community understand what happens when they call an ambulance.

Since April 2023, we have been rolling out Oliver McGowan Tier 1 Mandatory Training on Learning Disability and Autism, achieving a compliance rate of 91.46%. Tier 2 is awaiting approval. We are also working with other ambulance trusts nationally to develop an ambulance-specific training package.

The Trust continues to maintain strong compliance with Disclosure and Barring Service (DBS) checks, with 99.9% of eligible staff fully compliant. In 2023, we began a full rechecking programme, requiring staff to join the DBS Update Service to support improved internal recruitment and safeguarding checks.

We continue to raise safeguarding concerns with local authorities for both children and adults at risk. In addition, we report fire safety risks to the London Fire Brigade and concerns relating to radicalisation or extremism to the Metropolitan Police.

We are also developing new safeguarding pathways, including a direct fire safety referral route, and are in the process of introducing a Paediatric Liaison Specialist post. This role will focus on supporting children who are high-intensity users of the 999 service—defined as those who call three or more times per year.

In March 2025, we held our Annual Safeguarding Conference, centred on the theme "Hear My Story". The conference explored safeguarding issues that are often less visible, recognised, or discussed—both within professional settings and the wider community. The event aimed to amplify these important topics, foster deeper understanding, and strengthen awareness through the lived experiences of our speakers.

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 October 2024 by the NHS England London EPRR team, the final report has been received. The LAS has maintained both our fully compliant rating for the core standards and our substantially compliant rating for the Interoperable Capabilities. The review team recognised the hard work the Trust has invested in EPRR and business continuity arrangements. It was noted that since the previous year's assurance process, the Trust has a new Accountable Emergency Officer (AEO) in post and that positive work was being undertaken around events, digital logging, training, recruitment and new HART vehicles.

The LAS welcomed the NARU team in April 2024, and have focused the first year on embedding them into LAS and scoping a new estate for them to educate and operate from. We are pleased to confirm that our second year will focus on moving the team to Moreton-in-Marsh and embedding their five-year strategic plan and new name, the NHS Emergency Capabilities Unit.

Sustainability

Task force 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's recommended disclosures, as interpreted and adapted for the public sector by the HM Treasury's 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 NHS England computes these nationally.

The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillars for 2024/25. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and account and in other external publications.

Governance pillar

Recognising the significant disruption posed by climate change and our responsibility as a public anchor institution, LAS approved its first Green Plan in December 2021.In this Green Plan, the Trust Board 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 was a three-year programme with over 120 sustainability actions across six different areas that we have successfully delivered. The Green Plan is the framework in which these climate-related risks have been identified and assessed.

Board oversight

The Trust Board of Directors holds ultimate responsibility for overseeing all climate-related risks and opportunities. This includes:

- Approving the Green Plan, which sets the strategic direction for addressing climate risks and opportunities.
- Monitoring progress against climate-related goals and targets, through biannual updates from the designated board-level sustainability lead

The Chief Financial Officer (CFO) serves as the Board-level Sustainability Lead and is responsible for:

- Leading the Sustainability Board, which provides strategic direction and senior leadership for the delivery of the Green Plan.

- Escalating climate-related risks and opportunities to the Trust Board.
- Reporting progress on the Green Plan and net zero targets to the Trust Board.

The Sustainability Delivery Group supports the Sustainability Board, which:

- Identifies and assesses climate-related risks.
- Escalates these risks to the Sustainability Board for discussion and mitigation planning.
- Meets bi-monthly, with climate risks forming a standing agenda item.

The Sustainability Board Group discusses the climate-related risks flagged up by the Sustainability Delivery Group. The board receives regular updates of the target to reduce our carbon footprint and of the programme.

The role of management

While the Trust Board of Directors retains ultimate accountability for climate-related risks and opportunities, it has formally delegated operational responsibility to management structures to ensure effective delivery and oversight.

The Sustainability Delivery Group plays a pivotal role in the delivery of Green Plan and its progression toward net zero carbon emissions. This group:

- Brings together managers from key operational and strategic areas across the Trust, ensuring cross-functional alignment and accountability.
- Oversees the implementation of the Green Plan's initiatives.
- Monitors progress against the Trust's net zero targets, which include:
- Net zero for direct emissions by 2040 (with an interim 80% reduction by 2028–32).
- Net zero for indirect emissions by 2045 (with an interim 80% reduction by 2036–39)
- Coordinates with the Sustainability Board and the Sustainability Delivery Group to escalate risks and ensure strategic alignment.

Across this governance structure, the sustainability team provides the necessary expertise to understand and mitigate risks and identify and act upon opportunities.

Engagement and communications:

Staff engagement is crucial for successfully delivering the LAS Carbon Neutral Plan. It is something which is very important to our staff. We have rolled out an annual communications campaign to keep staff members informed of sustainability updates at LAS. We organised regular meetings with our Green Network, comprising staff who want to contribute to sustainability in their local areas. In July last year, we organised a well-attended NHS sustainability day at our headquarters to celebrate the importance of sustainable development across the NHS. We developed specific training on sustainability available through the electronic staff record and included sustainability in job descriptions and contracts to ensure that new employees are aware of our sustainability priorities when they join.

Future plans

We are refreshing our new green plan which the Trust Board will review in June 2025. This is the deadline set out in the NHS England strategy. This new green plan will cover the next four financial years as it aligns with our strategy. Building on the achievements of this first green plan, we will try to strike an appropriate balance between immediate emissions reductions in some areas and strategic development of capabilities in other areas.

Risk management pillar

Managing risks

The Trust has a structured, multi-tiered process for identifying, assessing, and escalating climate-related risks, embedded within its sustainability governance framework.

1. Identification at the Delivery Group Level. Individual managers within the Sustainability Delivery Group are responsible for identifying risks related to the Green Plan within their respective areas. These risks may include operational, environmental, or engagement-related challenges. The group meets bi-monthly, and risk identification is a standing agenda item.
2. Escalation to the Sustainability Programme Board. Risks flagged by Delivery Group members are escalated to the Sustainability Programme Board, chaired by the CFO. This board (bi-monthly meeting), is responsible for reviewing, assessing, and scoring the risks to determine their significance, and required mitigation actions.
3. Formal Risk Recording and Tracking

Climate-related risks are formally recorded in two systems:

- Radar (the current Trust-wide risk register system), which replaced Datix in March 2025.
- The Programme Risk Register, which captures risks specific to the Green Plan's delivery.

Each risk entry includes a description, category, scope, impact score, and mitigation strategy.

We currently have 3 climate related risks on the risk register (the highest rating possible is 25). These relate to:

- The impact of heightened demand on services caused by extremes of weather from climate change.
- Disruption to our operations/infrastructure caused by extremes of weather from climate change.
- The risk of not achieving its delivery plan for the green agenda.

The following risks are currently registered in the trust risk register:

Title	Description	Category	Scope	Current score	Target score
Climate change impact on LAS operations	There is a risk of disruption to LAS operations/infrastructure, caused by extremes of weather including flooding and wildfires as a result of climate change, which may impact on our ability to deliver a safe level of care if not properly managed.	Service/business interruption	Organisation	12	6
Climate change impact on demand for services	There is risk of heightened demand for LAS services, caused by extremes of weather as a result of climate change, which may impact on our ability to deliver a safe level of care if not properly managed.	Service/business interruption	Organisation	12	6
Challenges with engagement in delivering the Green Agenda	There is a risk that the Trust may not achieve its delivery plan for the Green Agenda, caused by a lack of engagement from some areas of the Trust, which may lead to LAS not achieving NHSE and internal carbon reduction targets if not properly managed.	Environmental impact	Region	9	6

The Sustainability Programme Board, chaired by the Chief Financial Officer (CFO), reviews escalated risks by the Delivery Group and determines the appropriate course of action—whether to:

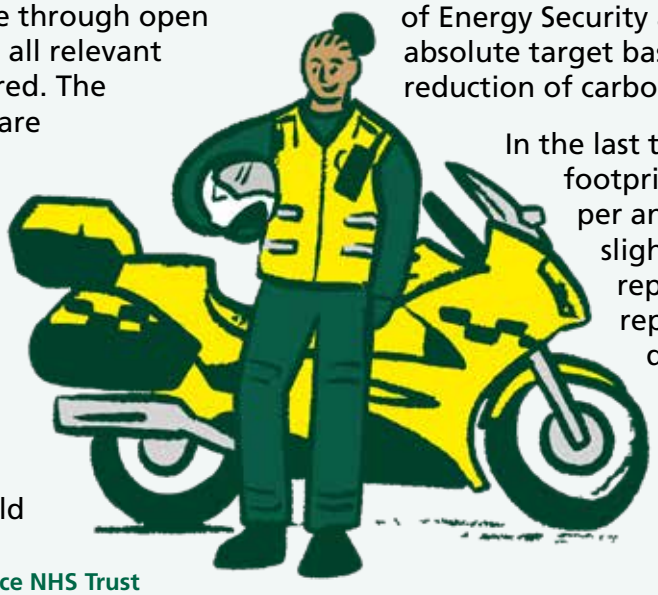
- Mitigate: Implement actions to reduce the likelihood or impact of the risk.
- Transfer: Shift the risk to another party (e.g., through contracts or insurance).
- Accept: Acknowledge the risk without taking immediate action, often due to low impact or cost-benefit considerations.
- Control: Apply internal controls or procedural changes to manage the risk 1.

These decisions are made through open discussion, ensuring that all relevant perspectives are considered. The rationale and outcomes are formally recorded in board documents and risk register. The Sustainability team also identifies, assess and manages records climate-related risks in Radar and escalates them using the Green Plan Framework. They discuss the risks that could affect the Trust and how to treat them. This is supported by the risk manager and risk management procedure.

Our framework allows for the raising of risks based on their impact on one of our risk scoring demands, which for these risks was "service/ business interruption" and "environmental impact".

Metrics and target pillar

To measure progress, the Trust has been calculating our carbon footprint on an annual basis for the last three financial years. The methodology for these calculations is in line with the Greenhouse Gas Protocol and reporting guidelines from the Department of Energy Security and Net Zero. It is an absolute target based on a percentage reduction of carbon emissions annually.



In the last two years, our carbon footprint decreased by 8% (4% per annum). This represents a slight difference of what was reported for 2023/24 (we reported it as a 5% decrease) due to a change in the approach in how to calculate emissions from natural gas, anaesthetic gases (i.e. Entonox) and water.

Scope	Baseline year 2021/22 (Total tCO_2e)	Year 1 2022/23 (Total tCO_2e)	Year 2 2023/24 (Total tCO_2e)	% change from baseline
Scope 1 (i.e. natural gas for buildings, Entonox and fuel for vehicles)	15,312	15,067	14,464	-6%
Scope 2 (i.e. electricity)	1,279	1,083	1,128	-12%
Scope 3 (i.e. energy scope 3, business travel, waste, water, procurement and staff commuting)	29,690	28,160	26,854	-10%
Total	**46,281**	**44,310**	**42,446**	**-8%**

No 2024/25 performance is disclosed as the Trust can only calculate the carbon footprint after July, once we can obtain a comprehensive and accurate energy billing data set for the previous period.

Green Plan Achievements

The following section outlines the main achievements in the Green Plan.

In the last three years, our Estates team ensured that all new buildings achieved BREEAM excellent rating, in line with LAS sustainability priorities. It also led the installation of electric vehicle charging infrastructure to enable the electrification of our fleet. During this phase, there was a lot of work around understanding the improvements and investment needed to make our existing buildings more energy efficient. With regards to our waste management, we made many improvements to pave the way to meet the segregation targets set out in the NHS clinical waste strategy by 2026 (20 for High Temperature Incineration (HTI), 20 for Alternative Treatment (AT) and 60 for Offensive Waste (OW)).

Improving the sustainability of our existing estate

- Rolled out a programme to replace all bulbs with LED alternatives across all sites.
- Assessed the adaptations that will be required across the LAS estates to mitigate against the impact of a changing climate for water disposal.
- Completed 84 Energy Performance Certificates (EPCs) across our estates to assess energy use and identify improvements to upgrade existing buildings.
- Installed electric vehicle chargers in 42 sites.
- Included having a building management system as a minimum requirement of all new estate business cases.
- Carried out a boiler audit and developed a gas-boiler removal plan to transition to lower-carbon sources of heating.
- Planted 60 trees in 20 sites.

Managing our waste in a more environmentally friendly way:

- Rolled out a programme of over 100 clear transparent recycling bins to improve recycling compliance (correct items in the correct bins) across LAS sites.
- Increased segregation of batteries by increasing the number of bins and delivering training to staff members.
- Rolled out a used toner cartridges recycle scheme across LAS sites.
- Delivered a waste segregation campaign to engage with staff members.
- Carried out an audit of waste collection data to identify specific opportunities for improvement.
- Changed hand paper towels to reduce usage and increase recycling.

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. This commitment is also one of our strategic objectives: Transitioning to, and sustaining, a zero-emission fleet.

- Commissioned over 159 new vehicles, either fully electric, hybrid or low emission, which includes 100 new double crewed ambulances.
- London's first fully electric ambulance went into service in December 2023.
- Installed an electric vehicle charger off-site at Denmark Hill campus in collaboration with King's College Hospital for LAS to use.
- The vast majority of LAS vehicles are now ULEZ compliant, and we plan to achieve 100% ULEZ compliance by the end of this calendar year. Continued increasing the number of our electric vehicles.

Clinical

We have reviewed how we deliver care to our patients and how we can do this in a more sustainable way, where clinically appropriate, while minimising the impact of our operations in the communities we serve. 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 conveyances.

We have:

- Implemented the Clinical Support Dispatch to reduce unnecessary journeys, where clinically appropriate.
- Improved access to both 111/999 clinical video assist through GoodSam responder App, which allows patients to stream video from their phones directly to clinicians based in our control rooms.
- We have reviewed our use of Nitrous Oxide/Oxygen (Entonox) which is a large emitter of greenhouse gas and currently contributes to 8% of our Trust's carbon footprint. Although the options to replace this pain relieving drug are limited, we have explored and will continued exploring all possible alternatives.
- Carried out an audit and trialled Penthrox in a small cohort of patients eligible for this drug.
- We have trialled the use of recyclable and sustainable medical equipment such as splints and head blocks. These were proven to be a success and have been introduced. We will continue to review our supply chain and look for more sustainable alternatives where appropriate.

People

Our teams are part of the fabric of the capital, from providing care at large-scale national events across London to caring for older people who have fallen at home and supporting GPs with our 111 service.

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, 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. Colleagues must also feel they can enjoy a meaningful career within the LAS. We are constantly looking at ways to attract, develop, and retain high-quality people.

We are progressing the development of LAS career pathways, which will support our colleagues to have a greater understanding of their next career step; the skills that are required; and the ways in which they will be supported by the LAS.

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. As part of creating greater development for our teams across LAS, we have focused on promoting regular conversations throughout the year between line managers and their team members, building on from our teams-based approach. Our NHS Staff Survey 2024 results show improvement in our appraisal completions

and we continue to work on the quality of those discussions through training and other organisational development interventions.

We have partnered with Cumbria and Middlesex universities, Henley Business School and NHS Elect to create a series of leadership development programmes to invest and upskill our aspiring leaders as well as our middle and senior managers. More than 300 leaders have completed, are progressing or are enrolled in these programmes. The evaluation of these programmes has continued and will continue to inform the development of an LAS Centre of Excellence for Leadership and Culture (CELC), creating a pathway for leadership at the LAS. The intention is to raise the levels of leadership and management competency and professionalism across the Service as well as offer a first line manager apprenticeship for select roles.

Our highlights from the past year include:

- More than 6,000 LAS staff – 72% of the workforce – responded to the NHS Staff Survey, offering their views about the Trust, colleagues, career development, and standards of care we give to Londoners. The level of engagement with the 2024 survey is the highest for an NHS Trust (excluding ICBs), providing more accurate and representative insight into the opinions of our staff.
- The LAS was once again recognised by the Department for Education as a Top 100 Apprenticeship Employer, making fifth place, which is our best ever result.
- The rankings celebrate England's outstanding apprenticeship employers, recognising their commitment to creating new opportunities, the diversity of their

learners, and the number who successfully complete their programmes. LAS is the only NHS Trust to be featured every year since the rankings were launched in 2020 and the only NHS Trust in the country to make the top 10. Our high ranking puts us ahead of other large employers such as the BBC, Bupa, PwC and Tesco.

- In November 2024, we were named the Mayor of London's Apprenticeship Employer of the Year for the third year running. In November, we received the Employer of the Year award in the health category at the Multicultural Apprenticeship Awards. These recognise the contribution our apprenticeships are making within multicultural communities.

- The People and Culture (P&C) Directorate was proud to have been named as Healthcare People Management Association (HPMA) Team of the Year 2024 – a significant accolade within the people profession. In addition, our Chief People Officer, Damian McGuinness, won 'People Leader of the Year'.

- The team held our first career and recruitment event, LASFest, on 13th July 2024 with over 600 visitors. The main purpose of the event was to promote and showcase the diverse range of roles and support services within the LAS, to attract members of the community reflective of the London community and to boost pipelines across the majority of our bulk recruitment and hard to fill roles.
- We improved the pay and conditions for over 400 the Transfer of Undertakings (Protection of Employment) (TUPE) staff by transferring them over to Agenda for Change pay.
- 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).

Recruitment

The Recruitment Team had an ambitious workforce plan to deliver for 2024/25, and with the support from our frontline and clinical education colleagues, we have successfully developed strong routes for employing registered staff, non-registered staff, and call handlers.

Overall, the number of staff (FTE) has risen slightly, from 7,665 to 8,126 and this includes the TUPE of London Central West (LCW) into our 111 Services (approximately 200 staff) In total, we have recruited 1,077 new starters since 1 April 2024, including teams we have brought in-house. We have also had 727 leavers

This includes over 500 frontline ambulance staff and almost 300 call handling staff across our 999 and 111 services this year. 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.

Looking ahead, we are hoping to recruit over 800 frontline staff as part of our 2025/26 plan to meet levels of demand in London. We have delivered positive course fill rates for these groups, with 2024/25 having a 95% course fill rate across our call handling and frontline new starter courses.

Our focus on recruiting the best talent from around the world continued in 2024/25, with our recruitment teams leading campaigns to attract Australian and New Zealand paramedics to work in London. These ambulance clinicians have similar skills and levels of training to their counterparts in the UK, so they make ideal recruits to the Service. Of the 3,446 paramedics the Service employs, almost 600 are from Australia and New Zealand.

Retention

Our overall vacancy rate on 31 March 2025 was 3% and we have seen a fall in our turnover rate compared to the previous year from 10% to under 9% with a stability rate of 93%. 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, our positively received stay interviews and personalised health and well-being plans.

We do recognise, however, that further action is needed, and we continue to focus our efforts to ensure staff have access to a package of support 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 four external leadership development programmes for Band 4 and above. We partnered with NHS Elect (Band 4-5 aspiring leaders), Middlesex University (Band 6-7 Our Leaders 100 programme), Cumbria University (Band 8a senior leaders), and Henley Business School (Band 8b+).

Additional education programmes we have introduced includes 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 524 new apprenticeship starters in the last year. This includes 168 emergency medical technicians taking part in the Paramedic Degree Level 6 programme to become a registered paramedics, 170 undertaking the Level 4 Associate Ambulance Practitioners to progress towards becoming Emergency Medical Technicians and 179 on the Level 3 Ambulance Support Worker Apprenticeship for our assistant ambulance practitioner new starters.

In the last year we have continued to expand on our non-clinical apprenticeships. We welcomed new apprentices on the motor vehicle apprenticeship into our fleet department, pharmacy technicians in the pharmacy team and a network engineer within our Information Management and Technology directorate.

2024 staff survey

As already highlighted, we achieved a 72% response rate, the highest for any NHS provider in 2024, meaning more than 6,000 colleagues made their voices heard. Our biggest areas of improvement this year are in questions related to appraisals, team working and leadership.

The survey is aligned to the seven elements of the NHS People Promise and the themes of staff engagement and morale, with each area given a score out of 10. Our 2024 results show improvements in "we are always learning" and "we are a team", meaning our scores in these areas are now the highest in the English ambulance sector. We are also the top performing ambulance trust for the "we are compassionate and inclusive" sub-scores of "inclusion" and "compassionate leadership". This reflects the impact of the Our LAS Culture Change Programme, which has focused on these areas. However, we saw a fall in positivity this year for "we each have a voice that counts", "we work flexibly" and "staff engagement".

NHS People Promise Element/ Staff Survey Theme	2023 Score	2024 Score	Change
We are compassionate and inclusive	6.9	6.9	=
We are recognised and rewarded	5.4	5.4	=
We each have a voice that counts	6.1	6.0	-0.1
We are safe and healthy	5.4	5.4	=
We are always learning	5.1	5.2	+0.1
We work flexibly	5.6	5.4	-0.2
We are a team	6.5	6.7	+0.2
Staff engagement	6.1	6.0	-0.1
Morale	5.4	5.4	=

In response to the survey results our Executive Committee has decided on seven priorities for improvement aligned to colleague feedback. An Executive will lead a project group for each of these priorities, supported by subject matter experts and other Executive Committee members. The seven priorities are:

1. Career development
2. Feedback on changes made following errors and near misses
3. Experiences of physical violence from patients and the public
4. Respecting individual differences
5. Having adequate equipment to do our work
6. Recommending the LAS as a place to work, and recommending the standard of care we provide should a friend or family member need treatment
7. Experiences of bulling and harassment

These priorities will be monitored, and the Executive Committee will discuss progress regularly.

Equality, diversity and inclusion (EDI)

London is one of the most diverse cities in the world, enriched by people from a wide range of ethnicities, cultural heritages, and social backgrounds. Reflecting this, we are committed to building an organisation that not only values and celebrates difference but actively promotes equality, inclusion, and the wellbeing of our people. We recognise that creating a truly inclusive culture is essential to making our Trust a great place to work and ensuring our services reflect the communities we serve.

To support this, the Trust has set out three equality objectives:

1. Proactively foster a diverse and open culture with an equitable working environment, including through staff training on discrimination and impactful staff networks.
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.
3. Generate clear leadership accountability for action based on good management data and staff feedback, including compliance with legislation and equality standards

The Trust has an EDI Implementation Plan to support its strategy, aiming to create a more inclusive organisation. Key ambitions include improving equality standards and doubling the percentage of ethnic minority staff. The plan outlines five business plan commitments for 2024/25, divided into five work streams; leadership, recruitment, inclusive culture, reasonable adjustments and compliance. Our annual EDI report provides further detail on our progress across the Trust.

Below are just a few highlights against our three equality objectives:

- 92% of leaders in LAS have defined personal and team objectives on EDI to visibly show their commitment to improving EDI across all areas of the Trust.
- EDI workshops have been delivered to senior management, including clinical team managers, team managers and ambulance operations leadership, to break into the important middle management layer for enabling inclusive leadership and to develop localised action plans for increased leadership accountability.

- 2024 was the Year of the Team, and 2025 has been designated as the Year of the Inclusive Team.
- We have recruited and trained a pool of Independent Panel Members.
- Developed and implemented a stepping up support package to improve representation of underrepresented groups, better support staff to progress and ensure our recruitment is fair and unbiased.
- Our staff networks have been driving value across LAS through increased membership, inclusion calendar and events
- The Trust has exceeded mandatory requirements by including disability and ethnicity in its pay gap reporting. The 2023/24 pay gap report was published on time and is available on the Trust's website under Equality, Diversity, and Inclusion.
- LAS published its reasonable adjustments policy and guidance which has been supporting staff and their managers to understand the resources available to them through a centralised budget, including accessibility tools, equipment and training. The Trust has also expanded its neuro-inclusivity support by offering unlimited cognitive assessments to staff to help them understand their learning style and allow them access to neurodiversity training.

- The Trust has obtained Level 2 in the disability confident scheme, demonstrating our commitment to being an inclusive workplace and employer for disabled people.
- An independent EDI audit was undertaken to assess the maturity of the EDI programme across the Trust, showing the programme to be mature.

As of March 2025, data shows that ethnic minority staff make up 25% of our total workforce. This is an increase of 1% from the previous year, and shows slow progress in ensuring our teams are reflective of the diverse city we work in. In addition, representation on our Trust Board has remained the same at 31% of the board's voting membership coming from ethnic minority backgrounds, same as 2023/24. This reflects our commitment to ensure diversity and inclusivity at the highest levels of governance within LAS.

The Trust is making improvement against some of the indicators for the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), we have more to do, including addressing harassment, improving perceptions around value and career progression opportunities.

Our 2024/25 Workforce Disability Equality Standard (WDES) shows improvements in terms of increasing representation of disabled staff within our workforce, with a rise from 9.9% to 10.8%. We are working with key teams to ensure reasonable adjustments are implemented within 6 weeks. Collaborative efforts with the EnAbled staff network underscore our resolve to tackle these challenges, paving the way for a more inclusive, supportive, and equitable LAS.

We have reasserted 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. To support this, the Trust has developed and implemented an anti-discrimination statement and anti -racism charter which sets out our position and sits alongside our existing sexual safety charter.

We have also worked hard to increase gender diversity, with 53% of our workforce and 44% of our senior leadership team, band 8b and above are female. Since publishing not only our gender pay gap last year, but also our ethnicity and disability pay gap for the first time, we have seen positive improvements across all three. Our gender pay gap has reduced from 4.8% to 4.5%, our disability pay gap is at 0.6% and our ethnicity pay gap is at 14.8%. Though we have seen areas of improvement, there remains an imbalance which is contributing to our pay gaps. 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 all staff member's contributions are valued and their potential fully realised.

Staff networks

Over the past year, our staff networks have continued to champion inclusion, celebrate diversity, and create meaningful connections across the Service. The Muslim Network successfully hosted an 'Open Iftar', supported by colleagues from LAS and London Lifesavers, raising funds to provide prayer mats for every station and centre. They also held a virtual Eid celebration in collaboration with East of England Ambulance Service (EEAST) and organised a popular Eid bake sale in 2024. Sikh colleagues at Greenwich marked Vaisakhi with a community event at Gravesend Gurdwara, while the Jewish Society celebrated Hanukkah with traditional doughnuts and led a moving Holocaust Memorial Day ceremony, joined by veteran guests for a candle-lighting tribute.

The LGBT+ Network marked LGBT+ History Month with pride, hosted a Trans Awareness Week conference, and took to the streets at Pride in London. The Armed Forces Network raised the flag in honour of Armed Forces Day, while during National Inclusion Week, the EDI Team visited trucks and stations to promote our Charters and have important conversations about inclusion. Black History Month was a major highlight, concluding with an incredible £1,500 raised for the Sickle Cell Society. Adding to the year's spirit, the Emerald Network brought joy to the St. Patrick's Day Parade and shared Irish biscuits with colleagues on our wellbeing trucks.

It's been a vibrant and impactful year, full of meaningful events, new network leads, and a fantastic sense of energy, community, and purpose.

Muslim Staff Network

LAS JEWISH NETWORK
•TO EDUCATE & CELEBRATE JEWISH LIFE•

LAS LGBT+

Enabled
LAS DISABILITY NETWORK

LONDON AMBULANCE INTERNATIONAL STAFF NETWORK

Christian Ambulance Association

Wellbeing

With more than 900 contacts every month, the LAS Wellbeing Hub is a central point of contact for a huge range of support options including holistic health promotion, financial advice and professional mental health resources. Staffed by our Wellbeing Support Officers, the Hub offers email, phone or in-person support to individuals and teams across the Trust.

The Wellbeing Hub also oversees our five Wellbeing Support Vehicles which tour around London hospitals providing drinks, snacks, and a wellbeing chat to LAS colleagues. 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 continues to provide an extensive range of professional mental health support, accessible via both manager and self-referral. This includes a range of therapies including Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), and psychotherapy for colleagues with complex or historic Post Traumatic Stress Disorder (PTSD). The Trust also has almost 100 trained peer support workers – part of a programme known as LINC (listening, informal, non-judgemental, and confidential).

The 2024-2026 Wellbeing Delivery Plan was signed off by the Trust in spring 2024. The delivery plan identified gaps in the existing provision and utilises a number of frameworks. This includes guidance from NHS England and the Association of Ambulance Chief Executives, which details the priorities for the Wellbeing team over the next two years. There are eight key areas of focus including preventing absence, promoting healthy lifestyles and supporting the Trust's "Year of the Team" initiative.

As part of the two-year plan, the Wellbeing team has increased the support they provide for physical health, with a member of the team dedicated specifically to rolling out functional movement classes, one to one fitness sessions and establishing a network of qualified personal trainers across the Trust. In addition, the physical wellbeing lead has collaborated with the Clinical Education and Standards and the Health and Safety teams on content for the manual handling element of the 2025 core skill refresher course.

The Wellbeing team has introduced a number of initiatives aimed at reducing preventable absence, including improved stress risk assessment training for managers and psychological surveillance questionnaires. Close working with our Occupational Health providers has improved our referral processes and access to data, providing better visibility to areas of high stress and what actions are being taken. Feedback from colleagues and managers across the Trust demonstrates a 98% approval rating for the fourth year in succession.

Protecting our teams

Our ambulance crews and call handlers work tirelessly to care for the communities across London and any abuse can have a detrimental impact on the individual staff, their families and their colleagues. The incident reporting data from the LAS for 2024/25 shows an increase of violence, aggression and abuse against service staff, with cases of physical assaults rising from 753 to 856 (an 13.68% increase). There has been a sharp increase in incidents which are motivated by hostility or prejudice towards staff with protected characteristics, this includes racial and homophobic language and insults. Additionally, 45% of incidents of violence, aggression and abuse against our teams involved alcohol or illicit drugs.

The LAS is committed, where appropriate, to making sure those who treat out staff in this way are held to account. The Violence Reduction Unit (VRU), which is part of the Health, Safety and Security department, continues to work with the police by supporting investigations and challenging decisions made by the police and Crown Prosecution Service (CPS) to close cases. This had resulted in several cases that were closed with no further action being reopened, leading to successful prosecutions. The VRU continue to work towards increasing convictions where appropriate. There have been 16 successful prosecutions in 2024, and this number is expected to increase. However, progress is slow due to pressure on the criminal justice system. The Trust has committed to increasing the resources with the VRU to better support staff and manage the volume of cases, whilst proactively seeking opportunities to reduce and prevent incidents occurring.

Colleagues are encouraged to report all incidents of violence, aggression and abuse as this also helps the Trust identify trends and target effort towards particular issues. Reporting incidents enables the VRU to support staff through the investigation, evidence gathering and court processes; while ensuing they have both local management and wellbeing support. The recent staff survey indicated that 25% of staff that responded to the survey did not report their last incidents of violence, aggression or abuse.

The Trust continues to look at ways to develop

and invest in ways to keep our teams safe. This includes the extension of body-worn cameras capability and plans to review and enhance frontline ambulance staff conflict resolution training and call hander specific conflict training.

Health Safety and Security department works collaboratively with all areas of the Trust including Legal Services around health and safety cases, fleet on the development of new vehicles, equipment and ways of working, and Operations, EOC and 111 IUC supporting the use of staff predictive risk assessments. As new sites are developed there is close working with our Estates and Facilities and Projects Departments during the design stage. This engagement includes ensuring compliance against statutory responsibilities on our existing sites in relation to Fire Safety and Water Safety. Additionally, the team have provided staff and management with a range of health and safety training, tools techniques and advice on the general management of Health and Safety.

The Trust continues to work with other Trusts and organisations to share best practice in reducing and preventing violence, aggression and abuse and supports a number of campaigns to reduce violence, including the national #WorkWithoutFear.

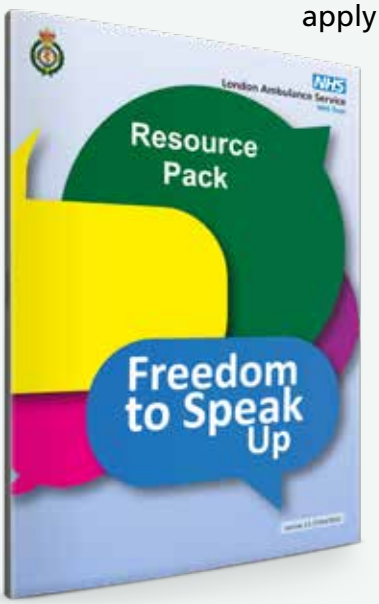
Freedom to speak up (FTSU)

The FTSU team has been visible across the Trust throughout the year, promoting a "business as usual" speaking up culture. The team's objectives focus on inclusivity, fair processes, listening to colleagues, and improving overall organisational culture.

Over the last year, the team has made a significant contribution to the Trust's sexual safety initiative. The sexual safety toolkit, created by the FTSU Guardian and the Head of Safeguarding and Prevent, is now widely used internally and externally across the NHS and plays a crucial role in resolving concerns. The recruitment of 22 FTSU & Sexual Safety Ambassadors has also had a positive impact on colleagues, especially those raising sexual safety concerns, with their support receiving positive feedback. Furthermore, the FTSU Guardian has been involved in national efforts to reduce misogyny and improve sexual safety, including co-chairing a national community of practice for AACE and contributing to national NHSE programmes.

Aside from sexual safety, FTSU has contributed to a number of other positive changes within the Trust, for example collaborating with the EDI team to support new and expectant mothers based on feedback about maternity-related issues.

Engagement and inclusivity are a fundamental part of a successful FTSU culture and the Women of Colour Empowerment Programme, sponsored by the Trust Chief Executive Officer, is successful initiative co-led by the FTSU Guardian. Designed to empower women of colour to apply for managerial positions the programme received positive feedback from participants and support from senior leadership.



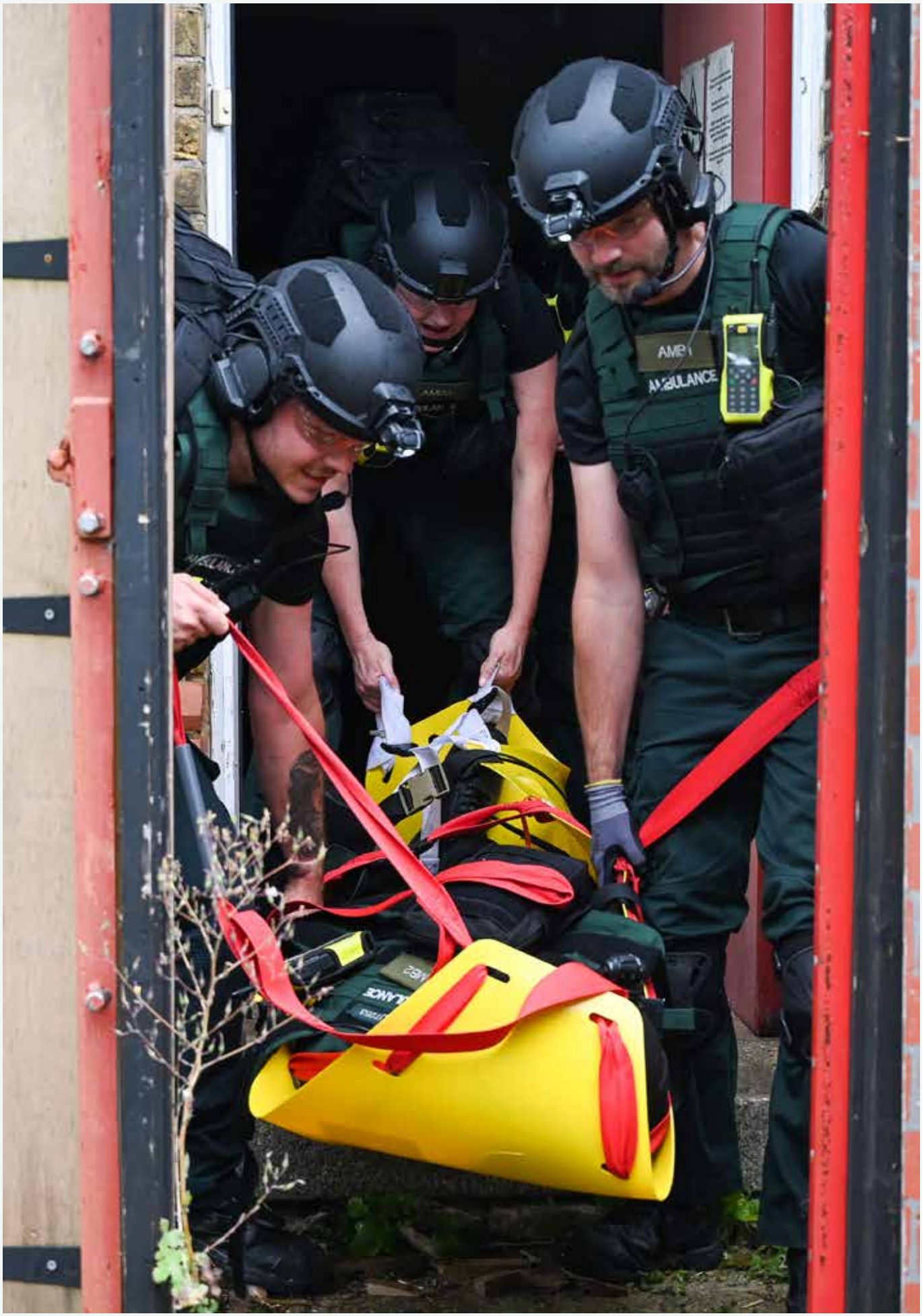
The FTSU team also delivered talks to university students and collaborated with education departments to promote psychological safety and the Freedom To Speak Up. The Trust marked October as FTSU month with various events, such as wellbeing cafes, charity coffee mornings, FTSU Conversations drop-in sessions and awareness campaigns like #weargreenwednesdays. The team also attended conferences and webinars to further develop knowledge and influence the national agenda on sexual safety and FTSU. There has been a strong focus on leadership development, such as the collaboration with the National Guardian Jayne Chidley-Clark, and the Trust's Lead Guardian attending Trust Board development sessions.

Improving staff and volunteer engagement and communication

Our Internal Communications team uses a number of internal digital channels to share important information and support two-way communication with our staff and volunteers quickly and effectively. These include our weekly CEO message, weekly live broadcast (LAS Live) with expert guests alongside our Executive team, and our employee experience platform, LASConnect.

At the start of 2025, one of those channels included an intranet platform, The Pulse, which the team made the decision to migrate to LASConnect in March, making LASConnect a 'one-stop shop' for daily information updates and offering better opportunities for staff engagement and colleague generated content and conversations.

This decision was supported by feedback from staff and volunteers who told us reducing the number of platforms would better support their ability to engage with news and information.



Benefits have included cost reductions alongside improved accessibility with a digital infrastructure, that enables the team to better streamline and centralise important updates for operational colleagues and support services, in turn supporting our mission to make LAS 'an increasingly inclusive, well-led and highly skilled organisation people are proud to work for'.

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 RSM UK to provide its local counter-fraud specialist (LCFS) services in accordance with Secretary of State Directions. The Trust 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 and donations. The Trust's total income was £756.0m, which was an increase of £67.4m (9.8%) on the prior year, as shown in the table below. The Trust also invested £74.0m in maintaining and updating its capital and leased assets.

Finances	2022/23	2023/24	2024/25
Total Income	646.2	688.6	756.0
Year-end Surplus (NHS Financial Performance)	0.1	0.2	0.2

Investment	2022/23 £'m	2023/24 £'m	2024/25 £'m
Capital expenditure and leases	40.7	37.0	74.0

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 LAS. The Trust delivered a small surplus 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 £2.3m. 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 and the Trust delivered a £0.2m surplus, as measured against the NHS performance targets.

The table below shows the movements from a deficit of £2.3m to a surplus of £0.2m.

	2024/25 £'m
Accounting deficit for 2024/25	-2.3
Add back impairments charged to expenditure	2.3
Add back peppercorn lease and donated equipment depreciation	0.2
Year-end Surplus (NHS Financial Performance)	0.2

Where our money comes from

In 2024/25 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 80% of 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 2024/25 was £756.0m of which £741.9m was for provision of patient care and £14.1m for non-patient care, the majority of which relates to training and education.

Patient Care Income from Integrated Care Systems was £688.2m and from NHS England was £42.8m. A further £10.9m patient care income was received from other NHS trusts and other organisations.

Where we spend our money

The highest proportion of the Trust's expenditure (74.7%) 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 9% of the total expenditure, reflecting the Trust's focus on delivering patient care.

Capital expenditure

During 2024/25 LAS spent £74.0m on capital expenditure in the following areas:

£30.7m on new estate – The Trust has invested £23.2m in its new North East London campus which will become operational in 2025/26. We spent £14.1m at the new Resilience Hub East, £5.2m at the new ambulance station (Canning Town), and £3.9m at the North East London Fleet Service Hub. £7.5m was invested in other estate expansion schemes, including our new Heathrow ambulance station premises, and investments at both Newham Dockside and Friern Barnet ambulance station. £24.2m on ambulance and vehicle fleet – during 2024/25 the Trust deployed 75 diesel DCAs, and purchased 15 DCAs (including two electric ambulances) for operational use in 2025/26. We also invested in new vehicles for use with our bariatric and mental health patients, and for use by our specialist Hazardous Area Response Teams (HART).

£6.7m on IT and medical equipment – We have continued to improve and modernise our IT and medical equipment infrastructure.

£6.6m on NHS Emergency Capabilities Unit – during the year the Trust procured a new £5.4m ECU, training facility, and renewed a number of vehicle leases used by the ECU team.

£5.8m on Existing estate investments and lease renewals – to renew existing estate leases and in backlog maintenance.

Improving value for money

During 2024/25 the Trust continued to focus on improving value for money to the public and saved £30.0m 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 2024/25. The cost of the auditor's statutory work for 2024/25 was £0.1m (£0.1m in 2023/24) which included the auditing of the annual accounts and this annual report.

Key financial targets for 2024/25

Target	2024/25 Performance	Target met	2023/24 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 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 £5.5m	Yes	The Trust kept within the 3.5% CCAR , resulting in dividends of £4.8m	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: • 92.1% on value • 86.3% on volume	No	The Trust scored very close to the 95% Target: • 94.5% on value • 89.3% on volume	No

During 2024/25 the Trust achieved cost savings of £30.0m. Savings were a mixture of pay and non-pay costs.

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 2024/25 to ensure that appropriate oversight and assurance was maintained, whilst recognising the significant operational pressures facing the Trust.

Looking forward to 2025/26

A capital plan of £72.2m has been finalised for next year. During the year we will invest £21.0m on a new ambulance station, £13.7m in finalising the North East London campus started in 2024/25, and we will continue to update the Trust's ambulance fleet with a planned investment of £15.8m.

The Trust has agreed a balanced income and expenditure plan with North West London Integrated Care System for 2025/26. As part of this, the Trust has planned for a revenue savings programme of £30m for 2025/26 to ensure we continue to deliver value and provide the maximum level of patient care for the resources we receive.

London Ambulance charitable fund

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

The Charity has a cash balance of £1,649k as of 31 March 2025, £302k which can be attributed to the unspent element of NHS Charities Together grants. Spend for the year totals £272k and income £634k.

The LAS Charitable Fund supports community resilience through Cardiopulmonary Resuscitation training and funding life-saving equipment, as well as wellbeing initiatives, enhancing our Service beyond what is capable with core government funding.

The Charity launched its own website, streamlining donations and enhancing our ability to build relationships with supporters. We also launched our first-ever large-scale fundraising campaign, the London Heart Starters Campaign, which will fundraise £400,000 over 2 years to fund 200 public-access defibrillators in priority neighbourhoods.

With an income of £634k, 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 £10,600 for the Charity. Our runners included inspirational Chris Newman, an Emergency Responder, who completed the race in full LAS uniform, including boots, and carrying a response bag weighing 13kg. This was followed by an inspirational 10 members of LAS staff who took on the challenge of running the London Marathon and raised £9,000.

Additionally, the Charity further developed its events calendar, hosted three events – Dragon Boat Race, London Life Hike and Big Stadium Abseil. The Dragon Boat Race was a fun-filled day for 11 teams from LAS and local businesses who took to the water and raced to raise £18,800 for the Charity.

The London Life Hike was our flagship event, welcoming 200 participants to walk a 5km or 20km hike through the city centre past amazing landmarks. Despite rain on the day, participants raised over £24,000 for the London Heart Starters Campaign.

Lastly, over 70 participants conquered their fears and took on the Big Stadium Abseil at Tottenham Hotspur Stadium, raising £28,700 – our highest fundraising event to date.

The amounts raised by our fundraisers through these events will advance our work in communities to increase the cardiac arrest survival rate and support LAS staff and volunteer's physical and mental wellbeing.

Charity impact

Eight staff grants were approved totalling more than £8,000 for projects specifically requested by staff to improve their working environments.

Additionally, a further £50,000 ensured Wellbeing Cafes and Wellbeing Support Vehicles remained open for another year. These initiatives provide 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, continues to train Londoners with life-saving resuscitation skills including the confidence to use public access defibrillators. During 2024/25, the project taught over 8,588 year 8 pupils and 8,604 members of the public, a total of 17,196.

This year we have a number of new projects within the First Responder department including more emphasis on placing defibrillators in underserved areas and the LAS Community First Responder scheme which will place volunteers in

the heart of communities to provide early basic life support including getting a defibrillator to a patient in those vital few minutes before the ambulance arrives.

Looking ahead

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

The charity looks to embark on 2025/26 with the growth of our fundraising events, a focus on corporate relationships, delivering the London Heart Starters campaign for communities, 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 beyond our own charitable activities, we continue to value our longstanding partnership with London's Air Ambulance Charity (LAAC). We provide paramedics to work as part of a clinical team respond to major trauma emergencies by helicopter and by car. Each day, one of our paramedics works alongside a doctor as part of the London's Air Ambulance service to deliver advanced trauma care, while another paramedic is based in our 999 control room, identifying incidents that may require this specialist response.

We also support Barts Health and LAAC through our clinicians who work alongside an emergency medicine doctor on the Physician Response Unit. This team carries advanced medication, equipment and treatments usually only available in hospital, enabling patients to receive high-quality care in their own homes or communities and reducing the need for conveyance to emergency departments.

Our collaboration with St John Ambulance also remains strong. Together, we help plan and prepare for major public events, building on the close partnership that was reinforced during the COVID-19 pandemic.

We are extremely grateful to NHS Charities Together for their continued support. Their funding has enabled key initiatives such as the London Lifesavers programme and the provision of essential equipment for our Emergency Responder volunteers who support frontline care.

Alongside these established partnerships, we are also developing new relationships with other charities to share best practice and enhance our own charity and volunteering programme.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2. Accountability Report


LONDON
AMBULANCE
PARAMEDIC

Corporate Governance Report
Director's Report

Statement of Disclosure to the Auditors

Each individual who is a director at the time of approval of this report confirms that:

- So far as the director is aware, there is no relevant audit information of which the Trust's auditors are unaware; and
- The director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

This statement is made in accordance with the provisions of the Local Audit and Accountability Act 2014.

Information Governance and Compliance with the Data Protection Act 2018 and UK GDPR

During the reporting period, the Trust reported 10 personal data-related incidents to the Information Commissioner's Office (ICO) in line with its statutory obligations under the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

Of these, three cases were formally closed by the ICO, with the Commissioner confirming that the Trust had taken appropriate and proportionate action in each instance. These included incidents involving the use of a personal email account to share patient data, historical unauthorised access to staff records, and a large-scale patient misidentification event affecting multiple NHS Trusts.

The remaining seven incidents are either under ICO review or pending further correspondence, including cases of unauthorised access to sensitive information, failures to complete Data Protection Impact Assessments (DPIAs), and inappropriate data handling during operational and training activities.

All incidents were promptly investigated internally, with disciplinary action taken where necessary. The Trust remains committed to learning from these incidents, strengthening data governance practices, and ensuring full cooperation with the ICO to bring outstanding matters to resolution.

Corporate Governance statement

The Trust can confirm that is has complied with the NHS England Code of Governance with the exception of paragraph 2.5 of the Provisions section, 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 deputy chair. The Trust is satisfied that the benefits of this arrangement outweigh any risks to the effective operation of the Audit Committee.

Board of Directors

	Name	From	Until
(Board members) Non-Executive Directors			
Chair	Andy Trotter	01/07/2022	30/06/2026
Non-Executive Director	Karim Brohi	01/03/2019	28/02/2027
Non-Executive Director	Sheila Doyle	06/02/2017	05/02/2026
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	31/08/2025
Non-Executive Director	Anne Rainsberry	01/05/2021	30/04/2027
Non-Executive Director	Robert Alexander	01/09/2021	31/08/2027
(Board members) Executive Directors			
Chief Executive	Daniel Elkeles	16/08/2021	25/05/2025
Deputy Chief Executive and Chief Medical Officer	Dr Fenella Wrigley	01/03/2016	Present
Deputy Chief Executive and Chief Finance Officer	Rakesh Patel	01/12/2021	Present
Chief Paramedic Officer	Pauline Cranmer	Acting from 14/12/2023	Substantively from 30/04/2024 to present
Director of People and Culture	Damian McGuinness	14/06/2021	Present
Directors			
Director Corporate Affairs	Mark Easton	04/01/2022	Present
Chief Strategy and Transformation Officer	Roger Davidson	31/01/2022	Present
Chief Digital Officer	Clare McMillan	16/10/23	Present

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 and is reviewed when a vacancy occurs.

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	September 2015	May 2024
		Member of the Home Office Independent Advisory Group on Emergency Services communication network – Home Office, HM Government. January 2018, ongoing	January 2018	May 2024
		Trustee NHS Providers	July 2024	Present
Robert Alexander	Non-Executive Director	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	March 2025
		Advisor – CHKS Ltd	November 2018	Present
		Trustee Chair London Ambulance Charity	September 2021	Present
		Trustee (unpaid) Imperial Hospitals Charity	April 2024	Present
		Advisor Health Spaces Ltd	March 2025	Present
		Associate Non-Executive Director, South West London ICB	October 2024	Present
Rommel Pereira	Non-Executive Director	Non-Executive Board Member and Chair of Audit & Risk Committee, The National Archives	May 2021	Present
		Non-Executive Director, Chair of Audit and Risk Committee and Deputy Chair, Homerton Healthcare NHS Foundation Trust	June 2021	Present
		Non-Executive Director Board Member and Chair of ARC – NHS Supply Chain	January 2023	Present
		Non Executive Board Member, Rem & NomCo member, ARC member, HM Land Registry	February 2025	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	December 2022	December 2024
		Advisor, Carnal Farrar	April 2021	Present
		Director, What if Consult Ltd Provision of executive coaching and board development	January 2021	April 2025
		Advisor, Portland Communications	December 2022	March 2025
		Non Executive Director at SWL ICB	January 2025	Present
Sheila Doyle	Non-Executive Director	NHS Supply Chain	January 2024	Present
		Independent Trustee on the Board of Trustees for The Peoples Pension	April 2024	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	March 2008	Present
		Clinical Director, London Major Trauma System NHS England (London)	October 2015	Present
		Advisory Board Member to AI Nexus who are in early phase innovations of artificial intelligence applications for healthcare monitoring and diagnosis.	May 2021	Present
Dr Mark Spencer	Non-Executive Director	GP in HMP Bullingdon, Buckinghamshire, Subcontracted to Practice Plus (formerly CareUK)	April 2021	Present
		Health care consultancy, varied – currently NEL LIS	April 2021	Present
Dr Shera Chok	Non-Executive Director	NHS Chair Shuri Health Network		Present
		GP Appraiser, NHS England		Present
		GP North East London		Present
Fenella Wrigley	Deputy Chief Executive and Chief Medical Officer	Royal London Hospital, Barts	July 2008	Present
		Health Emergency Medicine Consultant		
		Financial – Substantive NHS consultant		
		St John Ambulance London Region Regional Professional lead for Specialist Events	August 2012	Present
		Non-Financial – Voluntary role		
		All England Lawn Tennis Club	September 2018	Present
		Chief Medical Officer – Financial		
		HM Prison and Probate Services (Ministry of Justice) Clinical Advisor (remunerated)	April 2013	January 2025
		Lead Medical Advisor – NHSE Central Ambulance Team	January 2022	Present
		Clinical Ambulance Advisor – NHSE London Region	November 2021	Present
Daniel Elkeles	Chief Executive Officer	Holding Director, London Ambulance Service Dormant Companies	November 2021	Present
		London Emergency Care ltd, Holding Director Dormant Company	November 2021	Present
		London Urgent Care Ltd, Holding Director Dormant Company	November 2021	Present
		Trustee London Ambulance Charity	November 2021	Present
Rakesh Patel	Deputy Chief Executive and Chief Finance Officer	Independent Governor and Member of the Finance Committee Greenwich University	September 2023	Present
Mark Easton	Interim Director Corporate Affairs	Trustee, Royal College of Ophthalmologists – unpaid four year post	January 2022	01/01/26
Roger Davidson	Chief Strategy and Transformation Officer	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	April 2022	Present

London Ambulance Service NHS Trust annual governance statement

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 Service 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 2025 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.

Responsibility for the implementation of risk management has been delegated to the relevant Directors. The Chief Medical Officer holds responsibility for patient safety and quality and this includes Controlled Drugs accountability, Caldicott Guardian and Infection Prevention and Control. The delivery of ambulance operational performance, clinical education and professional standards is the responsibility of the Chief Paramedic, who is also accountable for Safeguarding. Financial risk management and strategic assets and security is the responsibility of the Chief Finance Officer. The quality improvement

programme is directed by the Chief Strategy and Transformation Officer with clinical oversight given by the Deputy Chief Paramedic. The Director of Corporate Affairs holds responsibility for health and safety and in addition is the Senior Information Risk Owner.

3. The Chief Medical Officer is the clinical 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 Trust-wide 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.
9. Learning on risk management and its improvement is encouraged. The Audit Committee has commenced a programme of "thought leadership" discussions where lessons from, for example, the Post Office scandal are examined. There are also discussions at the Risk Compliance and Assurance Group about the Trust's risk management arrangements and how they could be improved.
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 performance standards 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. The Trust has developed and implemented an Equality Impact Assessment (EIA) process to evaluate how policies, projects or decisions may affect different groups of people and to ensure services are accessible, inclusive and do not disproportionately disadvantage any group. The EIA process is integral to all policy development and are published with the policy. The EDI team provides advice and guidance on EIAs and monitors the action plans with internal scrutiny providing assurance to the EDI Sub Board Committee.

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

17. Risks are identified routinely from a range of reactive/pro-active and internal/external sources including workplace risk assessments, analysis of incidents, complaints / patient advice and liaison service, 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 2024/25 has been updated to align with LAS's three strategic themes and key objectives in the Trust business plan. These objectives feed into objective setting for the executive team and thereafter to staff.

20. Each risk 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 committee 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 2024/25.

    i. Achieving Ambulance Performance Standards in view of insufficient funding from commissioners, constrained capacity in the UEC system (including handover delays) and possible underachievement of productivity issues.

    ii. Achieving the changes required to make the LAS a fully-inclusive and supportive workplace which increases representation and reduces disparities for under-represented groups, especially resolution of the gender pay gap in LAS, ensuring that people who have a disability are supported, and ensuring that people from a BME background are able to progress in LAS.

    iii. The risk that vulnerabilities within the organisation expose us to service disruption through a cyber-attack, or information security breach, which could result in unauthorised access to sensitive data, disruption of business operations, financial loss, and reputational damage. The vulnerabilities also put at risk our DSPT compliance.

    iv. There is a risk that the organisation may experience significant disruption due to a failure of the Airwave service. The Airwave infrastructure is end of life and not due to be fully replaced until the Emergency Services Network programme under the Home Office delivers, which is due in 2029-30.

Our approach to managing and mitigating these risks is set out in the performance section of the report.

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 (an assurance 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 Clinical 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 Transformation Board which meets monthly as part of the Executive Committee cycle and escalation to relevant committees to Trust Board.

28. Throughout 2024/25 the Quality Improvement and Learning (QI&L) team has monitored both the Trust's Risk Management system, Datix (now RADAR) 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.

CQC registration

29. During 2024/25, CQC inspection activities at the Trust included engagement calls and virtual monitoring meetings.

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

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

Compliance with the NHS Provider Licence

32. 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 and the Director of People and Culture. 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.

33. 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. The Board has recently undergone an evaluation against the Insightful Provider Board publication and made a number of changes to committee roles as a result.

34. 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.

35. 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.

36. The Quality Assurance Committee receives regular reports from clinical and operational staff and through a number of documents such as the Serious Incident Reports, Clinical Quality Oversight Group summary, clinical audit and research 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 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

37. 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.

38. 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.

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

40. 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:

41. 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, local Team training days and huddles, Clinical Update and Insight bulletins and podcasts.

Reporting Lines and Accountabilities

42. 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.

43. 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.

44. 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 Procurement Board – monitor compliances with standing orders, standing financial instructions and scheme of delegation regarding procurement and management of the supply chain and oversees 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. CIP plans are supported with Quality Impact Assessments where needed

45. 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 receives information on personal data related incidents where these have been formally reported to the information commissioner's office and monitors the action taken as a result. The committee met six times in 2024-25. The Audit Committee chair is the Deputy-Chair of the Trust 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.

46. 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 financial, capital, sustainability plans and objectives. It monitors financial risks and reviews the BAF for the areas of risk within its responsibilities, advising the Board of any material risks arising. The committee met twelve times in 2024-25.

47. 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 2024-25.

48. 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 2024-25.

49. 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 2024-25.

50. 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 met six times in 2024-25. It receives assurance from the Data Quality Group.

51. The Remuneration and Nominations Committee oversees compliance with the process used in relation to senior appointments, and succession planning.

52. Schedule of Meetings and NED Attendance

	Board	FIC	Audit	QAC	P&C	Digital	EDI
Andrew Trotter	4/4						
Rommel Pereira	4/4	10/12	5/5	4/6			
Anne Rainsberry	3/4				6/6		6/6
Sheila Doyle	4/4	11/12	4/5			6/6	
Robert Alexander	4/4	12/12	5/5				
Mark Spencer	4/4			6/6	4/6	4/6	
Karim Brohi	3/4			4/6	6/6		5/6
Shera Chok	3/4			4/6	5/6	4/6	4/6

Workforce Strategy and Staffing Systems

53. 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 2024/2025 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.

54. In 2024/25 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.

55. The Equality, Diversity and Inclusion Committee is an assurance committee of the Board, which is chaired by a non-Executive Director. The Committee monitors our EDI strategy and champions our practice and approach to EDI issues.

56. The performance report sets out the progress we have made with equality objectives, including ethnic minority representation in the workforce, progress against the race and disability equality standards, and the gender and ethnicity pay gap.

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 member 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 on the effects of climate change and severe weather and has developed a Green Plan following the guidance of 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

57. 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.
58. 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. 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.
59. 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.
60. 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.
61. 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.
62. 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.
63. 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

64. 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.

65. 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.

66. 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.

67. During 2024/25 five incidents were reported via the data security incident reporting portal to the ICO. Of the five incidents reported, three have been fully investigated and the cases are now closed with the ICO. The two remaining open are awaiting a response from the ICO.

68. The Trust has an action plan to achieve 'standards met' for the DSPT for the June 2025 deadline.

Data quality and governance

69. 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.

70. 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.

Review of effectiveness

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, the quality assurance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

71. The Trust received the following Head of Internal Audit Opinion for 2024/25:

Report by BDO LLP to the London Ambulance Service NHS Trust

As the internal auditors of the Trust we are required to provide the Audit Committee, and the Executive Committee with an opinion on the adequacy and effectiveness of risk management, governance and internal control processes, as well as arrangements to promote value for money.

In giving our opinion it should be noted that assurance can never be absolute.

The internal audit service provides London Ambulance Service NHS Trust with Moderate assurance that there are no major weaknesses in the internal control system for the areas reviewed in 2024/25. Therefore, the statement of assurance is not a guarantee that all aspects

of the internal control system are adequate and effective. The statement of assurance should confirm that, based on the evidence of the audits conducted, there are no signs of material weaknesses in the framework of control.

In assessing the level of assurance to be given, we have taken into account:

- All internal audits undertaken by BDO LLP during 2024/25
- Any follow-up action taken in respect of audits from previous periods for these audit areas
- Whether any significant recommendations have not been accepted by management and the consequent risks
- The results of regulatory reviews and other assurance providers
- The effects of any significant changes in the organisation's objectives or systems
- Matters arising from previous internal audit reports to the Trust
- Any limitations which may have been placed on the scope of internal audit – no restrictions were placed on our work.

72. 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

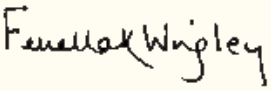
No significant internal control issues have been identified.

This statement has been reviewed by the relevant Board committees, particularly the Audit Committee, which has considered its content and provided assurance on its accuracy.

The Audit Committee has:

- Reviewed and challenged key areas of the annual accounts, including significant estimates and judgements;
- Considered the findings of internal and external audit and monitored follow-up actions;
- Assessed the independence and performance of the external auditors, including any non-audit work carried out.

These processes provide assurance to me as Chief Executive, and to the Trust Board, that the Trust had effective systems of internal control in place throughout the year.



Dr Fenella Wrigley MBE 25th June 2025

ACTING CHIEF EXECUTIVE AND CHIEF MEDICAL OFFICER

Remuneration report

Our Remuneration and Nominations Committee consists of the Chairman and the seven Non-Executive Directors. The Chief Executive and Chief People Officer are usually in attendance but are 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 have 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 2023/24. In both 2023/24 and 2024/25 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 page 96 and page 97.

Percentage Change in Remuneration of Highest Paid Director (subject to audit)

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.

2024/25	Percentage Change for Highest Paid Director	Percentage Change for Employees as a Whole
Salary and Allowances	4.3%	3.0%
Performance pay and bonuses	5.0%	0.0%

2023/24	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 (subject to audit)

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 in the London Ambulance Service in the financial year 2024/25 was £250,001 to £255,000 (2023/24 £240,000 to £245,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2024/25	25th percentile	Median	75th percentile
Total remuneration (£)	40,758	51,661	61,725
Salary component of total remuneration (£)	40,758	51,661	61,725
Pay ratio information	6.2:1	4.9:1	4.1:1

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	4.1:1

The increase in pay for all percentiles reflects the annual pay award. There has been a higher pay increase for the 25th percentile as more of the Trust's staff are either directly employed or now paid on improved agenda for change pay bands.

In 2024/25, no employee (2023/24, 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 £29,029 to £250,221 (2023/24 £27,515 to £241,655).

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

	Current Year						Prior year				
Name and Title	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)		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)
Andrew Trotter, Chair	£55,001 - £60,000	£0	£0	£0	£55,001 - £60,000		£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		£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		£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		£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		£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		£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		£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)	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000		£0 - £5,000	£0	£0	£0	£0 - £5,000
Daniel Elkeles, Chief Executive Officer	£235,001 - £240,000	£0	£15,001 - £20,000	£55,001 - £57,500	£305,001 - £310,000		£225,001 - £230,000	£0	£15,001 - £20,000	£0	£240,001 - £245,000
Roger Davidson, Chief Strategy and Transformation Officer	£155,001 - £160,000	£0	£0	£22,501 - £25,000	£180,001 - £185,000		£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)	£160,001 - £165,000*	£0	£0	£87,251 - £90,000	£250,001 - £255,000		£35,001 - £40,000	£0	£0	£0	£35,001 - £40,000
Rakesh Patel, Chief Finance Officer and (from January 2024) Deputy Chief Executive	£180,001 - £185,000	£0	£15,001 - £20,000	£0	£195,001 - £200,000		£165,001 - £170,000	£0	£15,001 - £20,000	£0	£180,001 - £185,000
Damian McGuinness, Chief People Officer	£155,001 - £160,000	£0	£0	£22,501 - £25,000	£180,001 - £185,000		£150,001 - £155,000	£0	£0	£5,001 - £7,500	£160,001 - £165,000
Fenella Wrigley, Chief Medical Officer and (from January 2024) Deputy Chief Executive	£175,001 - £180,000	£0	£0	£120,001 - £122,500	£295,001 - £300,000		£170,001 - £175,000	£0	£0	£105,001 - £107,500	£280,001 - £285,000
Mark Easton, Director of Corporate Affairs	£95,001 - £100,000	£0	£0	£0	£95,001 - £100,000		£95,001 - £100,000	£0	£0	£0	£95,001 - £100,000
Clare McMillan, (Chief Digital Officer, from October 2023)	£155,001 - £160,000	£0	£0	£40,001 - £42,500	£200,001 - £205,000		£65,001 - £70,000	£0	£0	£0	£65,001 - £70.000

* Pauline Cranmer's pay for 2024/25 includes backdated pay relating to the previous financial year.
** Dr Wrigley's pay for 2024/25 includes a National Clinical Excellence Award (CEA) which recognised work across all NHS roles. The value of the CEA paid via the Trust was £22,000.

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 2024/25.

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 2025	Lump sum at pension age related to accrued pension at 31 March 2025	Cash Equivalent Transfer Value at 1 April 2024	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025	Employer's
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£'000	£'000	£'000	£'000
Daniel Elkeles, Chief Executive Officer	£2,501-£5,000	0	£80,001-£85,000	£205,001-£210,000	£1,583	£57	£1,782	£0
Pauline Cranmer, Chief Paramedic	£5,001-£7,500	£5,001-£7,500	£55,001-£60,000	£145,001-£150,000	£1,080	£95	£1,269	£0
Roger Davidson, Chief Strategy and Transformation Officer	0-£2,500	0	£40,001-£45,000	£90,001-£95,000	£848	£26	£952	£0
Damian McGuinness, Chief People Officer	0-£2,500	0	£30,001-£35,000	£75,001-£80,000	£540	£13	£611	£0
Clare McMillan, Chief Digital Officer	£2,501-£5,000	£0	£20,001-£25,000	£0	£237	£20	£295	£0
Fenella Wrigley, Deputy Chief Executive and Chief Medical Officer	£5,001-£7,500	£7,501-£10,000	£85,001-£90,000	£225,001-£230,000	£1,751	£136	£2,021	£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.

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.

Table 1 – Exit packages (audited) 2024/25

	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
		£'000		£'000		£000s		£'000
Less than £10,000	0	0	1	6	1	6	0	0
£10,000 - £25,000	1	20	5	87	6	107	0	0
£25,001 - £50,000	4	117	6	206	10	323	0	0
£50,001 - £100,000	1	67	9	633	10	700	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	**6**	**204**	**21**	**932**	**27**	**1,136**	**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) 2023/24

	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.

Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Table 3 – Reporting of other compensation schemes – Exit packages

	2024/25		2023/24	
	Agreements Number	Total value of agreements £000s	Agreements Number	Total value of agreements £000s
Voluntary redundancies including early retirements contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	18	881	0	0
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	3	51	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	**21**	**932**	**0**	**0**

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 2025, for more than £245 per day:

	Number
Number of existing engagements as of 31 March 2025	4
Of which, the number that have existed:	
for less than one year at time of reporting	4
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

Table 2 – Off-Payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2024 and 31 March 2025, for more than £245 per day:

	Number
Number of temporary off-payroll workers engaged between 1 April 2024 and 31 March 2025	93
Of which:	
Number not subject to off-payroll legislation	
Number subject to off-payroll legislation and determined as in-scope of IR35	53
Number subject to off-payroll legislation and determined as out of scope of IR35	40
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which:	
Number 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 2024 and 31 March 2025.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	0
Total number 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	16

Staff report

Average Staff Numbers (FTE) (subject to audit)

The average number of permanent staff has increased over the last year to 7,764. The Trust brought in-house the cleaning team and continued to recruit additional ambulance and 999 and 111 call handling staff.

Staff Category	2023/24	2024/25		
	Total Number (FTE)	Total Number (FTE)	Permanently Employed number (FTE)	Other Number (Bank, Agency)
Medical and dental	9	45	6	39
Ambulance staff	2,961	3177	3152	25
Administration and estates	2,221	2339	2165	174
Healthcare assistants and other support staff	2,409	2461	2362	99
Nursing, midwifery and health visiting staff	53	89	64	25
Scientific, therapeutic and technical staff	12	15	15	0
Total	**7,665**	**8126**	**7764**	**362**

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 2025, we had a workforce headcount of 8,566 staff, made up of 4,534 women and 4,032 men this was broken down as follows:

	Total	Female	Male
Directors	15	6	9
Senior Managers	217	96	121
Employees	8,334	4,432	3,902
Total	**8,566**	**4,534**	**4,032**

We have recruited over 500 frontline ambulance staff and over 300 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 9%, compared to 10% in 2023/2024.

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 2024 (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 2024	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
7,720	124,957	16.1	2,851,652	202,708

Source: NHS Digital – Sickness Absence and Workforce Publications – based on data from the ESR Data Warehouse
Period covered: January to December 2024

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

2024 NHS Staff Survey

This year we reached a 72% response rate, the highest for any NHS trust in 2024 (excluding ICBs), meaning more than 6000 colleagues made their voices heard. Our biggest areas of improvement this year are in questions focusing on appraisals, team working and leadership. This reflects the work done as part of the Our LAS Cultural Transformation Programme to focus on 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 in 'We Are Always Learning' and 'We Are a Team', while 'We Each Have A Voice That Counts', 'We Work Flexibly' and 'Staff Engagement' fell in positivity.

NHS People Promise Element/ Staff Survey Theme	2023 Score	2024 Score	Change
We Are Compassionate And Inclusive	6.9	6.9	=
We Are Recognised And Rewarded	5.4	5.4	=
We Each Have A Voice That Counts	6.1	6.0	-0.1
We Are Safe And Healthy	5.4	5.4	=
We Are Always Learning	5.1	5.2	+0.1
We Work Flexibly	5.6	5.4	-0.2
We Are A Team	6.5	6.7	+0.2
Staff Engagement	6.1	6.0	-0.1
Morale	5.4	5.4	=

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 2024 until 31 March 2025.

Table 1: relevant union officials	
Number of employees who were relevant union officials during the period	Full-time equivalent employee number
120	6.35

Table 2: percentage of time spent on facility time	
Percentage of employee time spent on facility time	Number of employees
0%	0
1-50%	118
51%-99%	0
100%	2

Table 3: percentage of pay bill spent on facility time	
Total cost of facility time, £'000	328
Total pay bill, £'000	564,501
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.06%

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 relevant union officials during the relevant period ÷ total paid facility time hours) x 100	100.00%


LONDON AMBULANCE
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LONDON AMBULANCE
NHS

3.
Annual Accounts
2024/25


AMBULANCE

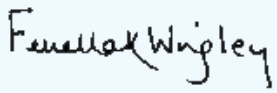
Statement of the Chief Executive responsibilities as the accountable officer of the trust

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.



Dr Fenella Wrigley MBE 25th June 2025

ACTING CHIEF EXECUTIVE
AND CHIEF MEDICAL OFFICER

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:

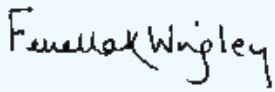
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and 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

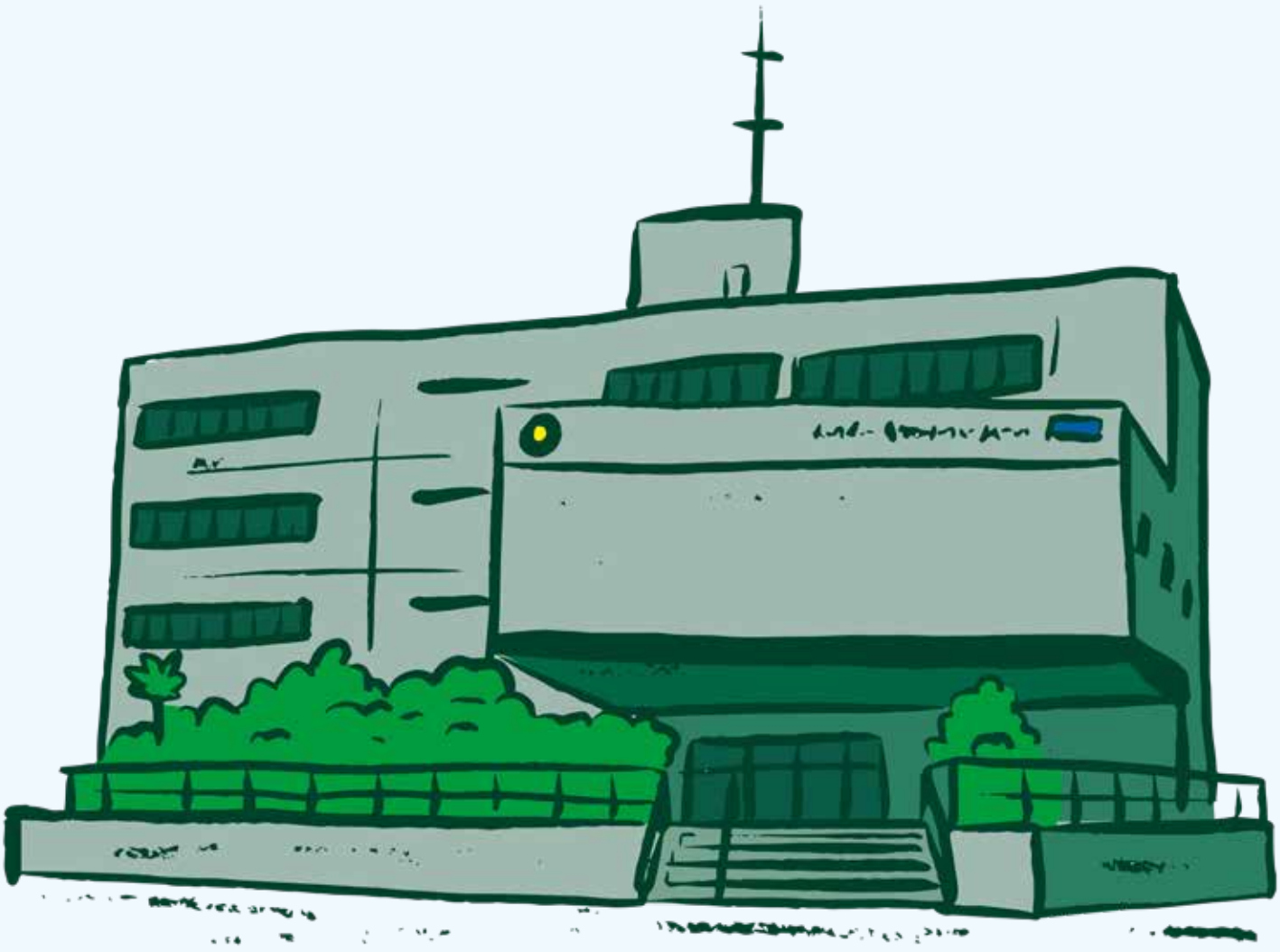


Dr Fenella Wrigley MBE 25th June 2025

ACTING CHIEF EXECUTIVE
AND CHIEF MEDICAL OFFICER

Rakesh Patel 25th June 2025

DEPUTY CHIEF EXECUTIVE
AND CHIEF FINANCE OFFICER



London Ambulance Service NHS Trust

Annual accounts for the year ended 31 March 2025

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS 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 2025 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' 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 2025 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 2024/25; 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.
- 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, we performed procedures to address the risk of management override of controls in particular the risk that 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 significant extent to which the nature of the funding provided to the Trust during the year is a block payment with no judgement or complexity in its recognition. 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 expenditure recognition in response to the possible pressures to meet financial performance targets set for both the Trust and the host integrated care system (of which the Trust is a part) as a whole.

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 containing unexpected account combinations related to non-pay expenditure.
- Testing a sample of expenditure recorded and/or paid shortly after the year-end date to establish whether it was recorded in the correct accounting period.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.

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 and other management (as required by auditing standards), and from inspection of the Trust's regulatory and legal correspondence 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: health and safety, data protection laws, and

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 other management 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.

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 2024/25.

Directors', Accountable Officer's and Audit Committee's responsibilities

As explained more fully in the statement set out on page **109**, 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 **108** the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

The Audit Committee is responsible for overseeing the Trust's financial reporting process.

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 **108**, 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 are also not required to satisfy ourselves that the Trust has achieved value for money during the year.

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 issue a report in the public interest under section 24 and Schedule 7 of the Local Audit and Accountability Act 2014; or
- we make written recommendations to the Trust under Section 24 and Schedule 7 of the Local Audit and Accountability Act 2014; or
- 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 these respects.

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

This report is made solely to the Board of Directors 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 Directors 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 Directors of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

DELAY IN CERTIFICATION OF COMPLETION OF THE AUDIT

As at the date of this audit report, we are unable to confirm that we have completed our work in respect of the trust accounts consolidation pack of the Trust for the year ended 31 March 2025 because we have not received confirmation from the NAO that the NAO's audit of the Department of Health and Social Care accounts is complete.

Until we have completed this work, we are unable to certify that we have completed the audit of London Ambulance Service NHS Trust for the year ended 31 March 2025 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the NAO Code of Audit Practice.

Dean Gibbs
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
London
E14 5GL

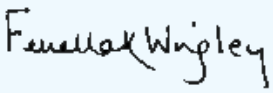
Statement of Comprehensive Income

	Note	2024/25 £000	2023/24 £000
Operating income from patient care activities	3.1	741,897	674,593
Other operating income	3.3	14,057	14,000
Operating expenses	4	(755,551)	(684,667)
Operating surplus from continuing operations		**403**	**3,926**
Finance income	6	1,889	2,625
Finance expenses	7	(970)	(525)
PDC dividends payable		(5,551)	(4,803)
Net finance costs		**(4,632)**	**(2,703)**
Other gains / (losses)	9	1,931	(1,915)
Gains arising from transfers by absorption		21	-
Deficit for the year from continuing operations		**(2,277)**	**(692)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	4.3	(507)	(5,525)
Revaluations		1,353	10,602
Total comprehensive income / (expense) for the period		**(1,431)**	**4,385**

Statement of Financial Position

	Note	31 March 2025 £000	31 March 2024 £000
Non-current assets			
Intangible assets	10	5,658	7,331
Property, plant and equipment	11	239,722	228,325
Right of use assets	12	56,097	27,051
Receivables	15	27	26
Total non-current assets		**301,504**	**262,733**
Current assets			
Inventories	14	4,313	4,290
Receivables	15	29,264	28,877
Cash and cash equivalents	17	31,735	27,524
Total current assets		**65,312**	**60,691**
Current liabilities			
Trade and other payables	18	(88,427)	(85,303)
Borrowings	20	(7,431)	(6,257)
Provisions	21	(10,173)	(3,612)
Other liabilities	19	(1,142)	(1,269)
Total current liabilities		**(107,173)**	**(96,441)**
Total assets less current liabilities		**259,643**	**226,983**
Non-current liabilities			
Borrowings	20	(46,526)	(19,272)
Provisions	21	(11,149)	(14,086)
Total non-current liabilities		**(57,675)**	**(33,358)**
Total assets employed		**201,968**	**193,625**
Financed by			
Public dividend capital		98,917	89,143
Revaluation reserve		52,066	52,007
Other reserves		(419)	(419)
Income and expenditure reserve		51,404	52,894
Total taxpayers' equity		**201,968**	**193,625**

The notes on pages 122 to 154 form part of these accounts.



Dr Fenella Wrigley MBE 25th June 2025

JOINT ACTING CHIEF EXECUTIVE AND CHIEF MEDICAL OFFICER

Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**89,143**	**52,007**	**(419)**	**52,894**	**193,625**
Surplus/(deficit) for the year	-	-	-	(2,277)	**(2,277)**
Impairments	-	(507)	-	-	**(507)**
Revaluations	-	1,353	-	-	**1,353**
Transfer to retained earnings on disposal of assets		(787)		787	**-**
Public dividend capital received	9,774	-	-	-	**9,774**
Taxpayers' and others' equity at 31 March 2025	**98,917**	**52,066**	**(419)**	**51,404**	**201,968**

Statement of Changes in Taxpayers 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**
Surplus/(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**

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	2024/25 £000	2023/24 £000
Cash flows from operating activities			
Operating surplus		403	3,926
Non-cash income and expense:			
Depreciation and amortisation	4	33,922	29,812
Net impairments	4.3	2,322	681
(Increase) / decrease in receivables and other assets		(1,011)	16,384
Increase in inventories		(23)	(423)
Decrease in payables and other liabilities		(6,501)	(3,435)
Increase / (decrease) in provisions		2,082	(7,956)
Net cash flows from operating activities		**31,194**	**38,989**
Cash flows from investing activities			
Interest received		1,889	2,625
Purchase of intangible assets		(827)	(102)
Purchase of PPE		(29,338)	(34,778)
Sales of PPE		3,313	177
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(705)	(264)
Net cash flows used in investing activities		**(25,668)**	**(32,342)**
Cash flows from financing activities			
Public dividend capital received		9,774	2,207
Capital element of lease rental payments		(5,457)	(4,612)
Interest paid on lease liability repayments		(810)	(412)
PDC dividend paid		(4,822)	(4,193)
Net cash flows from used in financing activities		**(1,315)**	**(7,010)**
Increase / (decrease) in cash and cash equivalents		**4,211**	**(363)**
Cash and cash equivalents at 1 April - brought forward		**27,524**	**27,887**
Cash and cash equivalents at 31 March	17	**31,735**	**27,524**

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 2024/25 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.

Note 1.2 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 1.3 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 Joint Forward Plan for North West London (Refreshed five-year plan for financial year 2025/26 and after). 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 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The Government Accounting Manual (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.

Note 1.5 Revenue from NHS contracts

The majority of the Trust's income is earned from NHS commissioners in the form of fixed contractual payments to fund an agreed level of activity. The Trust also receives contractual income based on the level of activity performed, and contractual income that is based on delivery of a level of service.

Income is recognised by the Trust when a performance obligations inherent in a contract is satisfied, with each performance obligation allocated a financial value. As each contract can contain a number of performance obligations the total income in each contract is not necessarily recognised simultaneously.

Note 1.6 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.

Note 1.7 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 Pensions 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 1.8 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 apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.9 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.

Note 1.10 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 1.11 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.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

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 this would meet the location requirements.

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 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 are 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.

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

Note 1.12 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the Trust's business or arise from contractual or other legal rights. Intangible assets 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 where it meets recognition criteria.

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 - internally generated		
Information technology	3	7
Intangible assets - purchased		
Software	3	7

Note 1.13 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.

Between 2020/21 and 2023/24 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. Distribution of inventories by the Department ceased in March 2024.

Note 1.14 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 1.15 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, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities – with the exception of those relating to leasing arrangements - are initially measured at fair value plus or minus directly attributable transaction costs. Fair value is

taken as the transaction price. After initial recognition all financial assets and financial liabilities are held at amortised cost and valued on that basis.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

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 and 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 other financial assets, 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).

For 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 1.16 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 lessee

Initial recognition and 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 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

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.

Useful lives of right of use 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
Property (land and buildings)	2	80
Plant & machinery	3	15
Transport equipment	3	7

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 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.

Note 1.17 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 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

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 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
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 2.40% in real terms (prior year: 2.45%).

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.

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.

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 1.18 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 1.19 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 1.20 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 1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.22 Transfers of functions from other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain / loss corresponding to the net assets / liabilities transferred is recognised within income / expenses, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to

the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

The Trust became the host organisation for the National Resilience Emergency Capabilities Unit (ECU), previously known as the National Ambulance Resilience Unit (NARU), on 1 April 2024. At this date the Trust accepted the transfer of a number of vehicle leases from ECU's previous host, West Midlands Ambulance Service NHS Foundation Trust. This transfer increased the Trust's 2024/25 opening Right of Use assets by £197k and lease liability borrowings by £176k. The small difference between the opening Right of Use asset value and lease liability borrowings value was recognised by the Trust has a £21k gain in 2024/25.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2024/25:

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed. PPE and right of use assets currently subject to revaluation have a total book value of £130.6m as at 31 March 2025. Assets valued on an alternative site basis have a total book value of £16.1m at 31 March 2025.

Note 1.24 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations, 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:

- Non consolidation of immaterial controlled entities. Immaterial controlled entities are the Trust's related Charity and three dormant trading companies.

Note 1.25 Sources of estimation uncertainty in applying accounting policies

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:

- **Provisions**. The Trust has a £4.2m provision relating to amounts retrospectively payable to past and present employees for work done in 2024/25 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. Provisions are discounted and unwound using rates as set by HM Treasury.

- **Property Plant and Equipment.** The Trust makes the following assumptions about the sources of estimation uncertainty that could result in an adjustment to the carrying amounts of assets and liabilities within the next financial year:
  - The useful economic life of assets is set by
    - Buildings: Trust management, informed by the judgements made by the Trust's independent third party valuers
    - Plant, equipment, vehicles and intangible assets: Trust management 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.

- **Accruals and deferred income.** Balances are based on best estimates of the expenditure still to be incurred for the 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.

- **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.

- **Land Building Valuation.** The Trust holds land and buildings at fair value. The Trust has adopted a policy of commissioning of a full land and building valuation every five years, with a desk top revaluation between the full revaluations.
  The Trust commissioned a professional third party valuer to undertake a deskop revaluation of its land and buildings as at 31 March 2025. 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.

The estimates adopted in these financial statements reflect management's best estimate of the carrying amount of the Trust's asset and liabilities. It is impracticable to disclose the extent of the possible effects of an assumption or source of estimation uncertainty at the end of the reporting period.

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

All income from patient care activities relates to contract income recognised in line with the accounting policies.

Note 3.1 Income from patient care activities (by nature)	**2024/25 £000**	**2023/24 £000**
Ambulance services		
A & E income	623,030	584,090
All services		
Additional pension contribution central funding*	31,185	18,707
Other clinical income	87,682	71,796
Total income from activities	**741,897**	**674,593**

Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2024/25 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

*Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	**2024/25 £000**	**2023/24 £000**
NHS England	42,799	25,235
Integrated Care Boards	688,166	640,275
Department of Health and Social Care	80	25
Other NHS providers	4,305	3,461
Injury cost recovery scheme	848	797
Non NHS: other	5,699	4,800
Total income from activities	**741,897**	**674,593**

All income relates to continuing operations.

Note 3.3 Other operating income

	2024/25			2023/24		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	404	-	**404**	417	-	**417**
Education and training	8,208	3,088	**11,296**	6,931	4,505	**11,436**
Income in respect of employee benefits accounted on a gross basis	1,016		**1,016**	1,835		**1,835**
Charitable and other contributions to expenditure		264	**264**		312	**312**
Other income	-	1,077	**1,077**	-	-	**-**
Total other operating income	**9,628**	**4,429**	**14,057**	**9,183**	**4,817**	**14,000**

All income relates to continuing operations.

Note 3.4 Additional information on contract revenue (IFRS 15) recognised in the period

	2024/25	2023/24
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	1,269	1,456

Note 3.5 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	2024/25	2023/24
	£000	£000
within one year	1,142	1,269
Total revenue allocated to remaining performance obligations	**1,142**	**1,269**

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 4 Operating expenses

	2024/25 £000	2023/24 £000
Staff and executive directors costs	564,501	479,226
Remuneration of non-executive directors	166	151
Supplies and services - clinical (excluding drugs costs)	32,044	39,761
Supplies and services - general	39,089	42,186
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	988	953
Inventories written down	7	19
Consultancy costs	166	1,458
Establishment	12,677	14,514
Premises	14,978	21,253
Transport (including patient travel)	18,381	22,599
Depreciation on property, plant and equipment	31,546	27,192
Amortisation on intangible assets	2,376	2,620
Net impairments	2,322	681
Movement in credit loss allowance	1,395	265
Change in provisions discount rate	26	(425)
Fees payable to the external auditor statutory audit	132	126
Internal audit costs	196	163
Clinical negligence	5,821	5,879
Legal fees	1,077	1,892
Insurance	1,651	1,342
Research and development	1,327	1,095
Education and training	12,648	14,845
Expenditure on short term leases	2,015	421
Expenditure on low value leases	1,049	877
Redundancy	2,598	232
Car parking & security	768	700
Hospitality	4	3
Other	5,602	4,639
Total	**755,551**	**684,667**

All expenditure relates to contining operations.

Note 4.1 Other auditor remuneration

There was no other auditor remuneration in 2024/25 (2023/24, £nil).The external audit fee shown in Note 4 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 £110,000 (£2023/24, £105,000)

Note 4.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2023/24: £1 million).

Note 4.3 Impairment of assets

Net impairments charged to operating surplus resulting from:	2024/25	2023/24
	£000	£000
Changes in market price	(1,542)	681
Other	3,864	-
Total net impairments charged to operating surplus / deficit	**2,322**	**681**
Impairments charged to the revaluation reserve	507	5,525
Total net impairments	**2,829**	**6,206**

Note 5 Employee benefits

	2024/25	2023/24
	Total	Total
	£000	£000
Salaries and wages	417,542	366,967
Social security costs	46,527	44,855
Apprenticeship levy	2,073	1,983
Employer's contributions to NHS pensions	79,048	61,738
Pension cost - other	6	11
Termination benefits	1,101	267
Temporary staff (including agency)	26,539	10,696
Total gross staff costs	**572,836**	**486,517**
Recoveries in respect of seconded staff	-	-
Total staff costs	**572,836**	**486,517**
Of which		
Costs capitalised as part of assets	354	335

Note 5.1 Retirements due to ill-health

During 2024/25 there were 8 early retirements from the trust agreed on the grounds of ill-health (10 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £352k (£849k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 5.2 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 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 (considering recent demographic experience), and to recommend the contribution rate payable by 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 1 April 2024 to 23.7% of pensionable pay. 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.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Note 6 Finance income

Finance income represents interest received on assets and investments in the period.

	2024/25	2023/24
	£000	£000
Interest on bank accounts	1,889	2,625
Total finance income	**1,889**	**2,625**

Note 7 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on lease obligations	810	412
Total interest expense	**810**	**412**
Unwinding of discount on provisions	160	113
Total finance costs	**970**	**525**

Note 8 The late payment of commercial debts (interest) Act 1998

	2024/25	2023/24
	£000	£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 9 Other gains / (losses)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	2,052	146
Losses on disposal of assets	(121)	(2,061)
Total gains / (losses) on disposal of assets	**1,931**	**(1,915)**

Gain on disposal relates to land sold during 2024/25.

Note 10.1 Intangible assets

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**12,140**	**6,666**	**174**	**18,980**
Additions	-	-	707	**707**
Reclassifications	32	183	(219)	**(4)**
Disposals / derecognition	(24)	(76)	-	**(100)**
Valuation / gross cost at 31 March 2025	**12,148**	**6,773**	**662**	**19,583**
Amortisation at 1 April 2024 - brought forward	**7,477**	**4,172**	**-**	**11,649**
Provided during the year	1,708	668	-	**2,376**
Disposals / derecognition	(24)	(76)	-	**(100)**
Amortisation at 31 March 2025	**9,161**	**4,764**	**-**	**13,925**
Net book value at 31 March 2025	**2,987**	**2,009**	**662**	**5,658**
Net book value at 1 April 2024	**4,663**	**2,494**	**174**	**7,331**

Note 10.2 Intangible assets

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023	**12,195**	**5,653**	**1,074**	**18,922**
Additions	25	-	96	**121**
Reclassifications	(80)	1,013	(996)	**(63)**
Valuation / gross cost at 31 March 2024	**12,140**	**6,666**	**174**	**18,980**
Amortisation at 1 April 2023 - as previously stated	**5,646**	**3,383**	**-**	**9,029**
Provided during the year	1,851	769	-	**2,620**
Reclassifications	(20)	20	-	**-**
Amortisation at 31 March 2024	**7,477**	**4,172**	**-**	**11,649**
Net book value at 31 March 2024	**4,663**	**2,494**	**174**	**7,331**
Net book value at 1 April 2023	**6,549**	**2,270**	**1,074**	**9,893**

Note 11.1 Property, plant and equipment

	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 2024 - brought forward	**58,301**	**74,810**	**35,978**	**26,419**	**99,120**	**34,348**	**3,319**	**332,295**
Additions	21	1,457	23,956	2,034	9,805	1,586	-	**38,859**
Impairments	(9)	(661)	-	-	-	-	-	**(670)**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	1,213	-	-	-	-	-	**1,213**
Reclassifications	-	8,267	(31,416)	3,391	15,315	4,340	107	**4**
Transfers to / from assets held for sale	(1,270)	(358)	-	-	-	-	-	**(1,628)**
Disposals / derecognition	-	(71)	(23)	(1,342)	(3,123)	(3,949)	(161)	**(8,669)**
Valuation/gross cost at 31 March 2025	**57,043**	**84,657**	**28,495**	**30,502**	**121,117**	**36,325**	**3,265**	**361,404**
Accumulated depreciation at 1 April 2024 - brought forward	**-**	**4,590**	**-**	**17,429**	**59,462**	**21,324**	**1,165**	**103,970**
Provided during the year	-	5,034	-	2,123	11,540	5,401	341	**24,439**
Impairments	-	3,527	-	-	-	-	-	**3,527**
Reversals of impairments	-	(1,685)	-	-	-	-	-	**(1,685)**
Revaluations	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	(21)	-	-	-	-	-	**(21)**
Disposals / derecognition	-	(71)	-	(1,311)	(3,102)	(3,947)	(117)	**(8,548)**
Accumulated depreciation at 31 March 2025	**-**	**11,374**	**-**	**18,241**	**67,900**	**22,778**	**1,389**	**121,682**
Net book value at 31 March 2025	**57,043**	**73,283**	**28,495**	**12,261**	**53,217**	**13,547**	**1,876**	**239,722**
Net book value at 1 April 2024	**58,301**	**70,220**	**35,978**	**8,990**	**39,658**	**13,024**	**2,154**	**228,325**

Note 11.2 Property, plant and equipment

	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	**51,423**	**73,308**	**32,908**	**23,787**	**81,640**	**33,733**	**3,306**	**300,105**
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)**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	(943)	(1,224)	(2,353)	(2,649)	-	**(7,169)**
Valuation/gross cost at 31 March 2024	**58,301**	**74,810**	**35,978**	**26,419**	**99,120**	**34,348**	**3,319**	**332,295**
Accumulated depreciation at 1 April 2023	**-**	**191**	**-**	**17,130**	**52,219**	**17,343**	**819**	**87,702**
Provided during the year	-	4,473	-	1,523	9,607	5,512	346	**21,461**
Reclassifications	-	(74)	-	-	(44)	-	-	**(118)**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(1,224)	(2,320)	(1,531)	-	**(5,075)**
Accumulated depreciation at 31 March 2024	**-**	**4,590**	**-**	**17,429**	**59,462**	**21,324**	**1,165**	**103,970**
Net book value at 31 March 2024	**58,301**	**70,220**	**35,978**	**8,990**	**39,658**	**13,024**	**2,154**	**228,325**
Net book value at 1 April 2023	**51,423**	**73,117**	**32,908**	**6,657**	**29,421**	**16,390**	**2,487**	**212,403**

Note 11.3 Property, plant and equipment financing

	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	57,043	73,283	28,495	12,261	53,217	13,547	1,876	**239,722**
Owned - donated/granted	-	-	-	-	-	-	-	**-**
Total net book value at 31 March 2025	**57,043**	**73,283**	**28,495**	**12,261**	**53,217**	**13,547**	**1,876**	**239,722**

Note 11.4 Property, plant and equipment financing

	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	35,978	8,972	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**	**35,978**	**8,990**	**39,658**	**13,024**	**2,154**	**228,325**

A professional desktop revaluation was undertaken on all land and buildings at 31 March 2025. 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 2025 with a valuation date of 31 March 2025. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements.
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.
All Trust assets are valued as specialised in use (operational) assets and valued using depreciated replacement cost methodology. The market value was used in arriving at fair value for the operational assets subject to the additional special assumptions that:
• 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;
• 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
• 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.

Note 12.1 Right of use assets

	Property (land and buildings)	Plant & machinery	Transport equipment	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**35,420**	**370**	**1,518**	**37,308**
Transfers by absorption	-	-	309	**309**
Additions	33,722	-	692	**34,414**
Movements in provisions for restoration / removal costs	1,382	-	-	**1,382**
Revaluations	140	-	-	**140**
Disposals / derecognition	(1,400)	-	(162)	**(1,562)**
Valuation/gross cost at 31 March 2025	**69,264**	**370**	**2,357**	**71,991**
Accumulated depreciation at 1 April 2024 - brought forward	**9,824**	**28**	**405**	**10,257**
Transfers by absorption	-	-	112	**112**
Provided during the year	6,276	114	717	**7,107**
Reversal of impairments	(20)	-	-	**(20)**
Revaluations	-	-	-	**-**
Disposals / derecognition	(1,400)	-	(162)	**(1,562)**
Accumulated depreciation at 31 March 2025	**14,680**	**142**	**1,072**	**15,894**
Net book value at 31 March 2025	**54,584**	**228**	**1,285**	**56,097**
Net book value at 1 April 2024	**25,596**	**342**	**1,113**	**27,051**

All Right of Use Assets are leased from bodies external to the Department of Heath and Social Care Group.
Disposals relate to the gross cost and accumulated depreciation of leases that have come to the end of their contractual life.

Note 12.2 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	**35,344**	**-**	**500**	**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)**
Revaluations	38	-	-	**38**
Disposals / derecognition	(389)	-	(59)	**(448)**
Valuation/gross cost at 31 March 2024	**35,420**	**370**	**1,518**	**37,308**
Accumulated depreciation at 1 April 2023	**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)**
Disposals / derecognition	(389)	-	(59)	**(448)**
Accumulated depreciation at 31 March 2024	**9,824**	**28**	**405**	**10,257**
Net book value at 31 March 2024	**25,596**	**342**	**1,113**	**27,051**
Net book value at 1 April 2023	**30,450**	**-**	**349**	**30,799**

All Right of Use Assets are leased from bodies external to the Department of Heath and Social Care Group.

Note 13.1 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 20.

	2024/25 £000	2023/24 £000
Carrying value at 1 April	**25,529**	**28,680**
Transfers by absorption	176	-
Lease additions	33,709	1,303
Lease liability remeasurements	-	159
Interest charge arising in year	810	411
Lease payments (cash outflows)	(6,267)	(5,024)
Carrying value at 31 March	**53,957**	**25,529**

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 4. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 13.2 Maturity analysis of future lease payments

	2024/25 £000	2023/24 £000
Undiscounted future lease payments payable in:		
- not later than one year;	9,064	6,593
- later than one year and not later than five years;	31,223	14,239
- later than five years.	16,978	5,894
Total gross future lease payments	**57,265**	**26,726**
Finance charges allocated to future periods	(3,308)	(1,197)
Net lease liabilities at 31 March 2025	**53,957**	**25,529**

Note 14 Inventories

	2024/25	2023/24
	£000	£000
Drugs	82	42
Consumables	4,231	4,248
Total inventories	**4,313**	**4,290**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £12,740k (2023/24: £13,744k). Write-down of inventories recognised as expenses for the year were £7k (2023/24: £19k).

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 2024/25 the Trust received no items purchased by DHSC (2023/24: £257k). 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 15 Receivables	2024/25	2023/24
	£000	£000
Current		
Contract receivables	19,204	14,656
Allowance for impaired receivables	(3,034)	(1,639)
Capital receivables	9	-
Prepayments (non-PFI)	10,026	11,784
PDC dividend receivable	-	632
VAT receivable	779	1,994
Other receivables	2,280	1,450
Total current receivables	**29,264**	**28,877**
Non-current		
Other receivables	27	26
Total non-current receivables	**27**	**26**
Of which receivable from NHS and DHSC group bodies:		
Current	12,753	8,996
Non-current	27	26

Note 15.1 Allowances for credit losses

	2024/25	2023/24
	£000	£000
Allowances as at 1 April - brought forward	**1,639**	**1,374**
New allowances arising	1,395	265
Reversals of allowances	-	-
Allowances as at 31 Mar 2025	**3,034**	**1,639**

All allowances relate to contract receivables and contract assets.

Note 16 Non-current assets held for sale and assets in disposal groups

	2024/25 £000	2023/24 £000
NBV of non-current assets for sale at 1 April	**-**	**-**
Assets classified as available for sale in the year	1,607	-
Assets sold in year	(1,270)	-
Impairment of assets held for sale	(337)	-
NBV of non-current assets for sale at 31 March	**-**	**-**

Note 17 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.

	2024/25 £000	2023/24 £000
At 1 April	**27,524**	**27,887**
Net change in year	4,211	(363)
At 31 March	**31,735**	**27,524**
Broken down into:		
Cash at commercial banks and in hand	6	9
Cash with the Government Banking Service	31,729	27,515
Total cash and cash equivalents as in SoFP	**31,735**	**27,524**
Total cash and cash equivalents as in SoCF	**31,735**	**27,524**

Note 18 Trade and other payables

	2024/25 £000	2023/24 £000
Current		
Trade payables	10,112	20,127
Capital payables	17,268	7,867
Accruals	42,665	40,213
Social security costs	5,530	5,510
Other taxes payable	5,775	5,174
PDC dividend payable	97	-
Pension contributions payable	6,817	6,261
Other payables	163	151
Total current trade and other payables	**88,427**	**85,303**
Of which payables from NHS and DHSC group bodies:		
Current	720	5,037

Note 18.1 Early retirements in NHS payables above

The payables note above includes £nil amounts in relation to early retirements (2023/24: £nil)

Note 19 Other liabilities

	2024/25	2023/24
	£000	£000
Current		
Deferred income: contract liabilities	1,142	1,269
Total other current liabilities	**1,142**	**1,269**

Note 20 Borrowings

	2024/25	2023/24
	£000	£000
Current		
Lease liabilities	7,431	6,257
Total current borrowings	**7,431**	**6,257**
Non-current		
Lease liabilities	46,526	19,272
Total non-current borrowings	**46,526**	**19,272**

Note 20.1 Reconciliation of liabilities arising from financing activities

	Other loans	Lease Liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2024	**-**	**25,529**	**25,529**
Cash movements:			
Financing cash flows - payments and receipts of principal	-	(5,457)	**(5,457)**
Financing cash flows - payments of interest	-	(810)	**(810)**
Non-cash movements:			
Transfers by absorption	-	176	**176**
Additions	-	33,709	**33,709**
Lease liability remeasurements	-	-	**-**
Application of effective interest rate	-	810	**810**
Carrying value at 31 March 2025	**-**	**53,957**	**53,957**

	Other loans	Lease Liabilities	Total
	£000	£000	£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:			
Transfers by absorption	-	-	**-**
Additions	-	1,303	**1,303**
Lease liability remeasurements	-	159	**159**
Application of effective interest rate	-	411	**411**
Carrying value at 31 March 2024	**-**	**25,529**	**25,529**

Note 20.2 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 2025 are in receivables from customers, as disclosed in the trade and other receivables Note 15.

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 21 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Dilapdations	Other	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2024	**737**	**5,791**	**196**	**203**	**5,089**	**5,682**	**17,698**
Change in the discount rate	1	25	-	-	-	-	**26**
Arising during the year	83	566	159	2,598	1,439	1,528	**6,373**
Utilised during the year	(128)	(488)	(63)	(93)	(3)	(760)	**(1,535)**
Reversed unused	(23)	(21)	(19)	(110)	(259)	(968)	**(1,400)**
Unwinding of discount	18	142	-	-	-	-	**160**
At 31 March 2025	**688**	**6,015**	**273**	**2,598**	**6,266**	**5,482**	**21,322**
Expected timing of cash flows:							
- not later than one year;	125	476	273	2,598	1,219	5,482	**10,173**
- later than one year and not later than five years;	490	1,849	-	-	126	-	**2,465**
- later than five years.	72	3,690	(0)	0	4,921		**8,684**
Total	**688**	**6,015**	**273**	**2,598**	**6,266**	**5,482**	**21,322**

Injury Benefits provision of £6,015k relates to staff injured at work, whilst the Early Departure Costs provision of £687k 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 £273k relates to Employers Liability Claims based on estimates of costs and settlements provided by the NHS Litigation Authority.

The Redundancy provision of £2,598k relates to management restructures within the Trust.

Other provisions of £5,482k includes a provision relation to pending legal cases affecting calculation of holiday pay and provisions for pending employment tribunal. Details of the estimation uncertainty with these provisions is set out in Note 1 above.

Note 21.1 Clinical negligence liabilities

At 31 March 2025 £100,652k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (31 March 2024: £79,800k).

Note 21.2 Contingent assets and liabilities

	31 March 2025 £000	31 March 2024 £000
Value of contingent liabilities		
NHS Resolution legal claims	(134)	(80)
Gross value of contingent liabilities	**(134)**	**(80)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(134)**	**(80)**
Net value of contingent assets	**-**	**-**

Note 21.3 Contractual capital commitments

	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	12,514	15,573
Total	**12,514**	**15,573**

Note 22 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	18,458	**18,458**
Cash and cash equivalents	31,735	**31,735**
Total at 31 March 2025	**50,193**	**50,193**

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**

Note 23 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	53,957	**53,957**
Trade and other payables excluding non financial liabilities	91,642	**91,642**
Total at 31 March 2025	**145,599**	**145,599**

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Other borrowings	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**

Note 23.1 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-25	31-Mar-24
	£000	£000
In one year or less	92,212	63,515
In more than one year but not more than five years	31,349	19,268
In more than five years	25,346	9,196
Total	**148,907**	**91,979**

Note 24 Losses and special payments

	2024/25 of cases Number	2024/25 of cases £000	2023/24 of cases Number	2023/24 cases £000
Losses				
Fruitless payments and constructive losses	0	0	1	208
Stores losses and damage to property	2,330	1,761	2,349	1,694
Total losses	**2,330**	**1,761**	**2,350**	**1,902**
Special payments				
Ex-gratia payments	21	101	19	52
Total special payments	**21**	**101**	**19**	**52**
Total losses and special payments	**2,351**	**1,862**	**2,369**	**1,954**

Note 25 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	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000s	£000s	£000s	£000s
NHS North Central London ICB	0	115,813	0	413
NHS North East London ICB	0	150,407	0	741
NHS North West London ICB	0	191,967	622	4,549
NHS South East London ICB	0	138,829	0	55
NHS South West London ICB	0	92,599	0	924
NHS England	795	15,309	415	1,538
HM Revenue & Customs	48,600	0	11,305	0
NHS Pension Scheme	79,048	0	6,817	0

The London Ambulance Service NHS Trust acts as corporate trustee for the London Ambulance Service Charity. During the financial year ending 31 March 2025 the Trust received grants of £0 (2023/24 £10k), reported a payable balance of £0k (2023/24: £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 2024/25 or 2023/24. The Trust's investment in each entity is £2, represented by two shares with a principle of £1 per share.

The Trust is related to the NHS Confederation. It has spent £6,000 with this entity during 2024/25.

Note 26 Post balace sheet evenets

There are no post balance sheets events.

Note 27 Better Payment Practice code

	2024/25 Number	2024/25 £000	2023/24 Number	2023/24 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	41,842	325,794	41,938	323,983
Total non-NHS trade invoices paid within target	36,026	300,763	37,422	306,592
Percentage of non-NHS trade invoices paid within target	**86.1%**	**92.3%**	**89.2%**	**94.6%**
NHS Payables				
Total NHS trade invoices paid in the year	1,464	7,861	1,317	5,915
Total NHS trade invoices paid within target	1,328	6,488	1,204	5,041
Percentage of NHS trade invoices paid within target	**90.7%**	**82.5%**	**91.4%**	**85.2%**

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 28 Capital Resource Limit	2024/25 £000	2023/24 £000
Gross capital expenditure	73,980	36,966
Less: Disposals	(1,391)	(2,094)
Charge against Capital Resource Limit	**72,589**	**34,872**
Capital Resource Limit	72,589	34,872
Under / (over) spend against CRL	**-**	**-**

Note 29 Breakeven duty financial performance

	2024/25 £000
Adjusted financial performance surplus	166
Remove impairments scoring to Departmental Expenditure Limit	-
Breakeven duty financial performance surplus	**166**

Note 30 Breakeven duty rolling assessment

	1997/98 to 2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000
Breakeven duty in-year financial performance		1,425	1,002	2,751	262	262	6,048	(4,405)	6,143
Breakeven duty cumulative position	2,569	3,994	4,996	7,747	8,009	8,271	14,319	9,914	16,057
Operating income		279,864	283,617	281,731	303,109	303,827	324,052	319,992	355,507
Cumulative breakeven position as a percentage of operating income		1.4%	1.8%	2.7%	2.6%	2.7%	4.4%	3.1%	4.5%

	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
Breakeven duty in-year financial performance	5,758	6,958	174	2,559	729	2,727	150	166
Breakeven duty cumulative position	21,815	28,773	28,947	31,506	32,235	34,962	35,112	35,278
Operating income	364,598	388,978	438,559	570,323	603,095	646,206	688,593	755,954
Cumulative breakeven position as a percentage of operating income	6.0%	7.4%	6.6%	5.5%	5.3%	5.4%	5.1%	4.7%

NHS

London Ambulance Service

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