



Annual Public Meeting & Public Trust Board Meeting

LAS HQ Boardroom

London Ambulance Service NHS Trust, 220 Waterloo Road, London,

London, SE1 8SD



Annual Public Meeting & Public Trust Board Meeting
Thursday 10 September 2026, 1.15pm to 4.00pm held at HQ Boardroom,
220 Waterloo Road, London SE1 8SD

AGENDA

Members	Initials	Role
Andy Trotter	AT	Chairman
Rommel Pereira	RP	Non-Executive Director
Bob Alexander	BA	Non-Executive Director
Martin Machray	MM	Non-Executive Director
Gaurav Kumar	GK	Non-Executive Director
Shera Chok	SC	Non-Executive Director
Karim Brohi	KB	Non-Executive Director
Anne Rainsberry	AR	Non-Executive Director
Tammarrian Rogers	TR	Associate Non-Executive Director
Jason Killens	JK	Chief Executive
Fenella Wrigley	FW	Joint Deputy CEO and Chief Medical Officer
Rakesh Patel	RPa	Joint Deputy CEO Chief Finance Officer
Craig Harman	CH	Chief Operating Officer
Pauline Cranmer	PC	Chief Paramedic Officer
Carl Kneeshaw	CK	Chief People Officer
Claire McMillan	CM	Chief Digital Officer
Roger Davidson	RD	Chief Strategy and Transformation Officer
Jo Cripps	JC	Director of Corporate Affairs
Apologies		

Priority Key:	
P1: Advanced Foundation Trust	P4: Collaboration & Partnerships
P2: Clinical & Operational Model	P5: Volunteer & Charity
P3: Patient Care Strategy	P6: Commercial Strategy
	P7: Culture Development



Annual Public Meeting 1.15 – 1.35

1.	Welcome from the Chairman and Chief Executive	1.15
2.	2025/2026 Annual Accounts and Report - <i>Chief Finance Officer</i>	1.17
3.	2025/2026 WRES and WDES - <i>Chief People Officer</i>	1.25
4.	Pay Gap Report 2026 - <i>Chief People Officer</i>	
5.	EDI Annual Report - <i>Chief People Officer</i>	
6.	Close	1.35

Subject		Page	Lead	Priority (P1-7)	BAF Ref	Action	Format	Time
1. Opening Matters								
1.1	Welcome and apologies for absence	-	Chair	-	-	Note	Verbal	1.35 - 1.40
1.2	Declarations of interest	300	Chair	-	-	Note	Verbal	
1.3	Minutes of the previous meeting, 18 June 2026	303	Chair	-	-	Approve	Report	
1.4	Action log/Matters arising	312	Chair	-	All	Review	Report	
2. Patient Story								
2.1	Million Hearts and Minds	-	FW	P3	-	Inform	Presentation	1.40
3. Chair and Chief Executive Report								
3.1	Report from the Chair	-	Chair	All	-	Inform	Verbal	2.05
3.2	Report from the Chief Executive	314	JK	All	-	Inform	Report	2.10
4. Running the Organisation (Safe, Stable, Reliable)								
Performance								
4.1	Integrated Performance Report	320	JK	All	All	Assurance	Report	2.20
Director and Board Committee Reports								
4.2	Chief Operating Officer Report	322	CH	P2 P3	LAS4	Assurance	Report	2.30
4.3	Chief Paramedic Officer Report	329	PC	P2 P3	LAS1	Assurance	Report	2.40
4.4	Quality							
	4.4.1 Chief Medical Officer Report	333	FW	P3	LAS1	Assurance	Report	2.50
	4.4.2 Quality Assurance Committee Report	345	MM					



4.5	People and Culture							
	4.5.1 Chief People Officer Report	347	CK	P7	LAS5	Assurance	Report	3.00
	4.5.2 People and Culture Committee report	353	AR					
4.6	Finance							
	4.6.1 Chief Finance Officer Report	355	RPa	All	LAS2 & LAS3	Assurance	Report	3.10
	4.6.2 Finance, Investment and Performance Committee Report	362	BA					
4.7	Audit Committee Report	364	RP	All	All	Assurance	Report	3.20
4.8	Digital and Data							
	4.8.1 Chief Digital Officers Report	364	CM	All	LAS11	Assurance	Report	3.25
	4.8.2 Digital and Data Quality Committee Report	370	GK					
4.9	Director of Corporate Affairs Report	373	JC	All	LAS7	Assurance	Report	3.35
5. Transforming the Organisation								
5.1	LAS Strategic Priorities 2026/27: Progress update	379	RD	All	All	Assurance	Report	3.40
6. Risk and Assurance								
6.1	Board Assurance Framework	384	JC	All	All	Assurance	Report	3.50
For Information								
6.2	Standing Financial Instructions (SFIs) and Scheme of Delegation	424	RP	-	LAS7	Approve	Report	3.55
7. Concluding Matters								
7.1	Any other Business							
7.2	Date of next meeting Thursday 10 December 2026 1.15pm							
7.3	Close							4.00pm





London Ambulance Service
NHS Trust

Annual Report & Accounts 2025/26



Our three missions

1

Our care

Delivering outstanding emergency and urgent care whenever and wherever needed.

2

Our organisation

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

3

Our London

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



Contents

Section 1: Performance Report	4
Performance Overview	4
A message from our Chair and Chief Executive	4
Purpose and activities	6
Our values	8
Our key achievements	12
Financial overview	14
Key issues and risks	15
Performance analysis	16
NHS 111 Performance	20
Emergency Preparedness, Resilience and Response	22
Clinical quality and patient safety	24
Quality account summary	26
Quality priorities for 2026/27	28
Digital	29
Health inequalities	30
Public sector equality duty	32
Safeguarding	33
Workforce overview	34
Freedom To Speak Up (FTSU)	40
Anti-bribery & anti-slavery statements	42
Financial performance	43
London Ambulance Service Charity	48
Sustainability	51
SECR (Energy and Carbon Reporting) Disclosure	53
Taskforce on Climate-Related Financial Disclosures (TCFD) – Phase 3 report	57
Future outlook	67
Overview of our strategic priorities for 2026/27	68
Section 2: Accountability Report	70
Declaration of interests	76
Annual governance statement	79
Head of IA Opinion	90
Section 3: Remuneration Report	92
Pension benefits	99
Staff report	103
Section 4: Annual Accounts 2025/26	106

SECTION 1: Performance Report

Performance Overview

This section provides an overview of our purpose and activities, our values, our key achievements and continued areas of focus.

A message from our Chair and Chief Executive

Andy Trotter OBE QPM | Jason Killens KAM
Chair | Chief Executive



It is a privilege to present this year's annual report and financial accounts for the London Ambulance Service NHS Trust (LAS).

It has been an incredibly busy 12 months, and we would like to take this opportunity to thank our skilled and dedicated colleagues who work tirelessly to provide great care, and those who keep our services running smoothly – 24/7, 365 days a year.

Over the coming pages of this annual report, you will see how we have worked together to further improve the care and service we provide for Londoners. You can find more details on how

we have performed against national standards – including reducing the time we take to get to our patients – how we have delivered value for money for UK taxpayers, and read more about the innovative ways we care for people who need support but do not need to go to hospital in an ambulance.

As we reflect on the year that was 2025/26, we know we have a lot to be proud of. We have had a strong year with lots to celebrate, and have delivered key achievements in busy and demanding circumstances.

Of course, there have been challenges along the way, but we will continue to work on these and create effective plans to overcome obstacles as a team.

We look to 2026-27 with a commitment to great patient care and ensuring that the teams at London Ambulance Service have the tools they need to do their vital jobs with pride and passion.

Andy Trotter OBE QPM
Chair

Jason Killens KAM
Chief Executive



Purpose and activities

About us, our vision, 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 2.2 million emergency 999 contacts and over 2.1 million urgent 111 calls. We provided care to 1.1 million patients face-to-face at the scene and treated more than 330,000 people over the phone.

London Ambulance Service was created in

1965 and today we have over 10,000 people working, studying, and volunteering with us. Our patient-facing workforce includes 999 and 111 call handlers, paramedics and other ambulance practitioners, 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, digital and IT, finance, estates, corporate governance and communications.



Our other work includes:



1

Planning for, and responding to, major and significant incidents with our emergency service partners.

Running the NHS Resilience Emergency Capabilities Unit on behalf of NHS England.

2



3

Providing paramedics to work as part of London's Air Ambulance and dispatching it to emergencies.

Educating the public and school children in life-saving skills and the use of public access defibrillators.

4

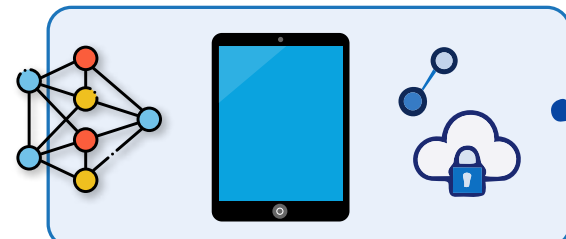


5

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.

6



7

Working in partnership across London to develop and innovate the use of digital technology and data – including enhancing access to information that supports patient care.

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 and behaviours.

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



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

Our key achievements

We are in the third year of our five-year strategy and we have seen continued progress towards achieving our three strategic missions.

OUR THREE STRATEGIC MISSIONS		
Our care Delivering outstanding emergency and urgent care whenever and wherever needed.	Our organisation Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.	Our London Using our unique pan-London position to contribute to improving the health of the capital.



SIGNIFICANTLY IMPROVING OUR RESPONSE TIMES

for both Category 1 and Category 2 even though demand for our services increased by more than 6%.



Our Category 1 mean average for the year improved by 25 seconds from 2024/2025 and we met the national standard of 7 minutes.	We significantly improved our Category 2 response mean response time by 7 minutes 23 seconds. We were commissioned to deliver a mean of 32 minutes 30 seconds which supported NHS England to meet a national target of 30 minutes.	We increased our hear and treat rate (which is where we provide expert advice over the phone), so that almost 1 in 4 callers received advice without an ambulance needing to be dispatched.	Continued progress in developing our role in bringing care closer to home, including our work with Integrated Care Coordination hubs across sectors in London and the development of neighbourhood health in line with the NHS 10-year plan.
---	--	---	--



STRONG DELIVERY ACROSS LONDON FOR PATIENTS CALLING NHS 111

- Including meeting the call abandonment rate of less than 3%
- Greater utilisation of Integrated Urgent Care and maximisation of NHS 111 pathways for patients in Category 3-5 cohorts.
- Ensuring that patients who need urgent care are treated closer to home and our emergency capacity is targeted at patients in Category 1 and 2.



A SUCCESSFULLY EXECUTED WINTER PLAN

- Our best response times in five years amidst significant increases in demand for our services.
- Collaboratively developing an Integrated Coordination Care Hub/Single Point of Access in all five Integrated Care Boards for the winter.



QUALITY & DIGITAL EXCELLENCE



SHIFTING THE DIAL ON IMPROVING QUALITY

Moving from solely learning from past events to pro-actively identifying potential quality concerns based on triangulating quality intelligence and in-depth data analysis and using this to form our quality priorities and areas of focus.

In the last year these have included:

- Enhancing efficiency through improved clinical dispatch support and validation
- Developing training and education to our frontline clinicians to improve the identification of patients with breathing difficulties as well as
- Embedding feedback and learning from After Action Reviews and inquests.



GREAT STRIDES IN OUR DIGITAL PROGRAMME

- ✓ Embedding Category 2 auto dispatch (which helps to reduce response times)
- ✓ Implementation of the My Clinical Feedback app to support learning for frontline paramedics
- ✓ Adoption of ambient voice technology to reduce the administrative burden for our clinical teams, and
- ✓ Enhancing patient facing digital services through the NHS App.



SUCCESSFULLY MANAGING THE NHS RESILIENCE EMERGENCY CAPABILITIES UNIT

On behalf of NHS England, enabling LAS to deliver care to patients in major and complex incidents, and providing training and support to other ambulance services across the country.



PEOPLE & CULTURE



INCREASED STAFF ENGAGEMENT

Through the Staff Survey, our LAS Roadshows and 'Team Talk Live' sessions.



ORGANISATIONAL AND TALENT DEVELOPMENT

Through leadership programme delivery.



A STRONG FOCUS ON STAFF SAFETY

Including our 10-point action plan to reduce violence and aggression against our staff and our RESPECT media campaign, highlighting the verbal and physical abuse that our staff can be exposed to.

Our key achievements



STRONG PROGRESS ON OUR AIM TO REDUCE HEALTH INEQUALITIES

With notable improvements in care for patients with sickle cell disease and development of a plan for maternity patients.



SUCCESSFUL QUALITY IMPROVEMENT WORK

Including improving our start of shift and end of shift processes to support our staff and deliver efficient services to our patients.



CONTINUED STRONG DELIVERY OF OUR FINANCIAL PLAN

With patient care at the heart of our priorities.



SUCCESSFUL DELIVERY OF OUR AMBITIOUS CAPITAL PLAN

Including buildings and estate improvements, additional modern vehicles in our fleet, digital investment and delivery of our Green Plan commitments.



DELIVERY OF OUR LONDON LIFESAVER'S PROGRAMME.

Over 21,000 members of the public were trained in life-saving CPR skills and how to use public access defibrillators.



ACHIEVING A 'GREEN' RATING IN OUR PROVIDER CAPABILITY ASSESSMENT

A new governance assessment framework launched by NHS England.



Areas of continued focus

In recognising the significant improvements we have made over the course of 2025/26, we are not complacent. Our key areas for improvement for 2026/27 will be:



Delivery of further reduced Category 2 response times, moving from a 30 to 25-minute average response time. This will require strong focus on productivity and efficiency, and we will launch a new clinical and operational model to support delivery.



Ensuring that we can consistently achieve segment 2 of the National Oversight Framework.



Continuing to enhance our response to the changing needs of our population – this includes quality improvement work and working with our commissioners to understand population health changes so that we can continue to refine our services to meet patient needs through a new patient care strategy.



While our staff survey results are stable, we recognise that there is more work to do to enhance the culture of the organisation. This forms one of our key priorities for 2026/27.



Our people



Our culture



Our future



Continuing to develop our approach to neighbourhood health, alongside our partners across London and in line with the NHS 10-year plan.



In the changing commissioning and oversight frameworks across London, we are keen to ensure we maintain good relationships with partners and can use our pan-London footprint to effectively lead in areas such as digital capability, to support Londoners and our strategic partners – a new partnership and collaboration strategy will help us to focus our work in this area.



Financial overview

The Trust was set a target by NHS England to deliver a breakeven financial position after excluding adjustments for estates impairments, capital grants and peppercorn leases. Against this target the Trust delivered a full year surplus of £5.1m and therefore this was fully achieved. The full year surplus includes £5.0m of bonus funding from NHS England for delivery of the 2025/26 financial plan. The Trust was awarded this funding during March 2026.

The Trust’s capital allocation (also known as the Capital Resource Limit (CRL)), was

£101.9m and the Trust was required to spend within this limit. The Trust’s capital expenditure charged against this limit was £101.9m and therefore the target was achieved in full.

The Trust is required to meet the Public Sector Payment Policy targets to pay creditors within 30 days. 95.4% of the value of creditors was paid within the 95% value target, but this covered 90.6% of the volume of invoices, which fell below the 95% volume target.

The table below shows financial performance against targets for 2025/26 and prior year.

Target	2024/25 Performance	Target met	2025/26 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 £5.1m	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 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 improved against prior year and scored very close to the 95% Target: 95.2% on value 90.6% on volume	No



Key issues and risks

The Trust has a number of key risks described in its Board Assurance Framework. Principal risks are:



- 1 Delivery of care in a timely and efficient manner – if we fail to deliver care in the required timeframe there is a risk that patients will come to harm. We have mitigated this risk through continued investment in front line services and skills, and through productivity improvements.



- 2 Resilience and cyber security – if our systems and processes are not sufficiently robust, we risk a cyber-attack or other business continuity incident. To mitigate this, we have continued to invest in systems and processes to ensure our systems are safe and our resilience arrangements are able to cope with potential threats.



- 3 Our organisational culture – we may fail in our mission to become an increasingly inclusive, well-led and highly-skilled organisation that people are proud to work for. We have continued to make improvements in our culture, with a focus on sexual safety, violence and aggression and speaking up. This work will continue into 2026/27.



- 4 Delivery of our financial plan – we may fail to deliver the commitments set out in our agreed operational plan to achieve ambulance response times within the financial envelope. We have made significant progress in delivery of our financial plan through careful business planning, strong delivery of productivity and efficiency plans and a focus on our capital plan.



Performance analysis

This section provides a summary of performance across our key services – 999 operations, NHS 111 and emergency planning, resilience and response (EPRR).

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:

National ambulance response programme metrics

Category	Definition	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

*A 2025/2026 operating plan was agreed with Commissioners and NHS England with a series of operational input metrics to support delivery of agreed standards. This included a commissioned response for Category 2 calls of 32 minutes and 30 seconds.



Performance against our agreed operating plan has been closely monitored by all parties throughout the year. The metrics and agreed targets were as follows:

Operating Plan Metrics

	Metric	Definition	Operating Plan Target
External System Pressures	Calls answered	Total of calls answered made to the 999 number	1,591,565
	Incidents	Incidents are those calls that receive a face-to-face response and those calls resolved with telephone advice.	1,396,124
	Average hospital handover	Time from the ambulance arriving at hospital and clinically handing the patient over into hospital care.	00:21:11
LAS Influenced metrics	Face to face responses	Patients are attended by an ambulance resource	1,092,215
	Hear & treat rate	Calls that are successfully resolved with telephone advice with any appropriate action agreed with the patient.	21.75%
	Conveyance rate	The number of face-to-face incidents conveyed to either an ED or non-ED location for treatment.	51.67%
	See & treat rate	The number of face-to-face incidents where the patient isn't conveyed.	26.58%
	Double crew resource hours	Total deployed double crewed ambulance hours on shift and planned to be patient facing to respond to one or more of category 1 to 4 patients.	2,425,286
LAS Influenced metrics	Clinicians in the Clinical Hub	Total number of whole-time equivalent clinicians working within the clinical hub	254
	Call Handler in Emergency Operations Centres	Total number of whole-time equivalent call handlers working within the Emergency Operations Centres	534
	Ambulance time with patient	Time ambulance staff spent with patients, face to face, excluding hospital handover time.	01:21:59
	Percentage of unavailable ambulance time	The percentage of operating time that an ambulance is not available to undertake patient facing duties	13.4%
Outputs	Category 2 mean response time	The mean average response time for category 2 triaged patients	00:32:30
	Call answering mean time	The mean average time to answer a 999 emergency call to the Emergency Operations Centre	00:00:10

We received a total of 2,224,488 contacts to our 999 service in 2025/2026, an increase of 6.3% over the previous year. Although activity has continued to rise above expectations, we have seen improvements in our Category 1 and 2 response times, which has been achieved by improving our efficiency and investing in our teams.

How we performed against national ambulance service response targets 2025/26

			2023/24		2024/25		2025/26	
Category	Measure	Target	Response time	Incidents (n)	Response Time	Incidents (n)	Response Time	Incidents (n)
Cat1	Mean average	7 minutes	00:07:29	151,743	00:07:22	165,738	00:06:57	169,431
	90th percentile	15 minutes	00:12:40		00:12:37		00:11:55	
Cat2	Mean average	30* minutes	00:38:39	646,186	00:37:39	675,431	00:30:16	714,448
	90th percentile	40 minutes	01:27:10		01:22:28		01:04:01	
Cat3	Mean average	120 minutes	01:16:04	174,351	01:27:02	175,183	01:22:34	181,304
	90th percentile		03:06:45		03:26:01		03:16:05	
Cat4	90th percentile	180 minutes	04:41:17	8,488	05:03:13	10,354	05:15:54	12,012

*A 2025/2026 operating plan was agreed with Commissioners and NHS England with a series of operational input metrics to support delivery of agreed standards. This included a commissioned response for Category 2 calls of 32 minutes and 30 seconds.



Our Category 1 mean average for the year improved by 25 seconds from 2024/2025 and met the national standard of 7 minutes.

We improved our Category 2 mean response time by 7 minutes 23 seconds from the previous year. The LAS were commissioned to deliver a mean of 32 minutes 30 seconds which supported NHS England to meet a national target of 30 minutes. We have exceeded our commissioned target and were 16 seconds off meeting the national standard of 30 minutes.

The LAS continues to work with NHS England, commissioners and system partners and have plans to return to the Category 2 standard of 18 minutes by 2028/2029.

How we performed against our operating plan metrics in 2025/26

	Metric	Actuals 2023-24	Actuals 2024-25	Change	% Variation	Actuals 2025/26	Change	% Variation
External system pressures	Calls answered	1,510,410	1,543,044	32,634	2.2%	1,645,510	102,466	6.6%
	Incidents	1,227,884	1,361,862	133,978	10.9%	1,469,450	107,588	7.9%
	Average hospital handover	00:23:32	00:23:52	00:00:20	1.4%	00:24:04	00:00:12	0.8%
LAS influences metrics	Face to face responses	1,038,759	1,088,664	49,905	4.8%	1,139,162	50,498	4.6%
	Hear and treat rate	15.40%	20.06%	4.66 pp*	30.2%	22.48%	2.42 pp*	12.0%
	Conveyance rate	55.62%	53.33%	-2.29 pp*	-4.1%	51.93%	-1.40 pp*	-2.6%
	See and treat rate	28.98%	26.61%	-2.37 pp*	-8.2%	25.59%	-1.02 pp*	-3.8%
	Double crew resource hours	2,401,115	2,384,446	-16,669	-0.7%	2,462,114	77,668	3.3%
	Clinicians in the Clinical Hub	147	199	52	35.4%	250	51	25.6%
	Call Handler in EOC	410	528	118	28.8%	477	-51	-9.6%
	Ambulance time with patient	01:26:10	01:23:46	-00:02:24	-2.8%	01:24:43	00:00:57	1.1%
	% Unavailable ambulance time	17.47%	16.37%	-1.1 pp*	-6.3%	13.16%	-3.21 pp*	-19.6%
Outputs	Category 2 mean response time	00:38:39	00:37:39	-00:01:00	-2.6%	00:30:16	-00:07:23	-19.6%
	Call answering mean time	00:00:13	00:00:04	-00:00:09	-69.2%	00:00:03	-00:00:01	-25.0%

*pp (percentage point): The simple difference between two percentages (e.g. 2% → 4% = +2 percentage points)

Our service has consistently answered more 999 calls (6.6% increase in the last year) which resulted in 1.4 million incidents in 2025/2026 where we were required to provide advice and care to patients.

Of these incidents our ambulance crews attended 77.52% in person with 22.48% provided with help via the telephone. Over the last 3 years, we have increased the number of clinicians working within our clinical hub who can provide expert advice to patients over the telephone. The target for this telephone advice (hear and treat) was 21.75%.

As a consequence, the number of patients being conveyed to a healthcare setting (conveyance rate) reduced by 2.6% last year. This helps with patient flow across the health system and reduces the pressures on hospitals.

The average time it took to handover patients at hospital has increased marginally to 24 minutes 4 seconds last year, up 12 seconds on the previous year. We have continued to work with system partners throughout the year to reduce the number of delays and to

maximise our crews time to attend the next patient. In total, we lost 116,591 hours to delays in hospital handovers.

We increased the number of double-crewed ambulance hours in line with our funded operational plan. This produced a 3.3% increase over 2024/2025; a total of 77,668 hours or 6,472 additional 12-hour shifts.

We have also reduced the amount of time that our ambulance resources were unavailable. In 2024/2025, 16% of our operational hours were unavailable to respond to a patient. This was reduced by 3% in the last year, increasing the time and resource available to attend our patients.

The amount of time our ambulance staff spent with each patient, on average, increased by 1 minute in 2025/2026. We continue to look to optimise the care we provide to patients whilst ensuring that we can be ready to attend the next patient. We will continue to focus on how we can maximise our crew's times whilst maintaining excellent patient care.

Although there has been a reduction in call handling hours in the last year, through increased efficiency we have seen a continued improvement in our ability to answer 999 calls. The mean average for call answering last year was 3 seconds and was a 1 second improvement on the previous year.

The efficiencies and investment delivered by all staff in the past year has seen us deliver:

- An overall increase in demand of more than 6%
- Exceeding the national standard for call answering mean by 7 seconds
- Delivery of the Category 1 national standard
- An improvement of over 7 minutes in Category 2 from the previous year and 2 minutes ahead of our agreed commissioned target
- Exceeding the national standard for Category 3 by 38 minutes
- Increase in 999 Hear and Treat to 22.4%.

NHS 111 Performance

LAS 111 Performance	Target	2023/24	2024/25	2025/26
Total number of calls received		1,976,912	2,087,107	2,175,399
Total number of calls answered		1,792,382	2,006,609	2,071,659
% Abandonment rate	3%	9%	4%	2%
Number of ambulance outcomes clinically validated		146,418	242,425	231,392
% Category 3 and Category 4 ambulance outcomes clinically validated	95%	86%	92%	92%
Number of ambulances stood down following clinical validation		132,474	212,681	198,574
Number of ED validations completed		60,060	68,072	68,544
% of ED referrals validated	50%	46%	46%	40%
Number of ED referrals avoided		40,802	45,512	44,344
Number of CAS (clinically assessed) cases		541,399	705,112	692,771
Number of CAS cases requiring response within 20 minutes		134,961	132,496	125,694
% of CAS cases responded to within 20 minutes	95%	44%	63%	75%
Star 5 paramedic call backs (where a GP calls an ambulance crew to advise on non-emergency care for a patient)		30,861	36,342	39,366
Average response for Star 5 paramedic call back	30mins	28mins	28mins	32 mins

LAS currently holds integrated urgent care (IUC) contracts in every 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 and clinical assessment services in south west London. IUC



services have continued to deliver ambulance validation activity across London, and further developed a '999 warm transfer' (a process whereby 999 callers can be directly transferred to 111 if their clinical presentation or concerns are better dealt with by that service).

IUC NHS 111 call answering performance has improved in 2025/26. We managed over two million calls and achieved an abandonment rate of only 2% against a target of 3%. This was made possible by our team of service advisors and health advisors supported by supervisors, floor walkers, and clinical navigators. 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 over 690,000 CAS 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 and clinical decision support system clinicians supported by clinical supervisors and clinical floor walkers. CAS performance and demand have 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 2025/26, we have updated 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 managed through the IUC Transformation Programme.

The IUC team has delivered a successful validation service during the past year and continue to be one of the top validation performers in the country, achieving a validation rate of 92% Category 3 and 4 Ambulance outcome validation. Validation is the process by which an Ambulance or Emergency Department outcome is reached during the initial assessment and reviewed by a clinician to confirm this is the most clinically appropriate outcome for the patient. We have completed over 230,000 ambulance validations alongside over 68,000 Emergency Department validations. This work has enabled the team to safely stand down over 198,000 ambulances and reduce ED attendances by over 44,000 by redirecting to local more suitable pathways or managing the patient in the CAS with advice and guidance.

Emergency Preparedness, Resilience and Response

The 2025/26 Resilience & Specialist Assets Annual Report confirms that the Trust remains fully compliant with all NHS England Emergency Preparedness, Resilience and Response core standards, achieving 100% compliance for the year. Assurance arrangements are mature, well-governed, and supported by clear executive and board oversight.

Operational demand remained high throughout the year. Specialist teams including Hazardous Area Response Team (HART), Specialist Operations Response Team (SORT) and Tactical Response Unit (TRU) delivered sustained, safe responses to high-risk incidents across London. Business continuity arrangements were strengthened, with a full review of plans and improved access to critical resilience information during incidents.

No major incidents were declared during the year. Learning from significant incidents, exercises, and national inquiries has been systematically captured and embedded into policy, training, and operational practice.

While three interoperable standards related to HART staffing and response times were rated as partially compliant, mitigations are in place and patient safety was not compromised. These issues reflect wider workforce pressures rather than system failure.

The directorate enters 2026/27 with a strong platform for further improvement, supported by new digital tools, expanded commercial activity, and the move to a new integrated resilience hub.





Picture credit: Capita

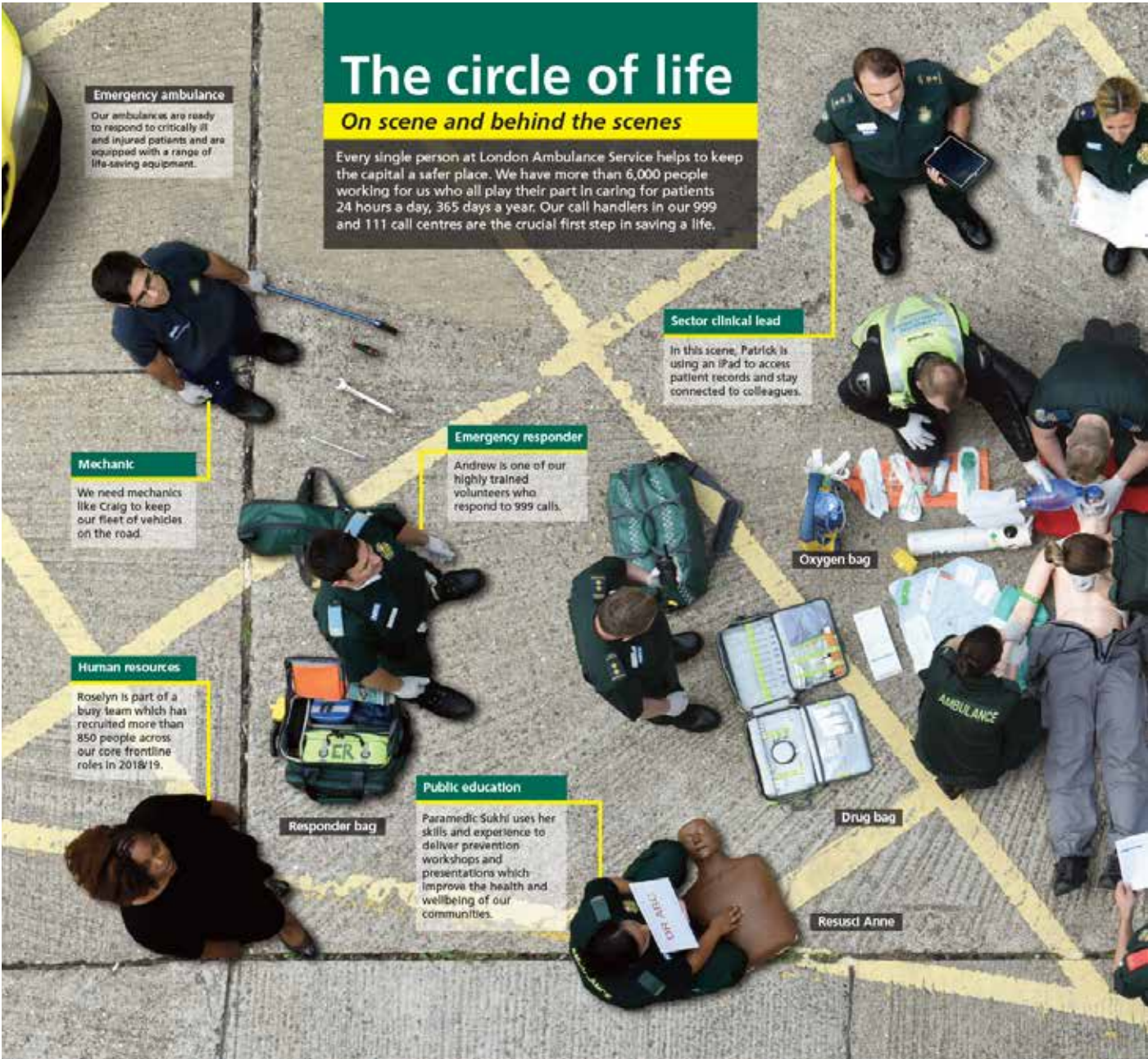
Clinical quality and patient safety

The Trust continues to demonstrate a strong reporting culture, with incident reporting showing a gradual upward trend across the year. Monthly reports increased from 902 in April 2025 to just over 1,100 by late 2025 and January 2026. While there is some expected month-to-month variation (for example, a dip in June and August), the general trajectory is one of gradual increase, with reporting stabilising at just over 1.0–1.1k incidents per month in the latter part of the year.

This pattern is consistent with improved staff engagement and confidence in reporting processes rather than indicating

a deterioration in safety performance. The Trust continues to encourage transparent reporting in line with Just Culture principles and the NHS Patient Safety Incident Response Framework (PSIRF).

Analysis of incident types indicates that most learning opportunities arise from system and pathway issues. The largest single category relates to concerns regarding external providers (17.9%), highlighting the ongoing risks associated with system interfaces and patient handovers across urgent and emergency care pathways. Equipment-related incidents also represent a significant theme; when the categories Equipment – Medical and Medical equipment are combined, they account for approximately 17% of

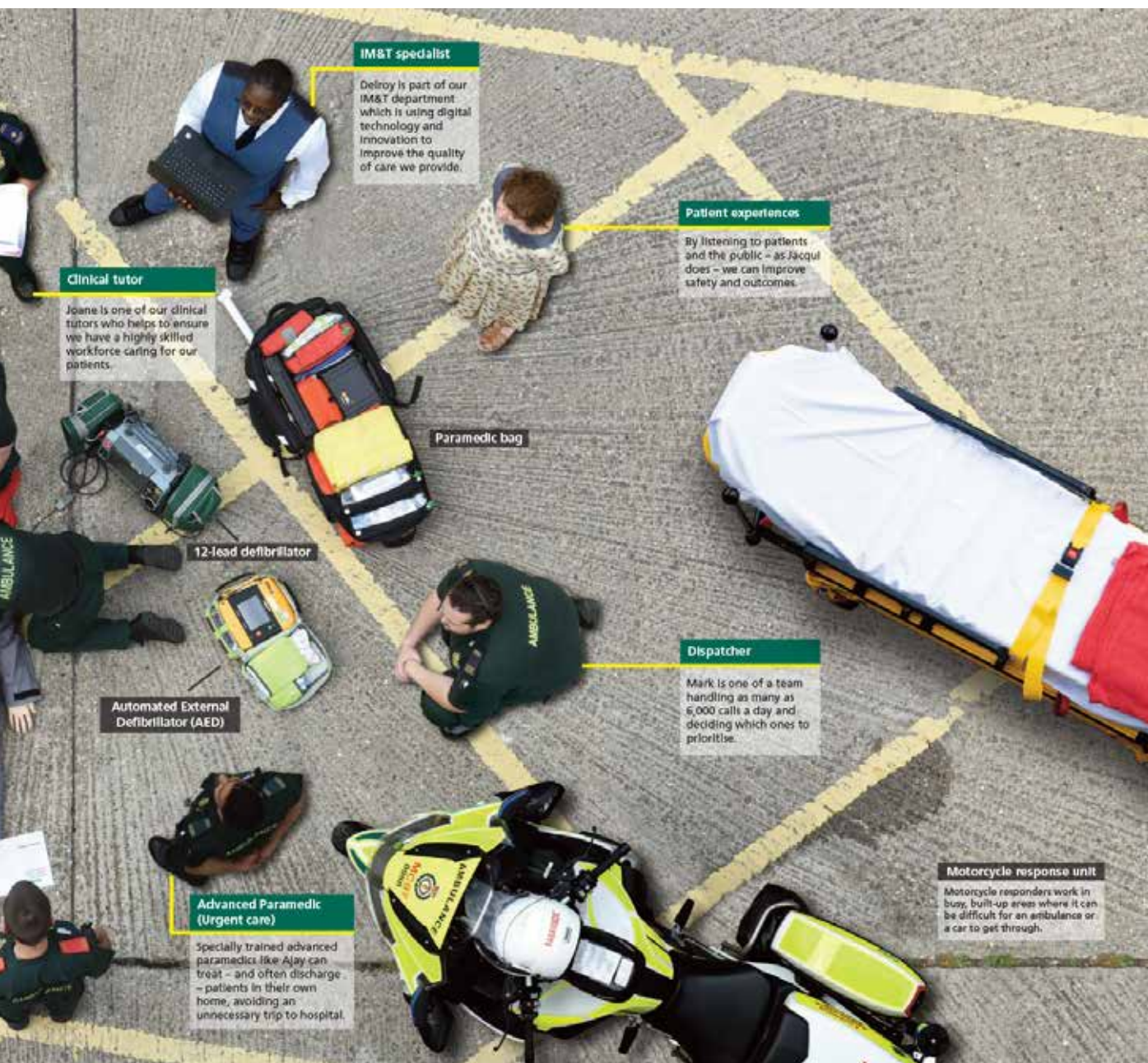


all incidents. This has informed targeted work programmes focused on equipment availability, reliability and assurance. Dispatch and call handling (9.7%), communication, care and consent (8.3%), and clinical treatment (8.4%) remain important areas of focus.

The harm profile remains predominantly low or no harm. Across the reporting period, around 87% of incidents were recorded as no harm and approximately 11% as low harm. Moderate, severe and death incidents together represent a small proportion of overall reporting and are reviewed in line with PSIRF. An increase in higher-harm classifications is noted in the most recent two months; however, this reflects strengthened review processes and post-investigation

harm reclassification rather than a confirmed deterioration in patient safety. Severe harm incidents remain rare.

The Trust continues to embed Patient Safety Incident Response Framework (PSIRF) and systems-based learning to ensure that incident data is translated into meaningful improvement. Priority areas include cross-system working with external providers, strengthening equipment assurance, and improving communication and dispatch processes. Ongoing triangulation of incident data, thematic reviews and learning responses will support the Trust to monitor emerging risks and deliver sustained improvements in patient safety.



Quality account summary

Every year, the Trust sets specific quality priorities which are reported in the annual Quality Account. These priorities are agreed 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 2025/26 financial year the Trust identified three quality priorities. 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.

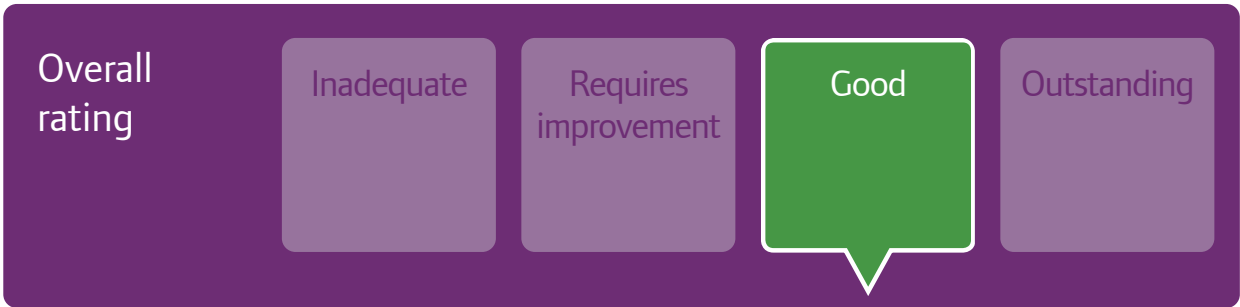
A summary of our progress against all three priorities can be found in our 2025/26 Quality Account and are highlighted below:

Quality Priorities 2025	Key Performance Indicator (KPI)	Status
To continue to safely increase the proportion of patients receiving appropriate clinical assessment and advice through hear and treat services, ensuring patients receive the right care, at the right time, in the right setting.	Hear and treat target of 21% in Q1 and Q2, 22% in Q3 and 24% in Q4.	Achieved Over the course of the year, we successfully delivered against our key objectives, with performance strengthening in the latter part of the year. We have continued to support Category 2 streaming effectively, with 84% of those patients nationally approved for navigation and clinical assessment being reviewed before dispatch of an ambulance, demonstrating continued clinical engagement in call management. During the year, we completed dedicated team development days for Clinical Advisors. This programme will continue into 2026/2027, supporting the ongoing upskilling of clinical staff and enabling further improvements in hear and treat performance.



Last rated
4 March 2022

London Ambulance Service NHS Trust



Quality Priorities 2025	Key Performance Indicator (KPI)	Status
Deliver 'Improving sickle cell care plan', including providing a. Direct access to specialist sickle cell units b. An updated educational package for conditions based on the findings from the LAS patient engagement held in 2024/25	Measuring the impact of training: Sickle cell Training & Tackling Health Inequalities training uptake – target: 85% of frontline clinicians completed during 2025/ 26. Patient engagement: In-person events planned for spring 2026 with Sickle Cell Society and Croydon Sickle Cell & Thalassemia Support Group. Capturing case studies of patient care, improvements in experience and engagement on resources for patients. We approached both charities to gauge appetite for an autumn 25 joint event, but both agreed it best to wait until the spring. Clinical Performance Indicators: Sickle Cell Crisis CPI monitored on a monthly basis to track the translation of learning into improved patient care. Patient accessibility: Monitoring usage of direct access into Acute Sickle Cell Unit pathways (through MiDoS and ePCR).	Achieved Progress has been made on the key initiatives to improve care pathways and patient experience for individuals with Sickle Cell Disease. By the end of the year 91% of frontline clinicians had completed the dedicated sickle cell education package. Patient information leaflets were co-created in collaboration with service users to support individuals in accessing LAS with confidence and navigating health services according to clinical need. Patient feedback was incorporated throughout the year to refine the final materials. Engagement with system partners has also been strengthened. This included a session delivered to the North West Ambulance Service Public Health Oversight Group, where the approach to patient engagement, key themes, improvement plans and supporting clinical education materials were shared. Service capacity and access have been further developed through the expansion of the Hammersmith Acute Sickle Cell Unit, enabling it to accept patients from a wider north west London footprint. In addition, participation in the Acute Sickle Cell Unit Community of Practice has supported the sharing of progress and learning in relation to direct access pathways.
Reduce incidents relating to the availability of LP15 defibrillators on frontline vehicles.	By March 2026, LAS will reduce incidents relating to the lack of availability of LifePak 15 defibrillators on frontline vehicles.	Achieved Progress has been made in strengthening the management and availability of LP15 devices across the Trust, and this work will continue in 26/27. During the year, guidance was introduced for staff to undertake appropriate checks prior to returning devices, ensuring that faults are accurately identified and that issues relating to accessories are not incorrectly attributed to the device itself. Ongoing oversight has been maintained through the Medical Devices Assurance Group, with regular monitoring of device failures, decommissioned equipment and newly procured devices to support effective asset management. Work has also continued with operational teams to establish clearer local ownership, improve audit processes and ensure appropriate management of devices when vehicles are moved across sectors or through workshops. This programme of work will continue to be embedded in 2026/2027.

Quality priorities for 2026/27

In 2026/27, we will continue our improvement journey and have identified five priority areas for improvement. In identifying our priorities, we have considered our progress against the

2025/26 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 2026/27 are:

Theme	Area of focus	Objective
Patient Safety	Clinical Equipment	Reduce the number of incidents reported relating to the lack of availability and failure of equipment
	Cardiac Arrest care	Improve cardiac arrest outcomes by achieving a return of spontaneous circulation of 33%
Clinical Effectiveness	Vehicle deep cleaning compliance	Increase deep cleaning and decontamination of vehicles across the Trust
Patient Experience	Listening to our patients	Implementation and embedding of patient feedback
	Access to alternative care pathways	Increase referrals from IUC to 'Pharmacy First'



Digital

In line with the NHS 10 Year Plan's ambition to shift from analogue to digital, LAS has been at the centre of digital advancements that transform patient flow across London's urgent and emergency care system, with a focus on enhancing clinician productivity and delivering measurable improvements for patients.



We are committed to maximising the safe adoption of AI and Automation to deliver efficiencies across our corporate and clinical directorates with key projects including:

-  The expansion of Robotic Process Automation
-  Delivery of the London Digital Front Door for unscheduled care utilising Natural Language Processing, AI triage models and digital access and referrals to alternative care pathways
-  Use of AI language translation to support the diverse population of London
-  Continued pan-London rollout of My Clinical Feedback, a tool which helps drive learning and increase satisfaction for staff about the outcomes of their patients.
-  Development of an Auto Dispatch AI tool



We have worked to maximise the impact of our digital innovation, with digital and AI being a key part of our **Southern Ambulance Services Collaboration (SASC)** where we have tested two AI use cases – an AI Clinical review assistant and an AI staff training simulator.



We believe there is significant potential for LAS to be at the forefront of digital innovation within the system. Over the next five years, LAS has an ambition to deliver sustained digital transformation that integrates clinical workflows.



Health inequalities

Reducing Health Inequalities experienced by Londoners is one of the central commitments of our LAS five-year strategy (2023-2028).

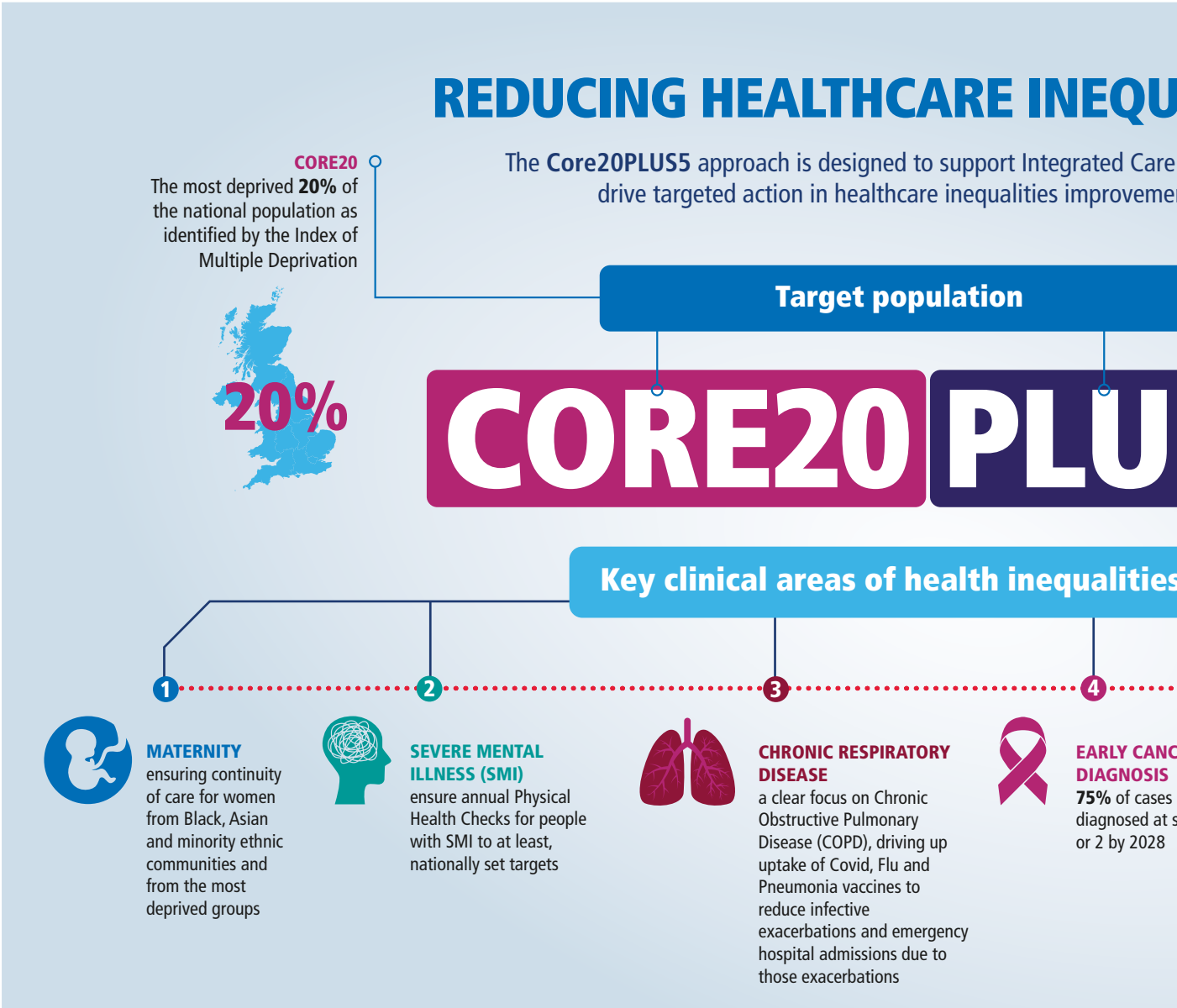
Aligned to NHS England’s ‘Core20Plus5’ approach, the LAS have developed a programme of work to tackle health inequalities with specific targeted interventions in five clinical areas of care: sickle cell, maternal health, cardiovascular disease, learning disability & autism and mental health.

One of the key components of the programme is extensive patient and staff engagement alongside data, literature and policy review to ensure an evidence-driven approach with the voice of patients and clinicians are at the heart of improvement.

We have also rolled-out bespoke training to our clinicians on health inequalities, with 87% (n=4,865) of clinicians completed this training so far.

In 2025 /26, the LAS implemented and delivered the first of our improvement plans for patients with Sickle Cell Disease, co-developed with involvement of over 90 patients and over 320 Clinicians. This included delivering a bespoke education package for front-line clinical staff, completed by 91% Clinicians (n=5,006). The standard of clinical care (as measured through clinical audit) has increased in key metrics, with 72% of patients supported to minimise self-mobilisation during crisis (2025/26 YTD) which has increased from 63% in 2023/24. LAS has worked closely with local Hyper Acute Sickle Cell units to convey over 500 patients directly

REDUCING HEALTHCARE INEQU



to Haematology Specialists instead of the Emergency Department when presenting in sickle cell crisis.

We have co-developed a Maternal Health Improvement plan, with involvement of over 160 patients and over 260 Clinicians. This focuses on reducing maternal health inequalities experienced by women from the global majority background during their pregnancy and up to 12 months post-delivery. Specific maternity and newborn care information leaflets have been created, to support timely access to antenatal services and early escalation of maternal complications. These have been distributed to Londoners via charity organisations and local authorities.



As a 'Million Hearts and Minds' pioneer organisation (social-movement programme to increase heart health for London supported by Department for Health and Social Care, The Greater London Authority (GLA) and Mayor of London), the LAS have created plans to improve cardiovascular disease awareness and prevention. There are initiatives for staff, patients and communities to support the shift from treatment to prevention and use our unique position as a Pan-London NHS organisation to contribute to public health prevention.

Alongside this, to improve equitable access to NHS services for patients with low English language proficiency, we have created and published patient information leaflets, translated into the top 10 most commonly spoken languages within London. These have been distributed to Londoners via Charity organisations and local authorities.

ALITIES

Systems to
nt

NHS

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



S5

5

**HYPERTENSION
CASE-FINDING**
and optimal
management and lipid
optimal management



**SMOKING
CESSATION**
positively impacts
all 5 key clinical
areas

ER

stage 1

Public sector equality duty

The LAS is continuing to progress key workstreams spanning leadership, recruitment, inclusive culture, reasonable adjustments, and compliance, and is integrating equality into all aspects of the Trust. Some highlights include:



OUR LEADERS: Last year, 180 of LAS top leaders across the organisation set a public personal objective to progress equality, diversity and inclusion and drive wide-ranging activity across the Trust. As part of this, the Head of Clinical Education is committed to reviewing all teaching materials and courses to ensure they are accessible for all. Over 50% of these have been reviewed; some courses/materials are fully reviewed, and this process is ongoing.

This work has positively impacted all learners.



GENDER EQUITY: We have made excellent progress over the years to increase the number of women in the Trust, with 53% of staff being women, and more women are in leadership positions. LAS was proud to appoint the first female Chief Paramedic in the sector and has made significant strides in closing the pay gap, with the difference now less than five pence per pound compared to male colleagues.

Recognising that women of colour face additional barriers, a dedicated programme has been offered through bespoke training/coaching, which has been pivotal in supporting their career progression.



RECRUITMENT PROCESSES: We continued to focus on ensuring recruitment processes are as fair, inclusive and transparent as possible. Over 60 independent panel members have been trained to support recruitment panels. Last year, we continued to make progress on the Workforce Race Equality Standard (WRES) indicator two (the relative likelihood of white staff being appointed from shortlisting than BME staff), sustaining improvements from the year before – in 2025/26, white staff were 1.3 times more likely to be appointed from shortlisting than BME staff.



Last year, we reported on the disability and ethnicity pay gap for the first time. The ethnicity pay gap identified a 14% gap. This is a key area of focus, and targeted support is being offered through a 'Stepping Up Support Package' that includes interview practice, buddying, shadowing, and mentoring. In conjunction with the Greater London Authority (GLA), our flagship programme called 'Our Inclusive LAS Response' programme targets and recruits some of the most marginalised/long-term unemployed people in our communities, offering a bespoke three-week training and practical guidance. The outcomes of which have been life-changing for many participants and have led some to join LAS as employees.



REASONABLE ADJUSTMENTS: We made progress in improving the working lives of colleagues with disabilities or long-term conditions, delivering training to over 700-line managers and ensuring they are equipped to support colleagues effectively. We have met the ambitious objective to ensure 90% of non-complex, reasonable adjustments are processed within a six-week timeframe. Last year, 200 cases were processed, ensuring they were dealt with in a timely manner, empowering colleagues to work effectively and making them happy at work.



INCLUSIVE CULTURE: Last year, we piloted an Inclusion Board that brought together staff from across the Trust and members of the Trust Board. The purpose of this was to strengthen colleagues' voices, support leadership in understanding staff experiences, influence formal LAS business, and provide leadership with an opportunity to seek advice on key issues. We held four sessions and covered a range of topics: violence reduction, sexual safety and career progression. This has influenced relevant action plans and strategies.



COMPLIANCE: Last year, the Trust was fully compliant with legislation and the national EDI-related standards through the annual publication of reports, including the Annual Equality Report, WRES report, WDES report and Pay Gaps report.



Safeguarding

The LAS is committed to providing appropriate and effective safeguarding for our patients and London.

We have an executive director lead and non-executive director as well as a dedicated Head of Safeguarding and Prevent.

Assurance is provided via the Safeguarding Assurance Group that meets bi-monthly. We provide quarterly reports for 999 using the Safeguarding Health Outcomes Framework and are fully compliant with the NHS Safeguarding Accountability and Assurance Framework.

We have good processes in place for managing allegations against staff, safer recruitment and duty of candour and information sharing and work well with safeguarding partners across London.

This year saw a full year of operating our electronic safeguarding referrals process and we have raised well over 40,000 referrals. The top reasons for LAS referrals in children are neglect, physical abuse and sexual abuse. The top 3 reasons for adult referrals are self-neglect, neglect and physical abuse.

The Trust engages with 64 safeguarding boards/partnerships across London. Whilst it is not possible for the Trust to attend all boards, we do support local Strategy and Joint Agency Response meetings and provide information to support the work of the Boards. Brent is

the Trust's lead safeguarding partner through the Brent Safeguarding Children's Partnership and Brent Adult Safeguarding Board is the Trust's lead safeguarding partner. Scrutiny of the Trust's practice is assured through Brent. Reports and audits provided as assurance to Brent are also available to other boards across London.

Our engagement with partner agencies includes attendance at child death – joint agency reviews and rapid reviews, child safeguarding practice reviews and safeguarding adult reviews as well as engaging with domestic abuse related death reviews (DARDs).

We provide training to all staff in line with guidance and were compliant with level 1 and level 3 training but fell short of our level 2 contracted target. Areas where the target has not been met are developing recovery plans to improve compliance in coming months and into 2026/27.

We continue to learn from our practice and ensure both individual and Trust-wide learning is a key part of safeguarding practice in the Trust.

We publish an annual safeguarding report that contains a breakdown of all the work in relation to safeguarding across the whole Trust including Operations, Emergency and Urgent 999 calls and our 111 services. Our Safeguarding annual report 2025/26 will be published in the coming months.

Workforce overview

Our people drive the delivery of outstanding emergency and urgent care whenever and wherever needed. Whatever their role, they play a significant part in improving patient experience and the workplace environment.

Organisational Development and Talent Management

The Organisational Development and Talent Management (OD&TM) team achieved exceptional national and global recognition by winning two prestigious Chartered Institute of Personnel and Development (CIPD) People Management Awards 2025 for Best Organisational Development Initiative and Best Apprenticeship Scheme - the highest professional honours in HR and OD. Beyond these awards, the team continues to deliver strategic, system-wide impact:

Talent management

The team has focused on the design and development of a range of interventions to support LAS talent, including career pathways in some of the Trust's core operational areas, namely 999 Operations, 111, Ambulance Operations and early work in Resilience and Specialist Assets and specialised paramedic pathways. Career clinics and associated resources are in place, along with five trainees under the national Graduate Management Trainee Scheme (GMTS).

Leadership and culture management

The leadership and culture management portfolio has focused on strengthening leadership capability - embedding consistent people management practice and enabling teams to work effectively in a demanding operational environment. Significant progress was made in appraisal compliance,



development of the appraisal process and expanding access to high-quality leadership development and team effectiveness interventions.

Centre of Excellence for Leadership and Culture (CELC)

The CELC pilot was launched in May 2025 with cohorts comprising participants from Ambulance Operations and 999 Operations.

The CELC is a structured leadership programme combining multiple modules including:

- Core management skills
- Team leadership
- Action learning sets; and
- Quality improvement projects.

There was strong participant feedback, with consistently high ratings for relevance,

confidence to apply learning, and facilitator expertise.

Executive Leadership Team approval was secured to scale up CELC with preparations ongoing for organisation-wide rollout, targeting Bands 5–7 (middle managers) over the next three years.

External leadership development programmes

The Trust continued to support delivery of externally accredited leadership programmes for more than 400 colleagues over the past 30 months. This included:

- 40 senior colleagues participated in the high performance leadership programme (Henley Business School)
- 39 colleagues who progressed through the PGCert in Healthcare & Medical Leadership (University of Cumbria)
- 185 colleagues are expected to have completed the Middlesex University Advanced Diploma in Management Practice
- 47 colleagues undertook the NHS Elect Aspiring Leaders programme.

A Leadership Celebration Event was hosted for 130 colleagues and their education partners to celebrate their achievements and have an opportunity for shared learning.

Learning and development

More than 1,380 colleagues have been supported through a range of our core development sessions including; Values-Based Interview Skills; Values- Led Communication Skills; Time Management; and Having Difficult Conversations.

A Learning Needs Analysis received 1,047 responses (12.2% of staff) to enable the delivery of targeted learning in the coming year.

Colleagues are supported throughout their tenure in the service, including Trust induction; team effectiveness sessions and support when going through changes to their role or department.





Apprenticeships and employability

In July 2025, the LAS was ranked third in the Sunday Times Top 100 Apprenticeship Employers listing – the highest placed NHS Trust and the top employer for diversity.

There were two further awards in 2025 – the Inspirational Professional in Adult Education award, and highly commended for Apprenticeship Employer of the Year.

The Trust's overall apprenticeship success rate is 91.10%, against a national rate of 65.40%. This ranks LAS amongst the top four per cent of all apprenticeship providers in England (from over 1,200) and LAS is the top NHS apprenticeship provider for the volume of apprentice achievers (out of 23 NHS providers).

The Our LAS Inclusive Response (OLIR) programme continues to grow in success with a further 76 unemployed Londoners joining a course in 2025/26, including 61% from an ethnically diverse background. To date 41% of those that completed a course have secured employment.

Recruitment

The Trust delivered an ambitious workforce plan for 2025/26, 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 average number of FTE has increased, from 8,126 to 8,243. Since 1 April



2025, we have recruited 645 new starters including more than 360 frontline ambulance staff and almost 200 call handling staff across our 999 and 111 services. This year, the service recruited more than 200 paramedics through apprenticeships and paramedic science degrees in the UK. We continue to work closely with our partner universities to support Paramedic Science students through their degrees with placements.

Looking ahead, we are hoping to recruit over 400 frontline staff as part of our 2026/27 plan to meet levels of demand in London. We have delivered positive course fill rates for these groups, with 2025/26 having a 96% course fill rate across our call handling and frontline new starter courses.

Retention

Our overall vacancy rate on 31 March 2026 was 5% and our turnover rates have remained positively consistent at 9% with a stability rate of 92%. Overseen by our Workforce Retention Group, this positive progress follows a package of initiatives in recent years to improve our record on retention. This has included funding indefinite leave to remain; flexible retirement options; and personalised health and wellbeing plans.



2025 NHS staff survey

We achieved a 71% response rate, the highest for an ambulance trust in 2025, meaning almost 6,000 colleagues made their voices heard. Our results were largely stable compared to last year, with improvements seen in questions around appraisals, line management and teamwork, while our scores for development opportunities and unacceptable behaviour from the public saw a decline. Further detail can be found in the Staff Report section.

The survey is reported against the seven elements of the NHS People Promise and the two survey themes of “Staff Engagement” and “Morale”, with each area given a score out of 10. Our 2025 results show a minor improvement for “We are Always Learning” and a minor fall in scores for “We each have a Voice that Counts” and “Staff Engagement”, with the other scores remaining the same. Our score for “We are a Team” is the highest in the ambulance sector for the second year in a row.

NHS People Promise Element/ Staff Survey Theme	2024 Score	2025 Score	Change
We are Compassionate and Inclusive	7.0	7.0	=
We are Recognised and Rewarded	5.4	5.4	=
We each have a Voice that Counts	6.0	5.9	-0.1
We are Safe and Healthy	5.5	5.5	=
We are Always Learning	5.2	5.3	+0.1
We Work Flexibly	5.4	5.4	=
We are a Team	6.7	6.8	=
Staff Engagement	6.0	5.9	-0.1
Morale	5.4	5.5	=

Results have been shared with managers for each directorate and sector, so they can use them to inform local action planning based on what colleagues have told us.

Our Executive Leadership Team have reviewed the results, together with the feedback from the Autumn 2025 CEO roadshows, and used them to inform their seven priorities for 2026/27, with a focus on improving our culture and protecting our staff from violence and abuse from the public.

Wellbeing

The LAS Wellbeing Hub – staffed by Wellbeing Support Officers – offers a central point of contact for a wide range of support options including holistic health promotion, financial advice and professional mental health resources. The Hub offers email, phone or in-person support to individuals and teams across the Trust and is utilised by more than 800 colleagues per month on average. The team also offers wellbeing and occupational health training to colleagues and managers.

The Hub oversees five Wellbeing Support Vehicles, which visit London hospitals providing drinks, snacks, and a wellbeing chat to LAS colleagues. The Wellbeing Cafes offer the same service across our four contact centres. An extensive range of professional mental health support is accessible via both manager and self-referral. There are 100 trained peer support workers – part of a programme known as LINC (listening, informal, non-judgemental, and confidential). The Trust's Mental Health Awareness and Suicide Prevention Group brings together internal experts with external professionals to ensure our mental health initiatives are evidence-based, safe and progressive. Our physiotherapy service is very well utilised by colleagues with an excellent record of enabling a faster recovery from injury.

Over the last year, the LAS Wellbeing hub has welcomed the Early Resolution Lead to the team. This has provided the



LAS Wellbeing

opportunity to better support colleagues who are involved in conflict and to ensure our roundtable and mediation processes better meet the intention of the organisation to resolve conflict at the earliest opportunity. The Wellbeing Team are now trained as resolution advocates and, along with a dedicated and enthusiastic group of peer volunteers, are assigned to colleagues who may need support.

Through widespread engagement and triangulating data from the staff survey and absence reasons, the Wellbeing team has focused on proactive health management and offering further support to colleagues who

are absent from

work. This has included securing £50,000 from NHS England (NHSE) in partnership

with the LAS Charity to introduce a new debriefing process called Beyond Stop that complements the current clinical model. The team has also developed new training packages and online resources, including a wellbeing catalogue to help managers



support their teams. There is also a new rapid health advice via our same day GP service, available to all colleagues and their dependents.

Over winter, the Wellbeing Team developed bespoke plans for each area of the Trust, dependent on their needs. In areas of high mental health absence, the team introduced a new psychological screening tool to help colleagues reflect on their own wellbeing, as well as working with the Health and Safety team to promote stress risk assessment for managers.

In areas of higher musculoskeletal injury, a physiotherapy self-help "desk clinic" was promoted and the team also continued to offer their health coaching service, menopause support and sleep advice across the Trust. The Wellbeing Team is also the central hub for the flu vaccination programme and by working in close collaboration with operational teams were pleased to oversee an almost 10% increase on last year's vaccination rates, placing the LAS as third highest uptake of any London Trust.



Freedom To Speak Up (FTSU)

The FTSU team has maintained a strong presence across the Trust throughout the year, promoting a “business as usual” speaking up culture. The team’s core objectives remain focused on inclusivity, fair processes, listening to colleagues, and improving overall organisational culture. Over the past year, 126 concerns were formally raised to the Freedom to Speak Up team. This figure does not include informal FTSU conversations. Going forward, we will record the numbers of informal FTSU conversations to provide a more comprehensive picture of speaking up activity across the Trust.

The team has made a significant contribution to the Trust’s sexual safety initiative, which continues to be a high priority for FTSU in terms of promotion and awareness. There are currently 49 FTSU Ambassadors, alongside 21 FTSU & Sexual Safety Ambassadors, whose support has had a positive impact on colleagues particularly those raising sexual safety concerns. The team has received consistently positive feedback.

The FTSU Guardian has contributed to national Equity, Diversity and

Inclusion (EDI) work through involvement with the national Guardian’s Office, National Ambulance FTSU Network and National NHS Trusts.

Engagement and inclusivity remain central to a successful FTSU culture. The Women of Colour Empowerment Programme, sponsored by the Trust’s Chief Executive Officer and co-led by the FTSU Guardian, has been a successful initiative. The programme aims to empower women of colour to apply for managerial roles and has received positive feedback from participants, alongside strong



senior leadership support. In addition, the Lead Guardian is co-leading several key inclusion initiatives, including the Women of Colour Programme, the Men of Colour Programme, and the Women's Health Group, further strengthening the Trust's commitment to equity, diversity, and inclusion.

The FTSU team has delivered sessions to university students and worked closely with education departments to promote psychological safety and the Freedom to Speak Up agenda. October marked FTSU Awareness Week, with a range of activities including wellbeing cafés, charity coffee mornings, FTSU conversation drop-in sessions, and awareness campaigns.

The team have actively contributed to conferences, webinars, and training opportunities to strengthen knowledge and influence the national FTSU and whistleblowing agenda. There has also been a strong focus on leadership development through collaborative work with the Organisational Development and Talent Management (OD&TM) team. This includes the creation of bite-sized FTSU AI videos to support colleagues in understanding and promoting psychological safety at work.

The FTSU feedback survey was launched twice during the year to gather colleague insights. Further collaboration has taken place with CELC, quality improvement conferences, Safeguarding and Prevent conferences, and higher education events.

Additional engagement activities have included station visits, Senior Leadership Team presentations across the Trust, and contributions to Trust inductions. The Lead Guardian has also delivered FTSU coaching conversations and continued to support colleagues raising concerns, including providing support around wellbeing and university commitments.



Encouragingly, there has been a decrease in reports of bullying and harassment. However, there has been an increase in reports relating to inappropriate attitudes and behaviours. In response, the FTSU team has remained highly visible and proactive across the Trust, delivering presentations and engagement activities to address these concerns.



Following the disbanding of the National Guardian's Office, Freedom to Speak Up Guardians will now operate under the Department of Health and Social Care, with NHS England and the Care Quality Commission (CQC). From

April 2026, all FTSU data will be reported through these systems.

Anti-bribery and anti-slavery statements

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 on its

behalf in accordance with Secretary of State Directions. The Trust Board's Audit Committee formally approves the counter-fraud annual work plan and progress reports are provided to the Committee at each of its meetings.

The Trust fully supports the government's objectives to eradicate modern slavery and human trafficking and encourages its staff to pursue training in this regard.



Financial performance

Throughout the year we have continued to focus on maximising available resources to provide the best possible value for the public, who ultimately fund the London Ambulance Service.

The Trust's total income was £801.1m, which was an increase of £45.1m (6.0%) on the prior year, as shown in the table below. The Trust

also invested £101.9m in maintaining and updating its capital and leased assets. The Trust has achieved its Income & Expenditure (I&E) and Capital Allocation targets, through delivery of a £5.0m I&E surplus and capital expenditure of £101.9m against its Capital Resource Limit. The full year surplus includes a one-off allocation of £5.0m Bonus funding, as the Trust achieved the financial performance target set by NHS England. The Trust was notified of this bonus during March 2026.

Income & Expenditure	2021/22	2022/23	2023/24	2024/25	2025/26
	£'m	£'m	£'m	£'m	£'m
Total Income	603.1	646.2	688.6	756.0	801.1
Year-end Surplus (NHS Financial Performance)	0.7	0.1	0.2	0.2	5.1
Capital Investment	2021/22	2022/23	2023/24	2024/25	2025/26
	£'m	£'m	£'m	£'m	£'m
Capital expenditure and leases	44.9	40.7	37.0	74.0	101.9

Reconciliation from Accounting surplus to NHS Financial Performance Target surplus

The Statement of Comprehensive Income (SOCl) in the financial statements showed that the Trust reported a surplus of £1.4m. However, the NHS financial performance regime requires a number of adjustments to

be made so that financial performance during the year can be assessed more accurately. The Trust's I&E financial performance is therefore measured following these adjustments, resulting in a £5.1m surplus. The table below shows the movements from a surplus of £1.4m as shown in the SOCl to a surplus of £5.1m, as measured by NHS England.

	2025/26 £'m
Accounting surplus for 2025/26	1.4
Add back impairments charged to expenditure	3.8
Remove capital grant / add back peppercorn lease depreciation	-0.1
Full year surplus (NHS Financial Performance)	5.1
Remove Bonus Funding	-5.0
Full year surplus measured against original target	0.1

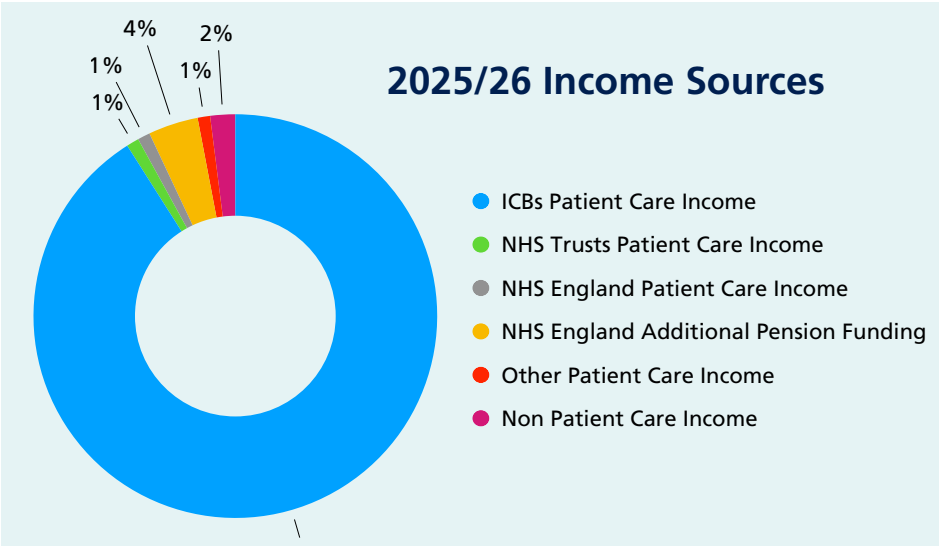
Where our money comes from

In 2025/26 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 Boards 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 2025/26 was £801.1m of which £783.7m was for provision of patient care services and £17.4m for non-patient care services, the majority of which relates to training and education.

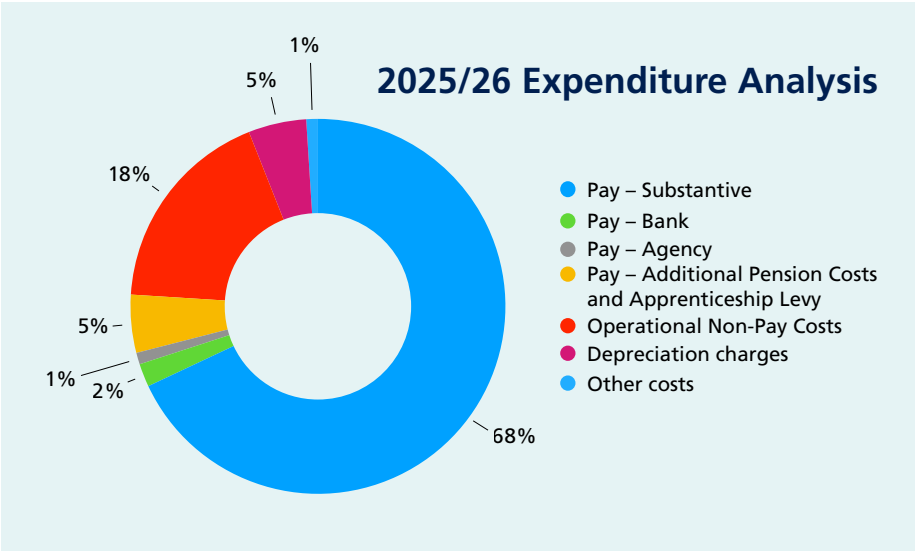
Patient Care Income was received from the following sources: Integrated Care Boards (£732.9m), NHSE England to fund additional pensions costs (£33.9m), NHS England services (£5.4m), NHS trusts (£4.5m) and other non-NHS income (£7.0m).



Where we spend our money

The highest proportion of the Trust’s expenditure (76%) 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/general services and infrastructure/financing costs account for a further 24% of the total expenditure, reflecting the Trust’s focus on delivering patient care.



Capital expenditure

During 2025/26 London Ambulance Service spent **£101.9m** on capital expenditure in the following areas:

	1 £21.2m	£21.2m Acquisition of land – During the year the Trust purchased land in Brixton and West Croydon. These sites will be developed over the new two years into modern ambulance stations providing excellent facilities for our staff, and for the benefit of patients.
	2 £12.6m	£12.6m Estates investment in north east London – We developed the new Resilience Hub East at 8 South Crescent, and the north east London Fleet Service Hub.
	3 £17.5m	£17.5m Other estate investment schemes – These investments include improving the EV and solar panel infrastructure across 23 sites and development of a new Heathrow Ambulance Station.
	4 £7.7m	£7.7m Existing estate investments – During the year we renewed existing estate leases at three sites and invested in critical infrastructure to reduce backlog maintenance across existing estates.
	5 £33.5m	£33.5m Ambulance and Vehicle fleet replacement – During 2025/26 the Trust deployed 55 diesel DCAs, and purchased 45 DCAs for deployment in 2026/27. We also invested in new vehicles for use with our Emergency Preparedness, Resilience and Response (EPRR) teams.
	6 £4.8m	£4.8m IT and medical equipment – We have continued to improve and modernise our IT Infrastructure and replace end of life medical equipment.
	7 £4.6m	£4.6m National Emergency Capabilities Unit (ECU) – During the year the Trust procured a new ECU training facility and invested in new decontamination equipment.

Improving value for money

During 2025/26 the Trust continued to focus on improving value for money to the public and saved £30m through a number of schemes including improving our productivity through decrease of sickness levels, improved supply chain management and reducing overhead costs.

Looking forward to 2026/27

A capital plan of £63.3m has been finalised for next year. During the year we will invest £40.3m on Estates, including construction of new ambulance stations, we will continue to update the Trust's ambulance and vehicles fleet with a planned investment of £13.1m and we will modernise and replace IT infrastructure and medical equipment with investment of £9.9m.

The Trust has agreed a balanced income and expenditure plan with NHS England for 2026/27. As part of this, the Trust has planned for a revenue savings programme of £19.2m for 2026/27 to ensure we continue to deliver value and provide the maximum level of patient care for the resources we receive.





London Ambulance Service Charity

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

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



Charity events

We started the year by cheering on 20 runners – who took on the London Landmarks Half Marathon and raised just under £12,000 for the Charity. Our runners included 13 members of LAS staff and 7 members of the public. Later in April, 10 runners took on the challenge of running the London Marathon and raised £31,300.

The Charity further expanded its events calendar, hosting four events, three of which were sponsored – Dragon Boat Race, London Life Hike, Together in Song and Big Stadium



Abseil. The Dragon Boat Race, was a fun-filled day for teams from LAS and local businesses who took to the water and raced to raise £17,700 for the Charity. We are also grateful to KOCycle for being the first-ever sponsor of this event.



The London Life Hike was our flagship event and was kindly sponsored by Mazuma. The Hike saw participants walk a 6km or 21km hike through the city centre past amazing landmarks. With wonderful weather on the day, participants were in high spirits and raised over £13,000 for the London Heart Starters Campaign.



We added Together in Song, a Christmas carol service, to our events calendar this year. The event took place at the historic St Bride's Church and included audience participation as well as performances by the iconic St Bride's Church choir. The sold-out event was sponsored by Tortus AI and raised a total of £12,000 to help save lives in London.

Finally, 50 participants conquered their fears and took on the Big Stadium Abseil at Tottenham Hotspur Stadium, raising an astounding £17,400.

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

15 staff grants were approved totalling just under £4k for projects specifically requested by staff to improve their working environments.

Additionally, a further £20,000 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.

The London Heart Starters campaign funding provided the installation of 30 defibrillators in neighbourhoods where they are needed most. Ensuring these neighbourhoods, many of which are areas of deprivation, have access to this life-saving equipment ensures that chances of surviving of a cardiac arrest are increased no matter where you live or work in the Capital.

London Lifesavers

The London Lifesaver project, funded through a generous grant from NHS Charities Together, continues to train Londoners with life-saving CPR skills and the confidence to use public access defibrillators. This year, the project taught more than 10,000 year 8 pupils and almost 11,000 members of the public. This is a yearly total of 21,293 people.

Looking ahead

We have further defined our objectives of the charity to include our work in supporting communities through CPR training and installation of public access defibrillators, in addition to supporting the wellbeing of LAS staff and volunteers. These objectives support the wider Trust objectives and are supporting the charity to reach its full potential. Year four of the strategy included growing our supporter database, increasing our events activity, strengthening corporate relationships

and continuing year 2 of the London Heart Starters campaign.

The charity looks to embark on 2026/27 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.

Partner charities

Looking outside of our own charity, we value our partnership with London's Air Ambulance Charity (LAAC). We provide paramedics to respond to life-or-death emergencies by helicopter and by car. An LAS paramedic works alongside a doctor as part of the London's Air Ambulance service to treat patients, while a second paramedic is in our 999 control room identifying patients who would benefit from the skills of an advanced trauma team.

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

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

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

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



Sustainability

Note: Sustainability data are collected retrospectively and captured in line with ERIC reporting which is collated and ratified in July-August of each year. The data shown within the Annual Report are from 2024/25 which are the latest data available to benchmark against the baseline year. Sustainability initiatives that were delivered in 2025/26 will be captured in the data that are collected throughout the year and published in September 2026.

Sustainability statement

Following the completion of the first Green Plan (April 2022–March 2025), the Trust Board has approved a new Green Plan running until March 2029. This updated plan aligns with the Health and Care Act 2022, which requires NHS organisations to consider statutory emissions targets; Streamlined Energy and Carbon Reporting (SECR) requirements; Task Force on Climate-related Financial Disclosures (TCFD) reporting; and NHS England guidance on Green Plans and climate adaptation.

The London Ambulance Service remains committed to achieving net zero emissions by 2040 for Scope 1 and 2 emissions (direct control) and by 2045 for Scope 3 emissions (influenced).

Decarbonising the estate

During 2025/26 the Trust installed solar PV panels at ten sites and began installation at three more, supported by external funding from the Department for Energy Security and Net Zero and the Department of Health and Social Care. Battery storage installation also began at five sites to maximise the use of on-site renewable energy.

Electrification of the estate continues to be a key enabler for transitioning the fleet to electric vehicles. During 2025/26, 288 EV chargers were installed across 18 sites. By 1 April 2026, 27% of Trust sites will be fully electrified in preparation for the wider EV rollout.

Decarbonisation audits were commissioned across nine sites to identify opportunities



to reduce energy consumption and improve efficiency.

Lowering fleet carbon intensity

Between 2025 and 2026, the Trust completed the transition of its fleet to full ULEZ compliance. Seventy new, more energy efficient vehicles were procured, along with seven new electric ambulances. The Trust has since expanded its electric ambulance fleet to 11, with 38 more on order. An additional 50 electric cars have been ordered for delivery in 2026/27.

An EV infrastructure strategy was also approved to ensure the estate can fully support the growing electric fleet and align with the Trust's wider infrastructure strategy.

Reducing waste and improving resource efficiency

The Trust continued to strengthen waste management and recycling through improved segregation of non-clinical waste, staff engagement initiatives, and the introduction of the offensive waste stream. The uniform reuse programme has been developed, and preloved uniforms are now an option when ordering certain clothing items.



SECR (Energy and Carbon Reporting) Disclosure

Carbon footprint report for London Ambulance Service

01 April 2024 to 31 March 2025

Performance summary

London Ambulance Service emitted 18,469 tCO₂e (tonnes of carbon dioxide equivalent) for 2024-25 (NHS Footprint).

Including Footprint Plus, the total carbon footprint was 61,638 tCO₂e.

This is 6% reduction from the baseline.

Table 1 – Tracking emissions over time

	Total tCO ₂ e Base Year 2021/22	Total tCO ₂ e Previous Year 2023/24	Total tCO ₂ e Current Year 2024/25
Scope 1	15,715.35	14,464.35	13,797.05
Scope 2	1,278.52	1,127.85	1,168.51
Scope 3 Footprint	3,513.28	3,276.34	3,503.44
Footprint Total	20,507.15	18,868.54	18,469.00
Scope 3 Footprint Plus	44,910.81	37,394.51	43,169.42
Overall Total	65,417.96	56,263.04	61,638.42
Variance (Scope 1&2) since baseline		↘8%	↘12%
Variance (Overall total) since baseline		↘14%	↘6%

Table 2 – Breakdown of GHG emissions for London Ambulance Service

Category	Sub-category	Total tCO ₂ e			Change from base year (%)
		Base year 2021/22	Previous year 2023/24	Reporting year 2024/25	
London Ambulance Service Carbon Footprint	Scope 1				
	NHS Facilities – Natural Gas	1,371.23	1,275.06	1,307.46	↘4.65%
	NHS Fleet and Leased Vehicles	10,621.37	10,434.80	9,525.28	↘10.32%
	Anaesthetics	3,722.75	2,754.49	2,964.31	↘20.37%
	Scope 2				
	Electricity	1,278.52	1,127.85	1,168.51	↘8.60%
	Scope 3 (Footprint)				
	Energy-and fuel related activities (well-to-tank emissions and electricity transmission & distribution)	3,315.96	3,135.12	2,954.12	↘10.91%
	Business Travel	93.63	44.18	358.02	↗282.38%
	Waste	80.27	75.18	173.69	↗116.38%
	Water	23.43	21.85	17.60	↘24.88%
Carbon Footprint Total		20,507.15	18,868.54	18,469.00	↘9.94%
London Ambulance Service Carbon Footprint Plus					
	Freight Transport	1,272.97	10,773.23	413.81	↘67.49%
	Business Services	14,154.80	1,742.70	12,368.23	↘12.62%
	Construction	4,917.74	7.29	2,501.07	↘49.14%
	Manufacturing Including Medical Devices and Medicines	8,214.97	22,611.98	11,817.34	↗43.85%
	Food and Catering	0.00	0.00	0.00	No Change
	Information and Communication Technology	2,408.54	0.00	1,776.79	↘26.23%
	Commissioned Health Services Outside NHS	12,414.04	97.07	12,069.39	↘2.78%
Staff Commuting	1,527.73	2,162.25	2,222.80	↗45.50%	
Carbon Footprint plus Total		65,417.96	56,263.04	61,638.42	↘5.78%
Incident attended		1,103,821	1,922,080	2,097,150	↗89.99%
Area m ²		109,145	121,342	115,762	↗6.06%
Number of Staff (FTE)		6,052	7,747	8,126	↗34.27%
Turnover (£M)		603.1	688.6	756.0	↗25.35%
Footprint plus Carbon intensity (tCO ₂ e per incident attended)		0.0593	0.0293	0.0294	↘50.41%
Footprint plus Carbon intensity (tCO ₂ e per Area m ²)		0.5994	0.4673	0.5325	↘11.16%
Footprint plus Carbon intensity (tCO ₂ e per FTE)		10.81	7.26	7.59	↘29.83%
Footprint plus Carbon intensity (tCO ₂ e per £M)		108.47	81.71	81.53	↘24.83%

Methodology:

The methodology adopted in line with the Greenhouse Gas Protocol¹ and the DESNZ Environmental Reporting Guidelines².

- London Ambulance Service has adopted an operational control approach to establishing the boundary
- The NHS Footprint and Footprint Plus categorisation has been done in accordance with "Delivering a net zero NHS" framework⁶
- The calculations were completed on the SmartCarbon™ Calculator³ using the UK Government emissions factors⁴ and DEFRA greenhouse gas emissions intensity by industry⁵
- The spend based factors changed to DEFRA factors for 2024-25. Since the DEFRA factors were consumption based as opposed to territorial based factors used previously, there was a significant uplift in the emissions for the same amount of spend. In order to

make like-for-like comparison the base year has been re-calculated

- The previous year's Footprint Plus emissions were also recalculated, however using extrapolation from the change in the base and current year.

Estimations and assumptions:

Scope 3, Category 1 (Purchased Goods and Services) emissions were estimated using spend-based data and the Environmental Extended Input-Output (EEIO) model due to the unavailability of detailed supplier-specific data.

- For Scope 3, Category 6 (Business travel), all cars were assumed to be average size and unknown fuel. A breakdown by car size and fuel type was unavailable
- For Scope 3, Category 7 (Employee commuting), estimates were based on national transport survey results and Full-Time Equivalent (FTE) calculations. More detailed data on staff commuting patterns were unavailable.



Exclusions and justification:

The below table provides details of all relevant Scope 3 categories included.

Scope 3 categories	Included yes/ no/ partially	Justification for any exclusions
Cat 1: Purchased Goods and Services	Yes	
Cat 2: Capital Goods	No	Included in Scope 3, Category 1
Cat 3: Fuel- and Energy-Related Activities	Yes	
Cat 4: Upstream Transportation and Distribution	No	Included in Scope 3, Category 1
Cat 5: Waste Generated in Operations	Yes	
Cat 6: Business Travel	Yes	
Cat 7: Employee Commuting	Yes	
Cat 8: Upstream Leased Assets	No	Not applicable
Cat 9: Downstream Transportation and Distribution	No	Not applicable
Cat 10: Processing of Sold Products	No	Not applicable
Cat 11: Use of Sold Products	No	Not applicable
Cat 12: End-of-Life Treatment of Sold Products	No	Not applicable
Cat 13: Downstream Leased Assets	No	Not applicable
Cat 14: Franchises	No	Not applicable
Cat 15: Investments	No	Not applicable



Taskforce on Climate-Related Financial Disclosures (TCFD) – Phase 3 report

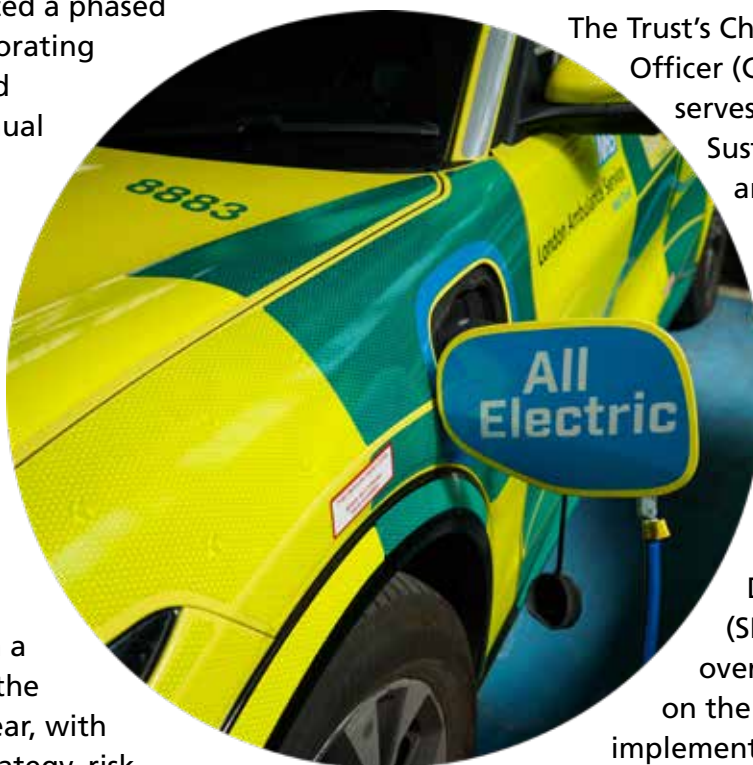
The Trust has adopted a phased approach to incorporating TCFD-recommended disclosures into annual sustainability reporting for NHS bodies, in line with HM Treasury's aligned disclosure guidance for public sector annual reports. These disclosures, as interpreted and adapted for the public sector, will be implemented on a phased basis up to the 2025/26 financial year, with the governance, strategy, risk management and metrics and targets pillars referenced for 2025/26.

Governance

LAS included a statement on its alignment with TCFD within the Trust's [2023-2024 annual report](#), and detailed disclosures regarding the Trust's governance of climate issues, aligned with TCFD recommendations. This was then updated and expanded for the Trust's 2024-2025 annual report, providing further detail on the delivery of the Trust's updated [Green Plan](#). Succeeding the Trust's 2021-2025 Carbon Neutral Plan, the Green Plan sets out a 4-year plan (April 2025 – March 2029) to build on the successes of the Carbon Neutral Plan while also addressing newly identified areas of action to reduce the Trust's carbon impact.

Management plays an active role in assessing and managing climate-related issues. The Trust's Board of Directors ("the Board") hold ultimate responsibility for overseeing all climate-related risks and opportunities. This includes approving the Green Plan, and monitoring progress against climate-related goals and targets.

Progress towards these targets is continually monitored, and shared at The Sustainability Programme Board meetings, which take place on a quarterly basis.



The Trust's Chief Financial Officer (CFO), Rakesh Patel, serves as the Board-level Sustainability Lead, and is responsible for providing strategic direction and senior leadership for the delivery of the Green Plan. The Sustainability Programme Board is supported by the Sustainability Delivery Group (SDG). The SDG oversees and leads on the day-to-day implementation and operationalisation of the Trust's

Green Plan, delivering the actions and initiatives set within it. The SDG generally meets quarterly to identify, assess and discuss climate-related risks, which are then elevated to the Sustainability Board for discussion and mitigation planning as required.

The SDG is comprised of representatives from several departments, including but not limited to, the sustainability division, estates and facilities, clinical, pharmacy, fleet and transport, procurement and supply chain, digital, people and culture and communications, along with executive and non-executive representation. As such, all areas of the Trust's Green Plan are represented. The SDG provides assurance to the Board and gives updates on progress made against the Green Plan actions and net-zero commitments, in the form of a progress report to the Sustainability Programme Board.

Wider progress against the commitments set out in the Trust's Green Plan is reviewed annually, with key actions, identified, developed and updated. This ensures that the plan remains aligned with national

NHS net-zero targets and local operational priorities. Furthermore, the plan undergoes update with approval from the Board every three years, in line with the timescales of NHS England and Green Plan guidance, in which updated governance arrangements for sustainability are included.

Management plays an active role in assessing and managing climate related issues and emissions reduction progress is reported regularly. The Sustainability team keep an active tracker to review progress against all actions which derive from the Sustainability Programme Board. All internal managers are accountable for ensuring environmental and sustainability policies are accessible to their teams and actively incorporated within operations. The log captures the following details:

- The task identification number;
- A description of the action required;
- The person(s) accountable for delivering the action;
- The date upon which the action was raised;
- A target date for completion of the action;
- The actual date upon which the action was completed;
- The status of the action (not started, in progress, completed); and,
- Progress updates/comments against the action.

The tool provides a platform for effective and targeted updates to be provided at Sustainability Programme Board meetings, by those held responsible for implementing agreed actions. More generally, all LAS staff are encouraged to learn, innovate and embed sustainability into their everyday actions and clinical activities.

Strategy

The Trust has aligned with the TCFD recommendations and disclosure requirements of the strategy pillar for 2025/26. We have identified the climate-related risks and opportunities for the Trust over the short, medium and long-term, including actual and potential impacts of a range of climate-related risks and opportunities.

In line with the Trust's existing strategic and business planning time horizons, we currently consider climate-related risks in the short term to be existing risks over a 0-3 year time horizon; we do not have specific medium-term risk period applied to existing strategic and business plans, however we will work to develop this into the future applying up to a 15 year period; and the long-term risk period is considered as all potential future risks stretching over 25 years to the NHS carbon footprint plus target of 2050. The Trust plans to consider climate-related risks and opportunities more specifically in the short,



medium and long-term along with defined time horizons for each of these. We will also expand our perception of risk beyond 2050, to ensure preparedness into the future.

According to the [local climate adaptation tool](#) and under existing global policies, average annual climate change for the London region in 2070 compared with local records from the 1980s is expected to be the following:

- An increase in temperatures by 3.10°C
- An increase in rainfall by 0.07 millimetres/day (mm/day)
- A decrease in cloudiness by 21.02 watts/m²
- A decrease in windiness by 0.15 metres per second (m/s)

Yearly average temperatures are expected to reach 12.06 °C by 2030 (short-term), 12.17°C by 2040 (medium-term) and 12.44°C by 2050 (long-term). Yearly average rainfall is expected to reach 1.82mm/year by 2030 (short-term), fall to 1.79mm/year by 2040 (medium-term) and fall to 1.68mm/year by 2050 (long-term). Yearly average wind speed is expected to reach 3.77 m/s by 2030 (short-term), decrease to 3.69 m/s by 2040 (medium-term) and decrease further to 3.61m/s by 2050 (long-term).

According to the climate central coastal risk screening tool, projections of sea level rise, and annual coastal flood risk could lead to an increased risk of flooding in the short, medium and long term. The risk of flooding is concentrated those areas closest to the River Thames, with these areas expected to be below sea level by 2050. This is illustrated in Figure 1.





Figure 1 – Land projected to be below annual flood level (2050)

Our identification of climate-related risks and opportunities is aligned with the NHS climate change risk assessment (CCRA) tool guidance and requirements. When determining which risks and opportunities could have a material impact, we analysed the different resources contained within the CCRA tool, including the Met Office climate change visualisation tool; UK climate risk indicator tool; Met Office integrated data archive system; UK climate risk, evidence for the third UK climate change risk assessment document; local climate adaptation tool; gov.uk's long-term flood risk for areas in England document; and climate central's coastal risk screening tool, and reviewed past climate-related hazard events which have impacted the Trust.

In alignment with the climate-related risks addressed in table A1.1 of the HM Treasury application guidance, the Trust acknowledges the following risks relevant to the entity:

- policy and legal risks including increased pricing of greenhouse gas emissions and enhanced emissions reporting obligations, leading to increased operating costs
- technology risks including substitution of existing products with lower emission alternatives and costs of transitioning to lower emission technology, leading to early write-off/retirement of existing assets and reduced demand for products and services and increases in capital investment costs

- market risks including increased costs of raw materials, leading to increased costs of utilities
- increased severity of extreme weather events including flooding and heatwaves, leading to negative impacts on workforce, and potential write-off/retirement of existing assets; and,
- changes in precipitation patterns, rising mean temperatures, and rising sea levels, leading to increased operating costs.

In alignment with the climate-related opportunities addressed in table A1.2 of the HM Treasury application guidance, the Trust acknowledges the following opportunities relevant to the entity:

- resource efficiency including that of modes of transport, buildings, utilities and resources, leading to reduced operating costs
- energy source including use of low-emission energy sources, leading to reduced operational costs
- resilience through participation in renewable energy programmes, leading to the increased reliability of supply chain.

The key climate-related issues impacting LAS have been identified as heatwaves and high temperatures, downpours and flooding, severe weather and cold weather. In response to tackling climate-related issues, the Trust intends to develop a Climate Change Adaptation Plan (CCAP). The CCAP

will support the Trust's Green Plan and focus on building resilience against climate impacts from extreme weather events, such as floods, heatwaves and cold weather. The mitigation measures outlined in the CCAP shall directly complement the findings of the CCRA. The Trust expects to have the CCAP in place by September 2026.

The Trust has considered the potential impact of climate-related risks and opportunities on its operations, strategy and financial planning across the short, medium and long-term, under a global warming pathway of 2°C or lower, in line with HM Treasury TCFD application guidance. These considerations have been informed by outputs from the CCRA tool, the Trust's risk management processes and regional climate projections.

Such hazards may affect several organisational elements that support the delivery of healthcare services, including service demand, estates and infrastructure, supply chains and procurement, workforce wellbeing and financial planning.

Climate-related risks could influence service demand and patient outcomes, particularly

within the communities served by the Trust. Prolonged cold weather could exacerbate existing health problems amongst vulnerable groups, or lead to a greater number of slips, trips and falls occurring. Such incidences could put further pressures on call handlers responsible for managing the allocation of emergency provision. Those pressures could be felt further down the supply chain, as emergency response resource is stretched dealing with an increased number of call outs. Similar pressures could be experienced where heatwaves take place.

Climate change may also affect the resilience of the Trust's estate and infrastructure. Rising temperatures may increase cooling requirements and affect critical systems such as digital infrastructure and data centres that support emergency response care, communications and medicine logistics. Heavy rainfall and flooding may increase the risk of building damage or disruption to services, while prolonged cold weather may affect building systems and infrastructure performance. These risks may require additional investment in estate resilience and infrastructure adaptation over time.



In addition, climate-related risks may affect supply chains and procurement activities. Extreme weather events may disrupt transport routes and logistics networks, potentially affecting the delivery of essential goods and services required to support clinical operations. Extreme temperatures may also affect the storage and transport conditions required for certain medications and clinical supplies.

The Trust's approach to managing climate-related risks and opportunities will take place over the identified time horizons. In the short-term, the Trust's is focused on continuing its work to decarbonise the estate, against direct emissions targets, coupled with the strategic development of capabilities pertaining to the embedding of sustainability practices by the workforce into everyday actions. This includes the supporting of staff to make greener commuting choices, behavioural change initiatives, and incorporating sustainability further into corporate operations.

Over the medium term, greater emphasis will be placed on infrastructure resilience, and sustainable procurement practices, including adopting a procurement approach that supports the NHS Net Zero Supplier Roadmap. In the long term, strategic planning will focus on ensuring that the Trust's infrastructure and services remain resilient to evolving climate conditions while contributing to net-zero targets. Due to the Trust's inland location, risks associated with coastal flooding and erosion are considered low. Nevertheless, projected sea level rise could increase the risk of flooding within river systems, notably the River Thames. Wider climate impacts across the UK may influence population distribution and demand for healthcare services over the longer term.

Climate-related risks to the Trust are separated into two categories: physical risks resulting from increased exposure to climate hazards driven by climate change, and transition risks arising from the transition away from greenhouse gas-emitting activities.

Informed by the NHS' CCRA tool, the most

significant physical risks facing the Trust result from heatwaves, extreme rainfall events and severe weather, which may affect estate infrastructure, emergency response co-ordination, and service continuity. Under a warming pathway of 2°C or lower, these risks are expected to increase gradually over the medium and long term as average temperatures rise and extreme weather events become more frequent. Transition risks are associated with Trust targets and national policy and regulatory requirements relating to decarbonisation and environmental sustainability. In accordance with the Green Plan, the Trust aims to achieve a 20% carbon reduction by 2028. Furthermore, the Trust is required to reduce direct emissions to net-zero by 2040 and indirect emissions (relating to the supply chain) by 2045. The CCRA tool evaluated potential climate risk across the Trust's estates, operations and supply chains under a 2°C warming scenario. This assessment identified extreme temperatures and heavy rainfall events as the most likely physical climate hazards affecting the Trust's operational environment over the short to medium term.

Risk Management

The Trust has aligned with the TCFD recommendations and disclosure requirements of the risk management pillar for 2025/26. We systematically identify, assess and escalate climate-related risks in accordance with the Trust's sustainability governance framework. Climate-related risks are formally recorded in two systems:

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

Individual managers within the SDG are responsible for identifying risks related to the Green Plan within their respective areas. The SDG meets quarterly with risk identification and updates on ongoing project risks a standing agenda item within these meetings.



Characterisation of these risks, the mitigation/control measures in place, and a 4-point residual risk assessment is contained within a dedicated risk log.

Risks identified by the Delivery Group are escalated to the Sustainability Programme Board, chaired by the CFO. Meeting quarterly, the Board reviews, assesses, and scores these risks to decide on the most appropriate response:

- Mitigate the risk by reducing its likelihood or impact
- Transfer the risk to another party
- Accept the risk when action is not required
- Control the risk through strengthened internal processes.

Decisions are made through open discussion, with outcomes formally recorded in Board documents and the risk register. The Sustainability team also identifies and manages climate-related risks within Radar and escalates them through the Green Plan Framework. At the time of writing, there are three risks currently registered in the Trust risk register:

- Risk of disruption to LAS operations/ infrastructure as a result of climate change, notably extremes of weather including flooding and wildfires. This could impact on the Trust's ability to deliver a safe level of care if not properly managed



- Risk of heightened demand for LAS services as a result of extreme weathers attributed to climate change, which may impact on the Trust's ability to deliver a safe level of care if not properly managed
- 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 the Trust not achieving NHSE and internal carbon reduction targets if not properly managed.

The first two risks have been categorised with a score of 12 each, with the third categorised with a score of 9. The target score for each of the three risks is 6.



Metrics and Targets

The Trust has aligned with the TCFD recommendations and disclosure requirements of the metrics and targets pillar for 2025/26. We have disclosed and described the metrics and targets that the Trust uses to assess and manage climate-related risks and opportunities, below.

At the highest level, the Trust has committed to align with NHS England's mandatory net-zero targets:

1. to achieve net-zero for our NHS carbon footprint (emissions which we can directly control) by 2040, with an 80% reduction compared to 1990 figures by 2032 at the latest
2. to achieve net-zero for our NHS carbon footprint plus (emissions which we can influence) by 2045, with an 80% reduction compared to 1990 figures by 2039 at the latest.

Progress against these targets is measured using our carbon footprint tool and the most recently published update of this can be found in our [Green Plan 2025-2029](#).

The Green Plan builds upon the successful delivery of the Green Plan 2022-2025, where 8% carbon emission reduction was achieved in the first two years of the plan. The Green Plan provides annual updates of the carbon footprint and publishes annual updates to compare against our baseline year and forecast our performance towards our net-zero targets.

The Trust does not utilise internal carbon pricing. Carbon assessments and validation exercises are undertaken annually. This process supports the appraisal and evaluation of capital projects and procurement contracts.

The Trust has established metrics and measures to manage and realise the climate opportunities detailed within the Green Plan.

The Green Plan is the organisation's strategy for achieving carbon reduction progress and is implemented over a five-year period. The plan also includes interim targets, which support the Trust in demonstrating progress towards overall targets. The Trust's CCRA is also based on an implementation framework (albeit longer term). It is therefore the intention of our Green Plan and CCRA to achieve all interventions listed within these strategies within the set timeframes. The Trust includes qualitative progress measures and expected emissions reductions in the Green Plan 2025-2029, along with specific, measurable,

achievable, relevant and time-bound actions with applicable key performance indicators, to ensure progress can be measured against all target actions. The interim targets contained within the Green Plan support the Trust in demonstrating progress towards overall targets.

The Trust confirms there are no intentional differences between the targets we have set and any public announcements or reports which establish other climate-related commitments, pledges or goals, and that those actively pursued by the Trust are aligned with those visible in our organisational plans.



Future outlook

While the Trust has made great progress in many areas of our performance, we need to maintain our focus on enhancing the way we deliver care to our patients, the culture of our organisation and our approach to financial sustainability if we are to meet our ongoing statutory requirements.

In the next three years, our statutory responsibilities will include achieving an average response time to our Category 2 calls of 25 minutes in 2026/27, 21 minutes in 2027/28 and 18 minutes in 2028/29 with 90% of calls responded to within 40 minutes. This comes amid significant ongoing rises in demand for our services, alongside changes to the nature of care we need to provide for our patients. Alongside these national standards, we want to continue our focus on clinical outcomes and will be looking to develop our improvement approach.

The Trust's work to transform our approach focuses on seven strategic priorities, which will drive operational delivery in 2026/27 and enable us to achieve our statutory requirements and strategic ambitions in the medium-term. These priorities are aligned with our five-year strategy, Care Quality Commission requirements, the National Oversight Framework and Provider Capability requirements, and the ambitions of the NHS 10-year plan Fit for the Future.



Overview of our

Strategic priorities for 2026/27



Achieving Advanced Foundation Trust status

In line with the new NHS England Advanced Foundation Trust Programme, the Trust will pursue work to achieve Advanced Foundation Trust status. Achieving this new marker of excellence would ensure LAS benefits from substantial additional powers that we can use to enhance the quality of patient care we provide.



Launching a new operational delivery model

We will launch a new model of care to support required improvements to our Category 2 response time performance. Our approach will deliver internal improvements and efficiencies within the Trust, while capitalising on the opportunities presented by developments in integrated care and neighbourhood health with our partners. The new model will focus on areas including team productivity, increasing our provision of hear and treat and how we dispatch our crews to our patients.



Patient care strategy

The Trust will explore a new approach to patient care, considering emerging healthcare needs and the opportunities in digital transformation and development of our workforce. To ensure we meet the future care needs of Londoner's, we will focus on developing our teams and introducing skills to ensure we can meet the needs of specific patient cohorts. To support this, the Trust will consider building on our work to support patient groups who suffer from health inequalities, reviewing how we employ and develop our teams, and the equipment and resources we need for targeted care.





Collaboration and partnerships strategy

The Trust will consider opportunities for building intentional collaborations and partnerships to better serve our patients, with a specific focus on integrated care and development of neighbourhood health. We will work to capitalise on the unique opportunities available to the Trust through the NHS Digital Front Door. As a pan-London organisation, the Trust will look to capitalise on opportunities for enhanced collaboration with our range of partners.



Volunteer and charity strategy

We will work to define our approach to volunteering and charitable activities for the future, ensuring our strategic approach to volunteering furthers our clinical model and the quality of care we provide to our patients.



Commercial strategy

The Trust will develop an approach that builds on our core strengths to diversify our income sources and create opportunities for our staff.



Culture development

The Trust will work to define the culture of our organisation. We will use themes raised through our Staff Survey, the 'We are LAS' roadshows and Freedom to Speak Up to consider the future design of the Trust and the standards to which we collectively aspire.



Jason Killens KAM
CHIEF EXECUTIVE

22 June 2026

SECTION 2:

Accountability 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 steps that he or she ought to have taken to make themselves aware of any such information and to establish that the auditors are aware of it.

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



Compliance statements

CQC registration

During 2025/26, CQC inspection activities at the Trust included engagement calls and virtual monitoring meetings.

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

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

Compliance with the NHS Provider Licence

The Trust is required to hold and comply with the NHS Provider Licence issued by NHS England under the Health and Social Care Act 2012. The Board confirms that, throughout the year, the Trust has complied with the conditions of the NHS Provider Licence.

The Trust has established and maintained appropriate systems and controls to ensure effective governance, risk management and accountability, including compliance with the Fit and Proper Persons requirements. The Trust works collaboratively within its Integrated Care System to support service integration, system objectives and the delivery of high-quality, safe and sustainable services for patients.

The Board receives regular assurance on compliance with the licence conditions through performance reporting, risk management processes and engagement with NHS England. The Board confirms that no material breaches of the NHS Provider Licence conditions occurred during the year.

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

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.

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; the Chief Finance Officer is the senior Board lead on net zero compliance.

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 proactive reporting of concerns.

The Trust also has a Remuneration and Nominations Committee consisting of the Non-Executive Directors, joined when appropriate, by the Chief Executive and the Chief People Officer.

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. 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.

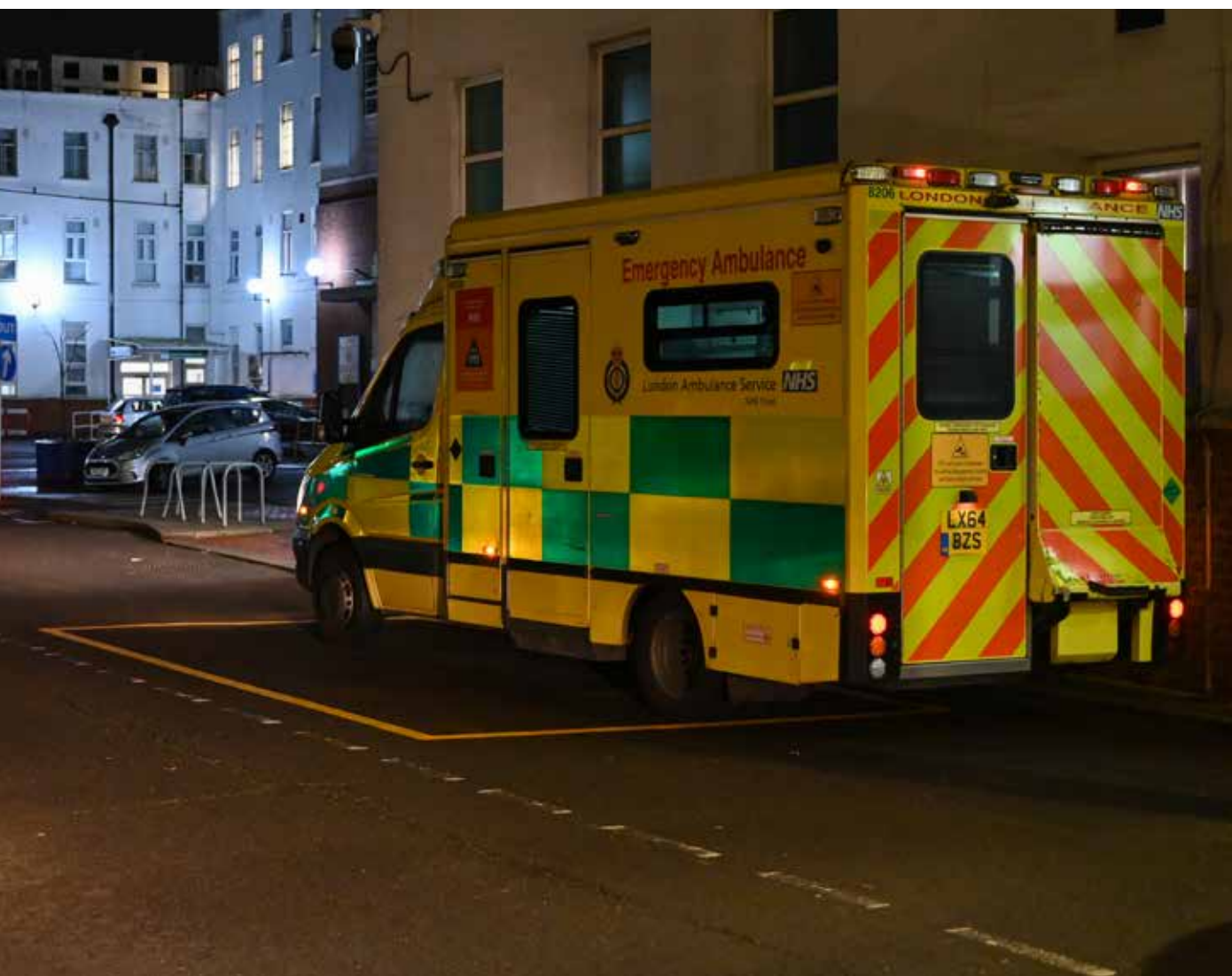
All assurance committees undertake an

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.

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

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 itself has undertaken a self-assessment against the NHS England *Provider Capability Framework*. This self-assessed 'green' rating was later confirmed by NHS England.



Board of directors

The table below provides information on the Board of Directors who served during the 2025/26 year.

(Board Members) Non-Executive Directors	Name	From	Until
Chair	Andy Trotter	01/07/2022	30/06/2028
Non-Executive Director (Deputy Chair)	Rommel Pereira	01/02/2020	31/01/2027
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	Gaurav Kumar	06/02/2026	05/02/2029
Non-Executive Director	Shera Chok	01/02/2024	31/01/2027
Non-Executive Director	Mark Spencer	01/04/2019	31/08/2025
Non-Executive Director	Martin Machray	01/09/2025	31/08/2028
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	Name	From	Until
Chief Executive	Jason Killens	21/07/2025	Present
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	30/04/2024	Present
Chief People Officer	Damian McGuinness	14/06/2021	31/08/2025
Acting Chief People Officer	Simon Steward	01/09/2025	Present
Directors	Name	From	Until
Director Corporate Affairs	Mark Easton	04/01/2022	09/12/2025
Director Corporate Affairs	Jo Cripps	05/01/2026	Present
Chief Strategy and Transformation Officer	Roger Davidson	31/01/2022	Present
Chief Digital Officer	Clare McMillan	16/10/2023	Present

Composition of the Board of Directors

The Trust Board is made up of 17 members – our Chair, eight Non-Executive Directors, five Executive Directors (voting), including the Chief Executive Officer, and three Directors.

All of our NEDs are considered 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 other Executive Directors are appointed through a process of open advertisement 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.



Declaration of interests

The table below provides information on the interests declared by the Board of Directors who served during the 2025/26 year.

Name & Role	Description of Interest	Relevant Date- From	Relevant Date- To
Andrew Trotter Chair	Trustee – NHS Providers Board	July 2024	June 2027
Robert Alexander Non-Executive Director	Non-Executive Director at South West London ICB	April 2025	Present
	Non-Executive Director Imperial College Healthcare NHS Trust	April 2021	Present
	Non-Executive Director, London North West University Healthcare NHS Trust	September 2022	Present
	Advisor Health Spaces Ltd	March 2025	Present
	Advisor – CHKS Ltd	November 2018	Present
	Trustee Chair London Ambulance Charity	September 2021	Present
Rommel Pereira Non-Executive Director	Senior Independent Director Deputy Chair Chair of Audit Committee	London Ambulance Service NHS Trust	Present
	Trustee London Ambulance Charity		Present
	Board of HM Land Registry	February 2025	January 2028
	HM Land Registry – Chair of ARC		Present
	Board Member– NHS Supply Chain	January 2023	January 2029
	Non-Executive Board Member and Chair of ARC NHSSC		April 2028
	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
	Board Member of The National Archives and Chair of ARC	1/5/21	30/4/28
Anne Rainsberry Non-Executive Director	Non-Executive Director at SWL ICB	January 2025	Present
Sheila Doyle Non-Executive Director Term ended – February 2026	NHS Supply Chain.	January 2024	February 2026
	Independent Trustee on the Board of Trustees for The Peoples Pension	April 2024	February 2026

Name & Role	Description of Interest	Relevant Date- From	Relevant Date- To
Karim Brohi Non-Executive Director	Advisory Board Member to AI Nexus who are in early phase innovations of artificial intelligence applications for healthcare monitoring and diagnosis.	May 2021	Present
	Trustee – TellMi Foundation		Present
Shera Chok Non-Executive Director	The Shuri Network GP – Chair of national network for women from minority ethnic groups in digital health and data		Present
	NIHR National Lead for Community Settings	April 2024	Present
	Barts Charity Grants Committee – Member	January 2026	Present
Martin Machray Non-Executive Director Term commenced September 2025	Director of Machray Consultancy Services Ltd	Interest held since August 2024; appointed to Board in September 2025	Present
	Director/Member of Portman Group Independent Complaints Panel	December 2024	Present
	Oxleas NHS Foundation Trust – Non Executive Director	May 2025	Present
	Independent Chair of North East London Training Hub Oversight Committee – Pro-bono work to support primary care training in North East London		Present
Gaurav Kumar Non-Executive Director Term commenced February 2026	Global Chief Information Officer – Assa Abloy Entrance Systems	Interest held since 2014; appointed to Board in February 2026	Present
Mark Spencer Non-Executive Director Term ended August 2025	GP in HMP Bullingdon, Buckinghamshire, subcontracted to Practice Plus (formerly CareUK)	April 2021	September 2025
	Health Care Consultancy, varied – currently NEL LIS	April 2021	Present

Name & Role	Description of Interest	Relevant Date- From	Relevant Date- To
Jason Killens Chief Executive Officer Commenced July 2025	Honorary Professor – Swansea University (School of Medicine)	Interest held since 2018; appointed to Board in July 2025	Present
	Chair/Director – Association of Ambulance Chief Executives (AACE)	2024	Present
	Officer – Most Venerable Order of the Hospital of St John of Jerusalem (Order of St John)	2024	Present
	London Urgent Care Ltd, Holding Director (Dormant Company)	2025	Present
	Director – London Ambulance Service Ltd (LAS dormant company)	2025	Present
	London Emergency Care Ltd, Holding Director (Dormant Company)	2025	Present
Daniel Elkeles Chief Executive Officer Left May 2025	Lift Schools – Trustee	November 2021	July 2025
	Trustee London Ambulance Charity	November 2021	July 2025
	London Emergency Care Ltd, Holding Director (Dormant Company)	November 2021	July 2025
	Director – London Ambulance Service Ltd (LAS dormant company)	November 2021	July 2025
	London Urgent Care Ltd, Holding Director (Dormant Company)	November 2021	July 2025
Fenella Wrigley Deputy Chief Executive and Chief Medical Officer	Royal London Hospital, Barts Health Emergency Medicine Consultant – Financial – Substantive NHS Consultant	July 2008	Present
	St John Ambulance London Region Regional Professional lead for Specialist Events	August 2012	Present
	All England Lawn Tennis Club – Chief Medical Officer – Financial	September 2018	Present
	Clinical Ambulance Advisor – NHSE London Region	January 2022	Present
	National Medical Advisor (Ambulance) – NHSE (seconded as part of LAS role)	October 2023	Present
Rakesh Patel Deputy Chief Executive and Chief Finance Officer	Independent Governor and Member of the Finance Committee Greenwich University	September 2023	Present
Pauline Cranmer Chief Paramedic Officer	NIL	N/A	N/A
Roger Davidson Chief Strategy and Transformation Officer	NIL	N/A	N/A
Damian McGuinness Chief People Officer Left August 2025	Nil	N/A	N/A
Simon Steward Acting Chief People Officer From September 2025	Nil	N/A	N/A
Clare McMillan Chief Digital Officer	NIL	N/A	N/A
Mark Easton Director of Corporate Affairs Left December 2025	Trustee, Royal College of Ophthalmologist – Unpaid 4 year post	January 2021	December 2025
Jo Cripps Director of Corporate Affairs Commenced January 2026	Trustee of Lime Academy Trust (education)	December 2025	Present

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 London Ambulance Service 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 the London Ambulance Service NHS Trust for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership of the risk management process

The Chief Executive has overall responsibility for risk management across all organisational, financial and clinical activities. Executive Directors are accountable through individual and corporate objectives aligned to the Board's priorities.

The Trust's Risk Management Strategy and Policy sets out clear accountability, reporting arrangements and processes to maintain effective internal control. Risk management is integral to strategic management and to improving patient and staff care, ensuring that risks to achieving objectives are identified, assessed and mitigated. The Strategy defines roles and responsibilities for senior leaders and underpins the operation of the Board Assurance Framework (BAF) and Corporate Risk Register.

The policy promotes a positive risk management culture, embedding risk assessment within clinical, managerial and financial decision-making. It focuses on identifying emerging risks, understanding their impact and implementing appropriate mitigation, supported by clear leadership, accountability and cross directorate working.

Responsibility for implementing risk management is delegated to Executive Directors. The Chief Medical Officer (CMO) is responsible for patient safety, quality and clinical governance, including incident management, infection prevention and control, controlled drugs and Caldicott Guardian responsibilities, and oversight of clinical risks through to the Corporate Risk Register. The Chief Paramedic is responsible for ambulance operational performance, clinical education, professional standards and safeguarding. Financial risk management, strategic assets and security sit with the Chief Finance Officer. The quality improvement programme is led by the Chief Strategy and Transformation Officer, with clinical oversight from the Deputy Chief Paramedic. Responsibility for the Senior Information Risk Owner transferred during the year to the Chief Digital Officer.

The Director of Corporate Affairs supports the Executive Leadership Team and leads the maintenance and reporting of the Board Assurance Framework. The BAF aligns with national guidance and provides assurance on the Trust's principal strategic risks. Executives



provide assurance to the Board and its Committees on the effectiveness of controls, while Board Committees provide scrutiny and challenge within their areas of responsibility.

Staff training on risk management

The Trust delivers a comprehensive mandatory and statutory training programme, including governance and risk management awareness, to ensure staff can identify and manage risks appropriate to their roles. There is an e-learning package on risk awareness available to staff, with tailored specialist training provided to managers and leads responsible for local implementation. Staff have access to guidance and advice through the Trust intranet and Risk Manager support. All training is recorded centrally on ESR, and staff have access to guidance and advice through the Trust intranet and Risk Manager support.

Continuous learning is encouraged through Audit Committee “thought leadership” discussions and the Risk Compliance and Assurance Group. Training content is regularly refreshed, with monitoring and escalation arrangements in place to address areas

where compliance or performance falls below required standards.

Risk management is led from the top of the organisation through the Board, its committees and the executive leadership team. The Trust Board meets in public and is responsible for the strategic direction, culture and organisational performance of the Trust. The Board comprises executive and non-executive members and is chaired by Andrew Trotter OBE QPM.

Leadership of the risk management process is exercised through the Board’s oversight of strategic objectives, assurance and performance, supported by executive management arrangements and committee scrutiny. Risk ownership is allocated to executive leads, with escalation through directorate and corporate governance routes into the Board Assurance Framework and committee reporting structure. Public Board meetings, published Board papers and the annual declarations of interests register also support transparency and accountability.

Staff are supported to manage risk through organisational policies, governance processes,

mandatory training, incident reporting arrangements, speaking up mechanisms and specialist advice from corporate and clinical governance teams. The Trust seeks to promote an open culture in which concerns, incidents and near misses are reported promptly and used for learning and improvement. This is supported by its published Freedom to Speak Up arrangements and by Board-level focus on patient safety, workforce and quality.

The Trust also seeks to learn from good practice through internal audit, clinical audit, external review, benchmarking within the ambulance sector, regulatory engagement and system working across the NHS in London, and the ambulance sector nationally. These mechanisms support continuous improvement in governance, risk management and internal control.

The risk and control framework

The Trust's risk management strategy is designed to identify, assess, control and monitor risks at strategic, corporate and operational level. Risks are identified through routine management processes, incident and complaint learning, performance oversight, workforce and finance reporting, digital and information governance review, audit work and committee scrutiny. Risks are assessed using the Trust's risk management methodology, with changes in risk profile escalated through management and committee structures as appropriate. Risk appetite is determined by the Board and reflected through decision-making, prioritisation and scrutiny of the Board Assurance Framework and related risk registers.

The Board is supported by formal governance

arrangements including the unitary Board, executive leadership structures, audit and assurance processes, committee scrutiny and integrated reporting. Information on the Trust's website confirms the Board's formal composition, public meeting arrangements and published Board papers, which provide the basis for oversight, challenge and accountability.

The Trust's Risk Management Strategy and Policy sets out the principles, framework and processes that support effective risk management across the organisation. It enables the Trust to deliver its objectives by identifying and managing risks, enhancing opportunities and embedding value-adding risk management within day-to-day operations. A holistic approach is taken, encompassing both clinical and non-clinical risks, including strategic, financial, operational, regulatory, environmental, information, and reputational risks.

Risk management is integral to the Trust's continuous quality improvement approach and ensures compliance with external standards, statutory duties and legislative



requirements. The Trust recognises risk management as fundamental to good management practice and is committed to embedding it within organisational culture. The Board actively oversees the identification, evaluation and treatment of risk as a continuous process supporting both strategic and operational decision-making across clinical, corporate and financial activity.

Equality Impact Assessments (EIAs) are embedded within all policy development to ensure services and decisions are inclusive and do not disproportionately disadvantage any group. EIAs are published alongside policies, with advice and monitoring provided by the Equality, Diversity and Inclusion team.

Information and cyber security risks are overseen by the Information Governance Group, which monitors compliance with the Data Security and Protection Toolkit (DSPT) and reports regularly to the Audit Committee.

Risks are identified through a range of proactive and reactive internal and external sources, including risk assessments, incidents, complaints, claims, external alerts and performance indicators. Risks are assessed, RAG-rated and, where appropriate, escalated to the Corporate Risk Register and/or the Board Assurance Framework (BAF). The Risk, Compliance and Assurance Group

(RCAG) reviews and monitors risks, with regular reports provided to Board Assurance Committees and the Trust Board. The Audit Committee has delegated responsibility for ensuring that effective risk management arrangements remain in place.

The Board Assurance Framework for 2025/26 was aligned to the Trust's three strategic themes and business plan objectives, which flow through to executive and organisational objectives. Each BAF risk is allocated to a lead assurance committee for scrutiny of controls, performance and mitigation, supported by a robust internal audit programme. Risks are owned locally in line with the Scheme of Delegation, with escalation where risks cannot be effectively managed at local level, require significant investment or are deemed significant at Trust level.

The Trust promotes a positive risk culture in which unsafe practice is not tolerated, and staff are encouraged and empowered to identify and escalate risks. Risk management is embedded within organisational and committee structures, which are reviewed annually. The Trust's Risk Appetite Statement, setting out the level of risk the Trust is willing to accept in pursuit of its strategic objectives, is reviewed and approved regularly by the Board.



Principal and emerging risks 2025/26

During 2025/26, the Board identified the following principal and emerging risks:

- Achieving ambulance performance standards amid increasing demand, constrained system capacity (including handover delays), funding pressures and productivity challenges
- Delivering sustained workforce inclusion, increasing representation and reducing disparities for under-represented groups, including addressing the



gender pay gap, supporting disabled staff and improving progression for staff from black and minority ethnic backgrounds

- Exposure to cyber-attack or information security breaches, with potential service disruption, data loss, financial impact, reputational damage and risks to DSPT compliance.

Quality risk management

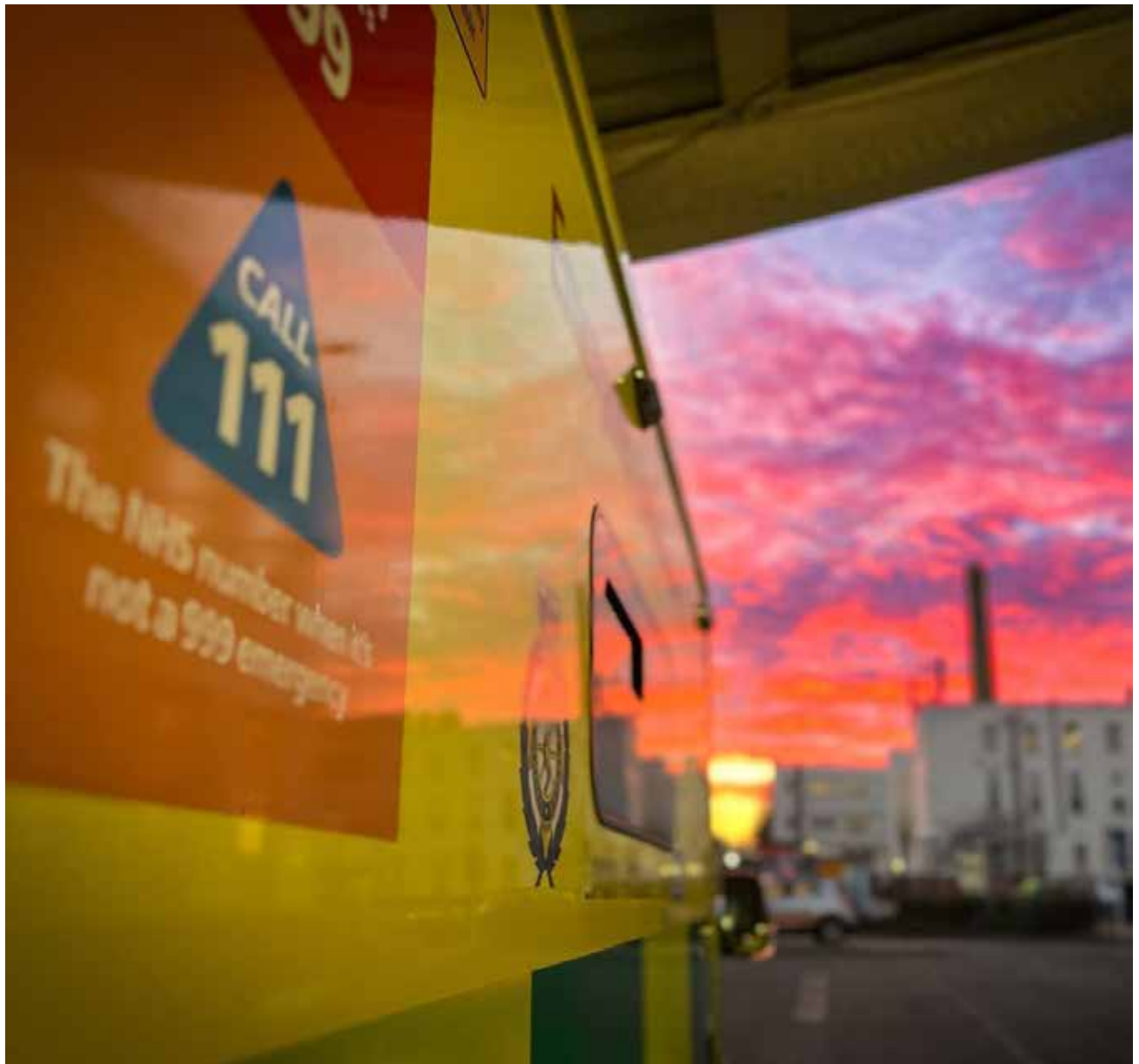
Quality risks are managed through a comprehensive assurance framework. The Trust's Quality Strategy aligns with Care Quality Commission fundamental standards, and annual quality improvement priorities are agreed by the Board and

published in the Quality Account.

Quality oversight is provided by the Quality Assurance Committee, chaired by a clinical Non-Executive Director, supported by the Clinical Quality Oversight Group and local quality governance forums. Performance against key quality indicators is reported regularly to the Committee and Trust Board through the Quality Report. Quality improvement programmes are overseen by the Executive Leadership Team and assured through Board committees.

Risks

Risk management is embedded into organisational activity through business planning, committee reporting, incident



management, policy compliance, programme governance and equality and quality considerations in decision-making.

The principal risks faced by the Trust during the year have included:

- sustained operational demand, including increasing mental health demand, and handover delays
- high sickness rates in some areas of the Trust
- delivery of the savings programme to support financial sustainability
- digital resilience and cyber risk
- delivery of transformation priorities
- wider system dependencies across urgent and emergency care pathways.

In-year risks have been managed through immediate operational control measures, committee and executive oversight, and targeted recovery actions.

Future risks continue to include demand growth, particularly in mental health, urgent and emergency care system flow, affordability, workforce resilience, technological dependency and climate-related disruption.

The principal risks to compliance with the NHS provider licence governance condition relate to the effectiveness of governance structures, the clarity of board and committee responsibilities, the quality and timeliness of information to support decision-making, the robustness of reporting lines between the Board, its committees and the executive team, and the degree of rigour with which the

Board oversees performance, quality, finance and risk. The Trust mitigates governance risks through mechanisms including clearly defined terms of reference and delegated authorities, published board and committee business, regular performance and risk reporting, board development, internal audit review, declarations of interest arrangements and formal annual reporting processes.

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

Board committees

The Board is supported by a number of formal committees which provide detailed scrutiny and assurance.

Audit Committee (AC)

The Audit Committee provides independent assurance to the Board on:

- the adequacy and effectiveness of governance, risk management and internal control arrangements
- financial reporting and financial governance
- cyber security and resilience
- the work of internal and external audit
- the work of the Local Counter Fraud Specialist
- compliance with regulatory requirements
- corporate governance arrangements.

The Committee reviews the Board Assurance Framework and Corporate Risk Register and considers the Head of Internal Audit Opinion.

Quality Assurance Committee (QAC)

Quality governance arrangements form a core part of the risk and control framework. These include Board oversight of quality and safety, committee review of clinical quality and patient safety matters, use of clinical audit, incident review, safeguarding oversight,

patient and staff insight, and triangulation of quality, operational and workforce intelligence.

The Quality Assurance Committee oversees the Patient Safety Incident Response Framework (PSIRF) and receives reports on patient safety incidents, mortality review processes and organisational learning.

It also provides assurance on compliance with regulatory standards set by the Care Quality Commission (CQC).

The Quality Assurance Committee provides assurance to the Board on:

- patient safety and clinical quality
- operational performance
- patient experience
- safeguarding
- learning from incidents and complaints.

Finance, Infrastructure and Productivity Committee (FIPC)

The Finance, Infrastructure and Productivity Committee oversees:

- financial performance and financial sustainability
- productivity and efficiency programmes
- capital investment and estates strategy
- major infrastructure developments
- delivery of the Trust's Green Plan.

People and Culture Committee (PCC)

The People and Culture Committee provides assurance on workforce strategy and organisational culture, including:

- workforce supply and retention
- staff wellbeing
- equality, diversity and inclusion
- clinical, leadership and organisational development
- Freedom to Speak Up.

The Committee also oversees staff experience indicators including the NHS Staff Survey and workforce performance metrics.

Digital and Data Quality Committee (DDQ)

The Digital and Data Quality Committee oversees the Trust’s digital transformation agenda and provides assurance on:

- digital strategy
- data governance
- the effective use of digital technology and data to support patient care and operational performance.

Remuneration and Nominations Committee (RNC)

The Remuneration and Nominations Committee oversees compliance with processes used for senior appointments and succession planning.

Executive management

From April – September 2025, operational management of the Trust was exercised through the Executive Committee, chaired by

the Chief Executive and comprising Executive Directors and senior leaders.

From September 2025 onwards, arrangements for executive management were strengthened, creating an Executive Leadership Team comprising the Chief Executive and Executive Directors, and a separate Senior Leadership Team, comprising the executive team and senior leaders from across the Trust.

These arrangements provide leadership across the Trust’s operational, clinical and corporate functions and support the effective implementation of Board strategy.

Schedule of meetings and attendance (non-executive directors)

This table provides information on the attendance at Board and Committee meetings by non-executive directors serving in the 2025/26 year.

	Board	FIPC	Audit	QAC	P&C	Digital	CFC
Andrew Trotter	4/4	9/10		4/5			
Rommel Pereira	4/4	9/10	5/5	4/5			4/4
Anne Rainsberry	3/4				6/6		
Sheila Doyle *	3/3	7/9	4/4			4/4	
Robert Alexander	3/4	10/10	5/5				4/4
Mark Spencer **	1/1			2/2	2/2	1/2	
Karim Brohi	4/4			5/5	4/6		
Shera Chok	4/4			4/5	5/6	4/4	1/3
Martin Machray ***	2/2		4/4	3/3		2/2	
Gaurav Kumar ****	1/1	1/1	1/1			1/1	

- * Term ended, February 2026
- **Term ended August 2025
- *** Term commenced September 2025
- ****Term commenced February 2026

Oversight of performance

The Trust uses performance and assurance reporting to assess the quality of information presented to the Board and committees. This includes review of operational, financial, workforce and quality indicators, supplemented by exception reporting, audit work and regular deep dives.

Routine assurance on compliance with Care Quality Commission requirements is obtained through executive and committee oversight, internal governance processes, policy compliance mechanisms, regulatory engagement and action tracking against any areas for improvement.

The Trust was rated as compliant ('green') against the NHS England Provider Capability Assessment, and has undertaken a self-assessment against the Insightful Board guidance.

Review of economy, efficiency and effectiveness of the use of resources

The Board oversees the use of resources through regular review of financial, operational and workforce performance, delivery against organisational priorities and scrutiny of recovery, productivity and transformation programmes. This is supported by committee review, internal control processes, executive management and integrated reporting.

The Trust has a well-established policy framework and an organisational structure which ensures accountability and challenge through individual teams and services, directorates and committees.

Detailed monthly financial reporting including progress on achievement of cost improvement programmes and year-end forecasting are scrutinised by the Finance, Productivity and Infrastructure Committee.

The Trust has in place a performance oversight framework aligned to both corporate and sector management structures. There is a quarterly performance review process in place between service leaders and executives.

The Board undertakes a comprehensive review of performance against clinical, operational, workforce, corporate and financial indicators, and these areas are scrutinised through the committee structures.

Internal audit provides independent assurance on key governance, risk management and control arrangements and supports the Board and Audit Committee in reviewing whether resources are being used economically, efficiently and effectively. External audit and other assurance mechanisms, including benchmarking and regulatory reporting, provide further challenge and validation.

The Trust engages a Local Counter Fraud Specialist (LCFS) team which handles any concerns raised through the Trust's governance arrangements.

External auditors, internal auditors and counter fraud specialists report to the Audit Committee at each meeting and also meet with non-executive members of the Audit Committee.





Information governance

The Trust maintains arrangements for information governance, confidentiality, data protection and cyber security through policy controls, training, specialist oversight and incident management processes.

DSPT statement

The Information Governance Group oversees the discharge of these functions on behalf of the Board. The Chief Digital Officer is the SIRO and the Chief Medical Officer is the Trust's Caldicott Guardian.

IG incidents are reported via RADAR, which is the Trust incident reporting and risk management system. Where there has been a personal data breach incident resulting in the compromise to patient or staff identifiable data and depending on the seriousness of such incident, a report is made on the Data Security and Protection Toolkit (DSPT) within 72 hours of the notification of the incident reaching the Information Governance Manager in line with the General Data Protection Regulations (GDPR) requirements.

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

Since 1st April 2025, fifteen personal data breach incidents have been reported to the ICO. Eight of the cases have been closed by the ICO with appropriate steps having been taken by the Trust to mitigate the impact of the breaches. Trust is currently awaiting a response from the ICO on the 7 remaining cases. There is also 1 open case from February 2024. Additional information was supplied to the ICO in relation to this incident in June 2024 and we are currently awaiting a response from the ICO.

All incidents were promptly investigated internally. The Trust remains committed to learning from incidents, strengthening data governance practice and ensuring full cooperation with the ICO to bring outstanding matters to resolution.

Data quality and governance

The Data Quality Assurance Team lead arrangements to provide assurance to the Board on the quality and accuracy of data used for internal management, regulatory reporting and performance oversight. These include defined data ownership, validation processes, internal review, escalation of exceptions, audit activity and committee scrutiny as appropriate.

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 and the relevant quality and governance structures, and a plan to

address weaknesses and ensure continuous improvement of the system is in place.

In maintaining and reviewing the effectiveness of the system of internal control, the Board has considered assurance from routine performance reporting, risk reporting, board and committee scrutiny, internal audit, clinical audit, regulatory engagement and executive review. The Board's role is to set strategic direction, oversee organisational performance and ensure the Trust delivers safe, high-quality care. The Trust's public governance material confirms those responsibilities and the public nature of Board business.

The Audit Committee has supported the Board through oversight of internal control, risk management, audit findings and the adequacy of assurance arrangements. Clinical and quality governance mechanisms have supported review of patient safety, quality and learning. Internal audit has provided independent assurance on the operation of key controls, while external audit has informed the review through audit findings and management reporting. Other assurance mechanisms have included committee review, executive performance meetings, incident learning, data quality controls, equality and workforce reporting, and sustainability governance.



Head of IA Opinion

We are satisfied that sufficient internal audit work has been undertaken to allow us to draw a reasonable conclusion as to the adequacy and effectiveness of London Ambulance Service NHS Trust's risk management, control and governance processes.

Opinion

Our opinion is as follows: Generally satisfactory with improvements required in some areas

Overall, the controls in the areas we examined were found to be suitably designed and operating effectively to achieve the specific risk management, control and governance arrangements and value for money.

However, there are some areas where weaknesses and/or non-compliance were identified and, therefore, may put the achievement of objectives at risk. Where weaknesses have been identified, improvements are required to enhance the design and/or effectiveness of risk management, control and governance arrangements.

No audits received no or limited assurance ratings for 2025/26, compared to four in 2024/25, and no high-risk recommendations have been proposed in audits completed in 2025/26.

Basis of opinion

As the provider of internal audit services to LAS, we are required to provide the Audit Committee and the Board with an opinion on the adequacy and effectiveness of the risk management, control and governance processes. In giving our opinion, it should be noted that the assurance can never be absolute. The most that Internal Audit can provide to the Board is reasonable assurance that there are no major weaknesses in the Trust's risk management, control and governance processes.

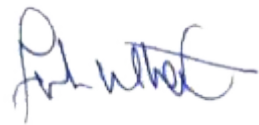
In assessing the level of assurance to be given, we have taken into account:

- Our assessment of the design and operation of the underpinning risk management framework and supporting processes, including whether risk appetite has been established and embedded within the activities, limits and reporting of the organisation
- The range of individual opinions arising from risk-based audit assignments that have been reported throughout the year; including the relative materiality of these areas
- Any significant recommendations not accepted by management and the consequent risks (if any) – we confirm that this was not the case this year
- Management's progress in respect of addressing control weaknesses and implementing recommendations
- Any limitations which may have been placed on the scope of internal audit – we confirm that no restrictions were place on our work during the year
- Reliance placed upon other assurance providers – we have not placed reliance upon other assurance providers in delivering the audit plan this year
- The effects of any significant changes in the organisational objectives or systems – there have been no significant changes to the Trust's overarching objectives or systems subject to internal audit review
- The proportion of the Trust's audit need covered to date.

This opinion is based on information provided between 1 April 2025 and 31 March 2026, and the projection of any information or conclusions contained in our opinion to any future periods is subject to the risk that changes may alter its validity

Conclusion

On the basis of the review outlined above, no significant internal control issues have been identified during the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.



Jason Killens KAM
CHIEF EXECUTIVE

22 June 2026



SECTION 3:

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 2024/25. In both 2025/26 and 2024/25 the agreed performance objectives were met and the performance related pay was payable in full.

For the purposes of this report, the disclosure

of remuneration to senior managers is limited to our executive and non-executive directors. Details of remuneration, including salaries and pension entitlements, are published on pages 96 to 99.

Percentage Change in Remuneration of Highest Paid Director (audited)

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.

During 2025/26 the Trust refined the methodology used to derive the percentage change from the previous financial year in respect of the highest paid director and employees of the entity, taken as a whole. The refinement developed the methodology from one based on median pay to one based on average pay, and determined the percentage change of the highest paid director based on the banded midpoint rather than precise figures. These refinements mean disclosures align better to the requirements of the Department of Health and Social Care’s group accounting manual but that the values presented for 2025/26 and 2024/25 are not directly comparable.

2025/26	Percentage Change for Highest Paid Director	Percentage Change for Employees as a Whole
Salary and Allowances	-18.9%	3.2%
Performance pay and bonuses	0.0%	0.0%
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%

Pay Ratio Information (audited)

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 2025/26 was £210,001-£215,000 (2024/25 £250,001 to £255,000). The relationship to the remuneration of the organisation’s workforce is disclosed in the below table.

2025/26	25th percentile	Median	75th percentile
Total remuneration (£)	42,881	54,466	64,063
Salary component of total remuneration (£)	42,881	54,466	64,063
Pay ratio information	4.9:1	3.9:1	3.3:1

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

The year-on-year fall in the pay ratio between the highest paid director and the organisation’s work force is due to the Trust changing Chief Executives during 2025/26, and therefore splitting payments due to the highest paid role between two individuals. This split means that the highest paid Director in 2025/26 is the Chief Finance Officer not the Chief Executive.

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

In 2025/26, no employee (2024/25, 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 £29,179 to £211,803 (2024/25 £29,029 to £250,221).

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 three years and usually serve two terms in office.

Banded Remuneration Analysis

The information contained below in the Salary and Pension Entitlement of senior managers table has been audited by our external auditors.

Salary and pension entitlements of senior managers

Name and Title	Current Year					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)		
Andrew Trotter, Chair	£55,001 - £60,000	£0	£0	£0	£55,001 - £60,000	
Rommel Pereira, Deputy Chair	£20,001 - £25,000	£0	£0	£0	£20,001 - £25,000	
Robert Alexander, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000	
Sheila Doyle, Non-Executive Director (to February 2026)	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000	
Mark Spencer, Non-Executive Director (to August 2025)	£5,001 - £10,000	£0	£0	£0	£5,001 - £10,000	
Anne Rainsberry, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000	
Karim Brohi, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000	
Shera Chok, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000	
Gaurav Kumar (from February 2026)	£1 - £5,000	£0	£0	£0	£1 - £5,001	
Martin Machray, Non-Executive Director (from September 2025)	£5,001 - £10,000	£0	£0	£0	£5,001 - £10,000	
Daniel Elkeles, Chief Executive Officer (to May 2025)	£35,0001 - £40,000	£0	£1 - £5,001	£0	£35,001 - £40,000	
Jason Killens KAM, Chief Executive Officer (from July 2025)	£165,001 - £170,000	£0	£0	£197,501 - £200,000	£365,001 - £370,000	
Roger Davidson, Director of Strategy and Transformation	£170,001 - £175,000	£0	£0	£47,501 - £50,000	£220,001 - £225,000	
Pauline Cranmer QAM, Chief Paramedic	£160,001 - £165,000	£0	£0	£57,501 - £60,000	£220,001 - £225,000	
Rakesh Patel, Chief Finance Officer and Deputy Chief Executive (and Chief Executive May 2025)	£190,001 - £195,000	£0	£15,001 - £20,000	£0	£210,001 - £215,000	
Damian McGuinness, Director of People & Culture (to August 2025)	£65,001 - £70,000	£0	£0	£10,001 - £12,500	£75,001 - £80,000	
Simon Steward, Director of People & Culture (from September 2025)	£80,001 - £85,000	£0	£0	£67,501 - £70,000	£145,0001 - £150,000	
Fenella Wrigley, Chief Medical Officer and Deputy Chief Executive (and Chief Executive June 2025)	£180,001 - £185,000	£0	£0	£115,001 - £117,500	£295,001 - £300,000	
Mark Easton, Director of Corporate Affairs (to December 2025)	£80,001 - £85,000	£0	£0	£0	£80,001 - £85,000	
Nicholas Daw, Director of Corporate Affairs from December 2025 to January 2026)	£5,001 - £10,000	£0	£0	£0	£5,001 - £10,000	
Jo Cripps, Director of Corporate Affairs (from January 2026)	£30,001 - £35,000	£0	£0	£10,001 - £12,500	£45,001 - £50,000	
Clare McMillan, Chief Digital Officer	£165,001 - £170,000	£0	£0	£45,001 - £47,500	£210,001 - £215,000	

	Prior Year Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£55,001 - £60,000	£0	£0	£0	£55,001 - £60,000
	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,000
	£10,001 - £15,000	£0	£0	£0	£10,001 - £15,001
	£235,001 - £240,000	£0	£15,001 - £20,000	£55,001 - £57,500	£305,001 - £310,000
	£155,001 - £160,000	£0	£0	£22,501 - £25,000	£180,001 - £185,000
	160,001 - £165,000	£0	£0	£87,251 - £90,000	£250,001 - £255,000
	£180,001 - £185,000	£0	£15,001 - £20,000		£195,001 - £200,000
	£155,001 - £160,000	£0	£0	£22,501 - £25,000	£180,001 - £185,000
	£175,001 - £180,000	£0	£0	£120,001 - £122,500	£295,001 - £300,000
	£95,001 - £100,000	£0	£0	£0	£95,001 - £100,000
	£155,001 - £160,000	£0	£0	£40,001 - £42,500	£200,001 - £205,000

Rommel Pereira's pay for 2025/26 includes an allowance for additional responsibilities carried out in the year. Dr Wrigley's pay for 2025/26 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 2025/26.

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 2026	Lump sum at pension age related to accrued pension at 31 March 2026	Cash Equivalent Transfer Value at 1 April 2025	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2026	Employer's contribution to stakeholder pension
	(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 (to May 2025)	£0	£0	£80,001 - £85,000	£205,001 - £210,000	£1,782	£0	£1,843	£0
Jason Killens KAM, Chief Executive Officer (from July 2025)	£7,501 - £10,000	£20,001 - £22,500	£75,001 - £80,000	£185,001 - £190,000	£1,312	£199	£1,650	£0
Pauline Cranmer QAM, Chief Paramedic	£2,501 - £5,000	£1 - £2,500	£60,001 - £65,000	£145,001 - £150,000	£1,269	£65	£1,373	£0
Roger Davidson, Chief Strategy and Transformation Officer	£2,501 - £5,000	£1 - £2,500	£40,001 - £45,000	£95,001 - £100,000	£952	£55	£1,044	£0
Damian McGuinness, Director of People & Culture (to August 2025)	£1 - £2,500	£0	£30,001 - £35,000	£75,001 - £80,000	£611	£8	£658	£0
Simon Steward, Director of People & Culture (from September 2025)	£2,501 - £5,000	£5,001 - £7,500	£40,001 - £45,000	£100,001 - £105,000	£800	£74	£969	£0
Clare McMillan, Chief Digital Officer	£2,501 - £5,000	£0	£25,001 - £30,000	£0	£295	£26	£344	£0
Fenella Wrigley, Chief Medical Officer and Deputy Chief Executive (and Chief Executive June 2025)	£5,001 - £7,500	£5,001 - £7,500	£95,001 - £100,000	£245,001 - £250,000	£2,107	£136	£2,294	£0
Nicholas Daw, Director of Corporate Affairs (from December 2025 to January 2026)	£0	£0	£25,001 - £30,000	£55,001 - £60,000	£750	£0	£623	£0
Jo Cripps, Director of Corporate Affairs (from January 2026)	£1 - £2,500	£0	£30,001 - £35,000	£0	£393	£9	£456	£0

There are no employer's contribution to stakeholder pensions. Non-executive directors do not receive pensionable remuneration; there are no disclosures in respect of pensions for non-executive directors.

The value of the pension related benefits is contractual and applicable to all staff in the NHS pension scheme.

Dr Wrigley's pension values include the retrospective impact of the McCloud pension remedy.

Rakesh Patel and Mark Easton chose not to be covered by the pension arrangements during the reporting year.

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) 2025/26

	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	2	13	1	8	3	22	0	0
£10,000 - £25,000	5	83	7	113	12	197	0	0
£25,001 - £50,000	2	60	6	209	8	269	0	0
£50,001 - £100,000	1	52	13	838	14	890	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	10	209	27	1,169	37	1,378	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) 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.

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

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

Table 3 – Reporting of other compensation schemes – Exit packages

	2025/26		2024/25	
	Agreements	Total value of agreements	Agreements	Total value of agreements
	Number	£'000s	Number	£'000s
Voluntary redundancies including early retirements contractual costs	11	466	0	0
Mutually agreed resignations (MARS) contractual costs	16	702	18	881
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	3	51
Non-contractual payments requiring HMT approval	0	0	0	0
Total	27	1,169	21	932

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 2026, for more than £245 per day:

	Number
Number of existing engagements as of 31 March 2026	10
Of which, the number that have existed:	
for less than one year at time of reporting	10
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 2025 and 31 March 2026, for more than £245 per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2025 and 31 March 2026	53
Of which:	
No. not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35	11
No. subject to off-payroll legislation and determined as out of scope of IR35	42
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which:	
No. of engagements that saw a change to IR35 status following review	0

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

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2025 and 31 March 2026.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements	22



Staff report

Average Staff Numbers (FTE) (audited)

The average number of permanent staff has increased compared with the previous year. The Trust continued to recruit additional ambulance and 999 and 111 call handling staff.

Staff Category	2024/25	2025/26		
	Total Number (FTE)	Total Number (FTE)	Permanently Employed number (FTE)	Other Number (Bank, Agency) – TBC
Medical and dental	45	55	6	49
Ambulance staff	3,177	3,396	3,384	12
Administration and estates	2,339	2,343	2,207	135
Healthcare assistants and other support staff	2,461	2,309	2,292	16
Nursing, midwifery and health visiting staff	89	125	78	46
Scientific, therapeutic and technical staff	15	18	18	0
Total	8,126	8,243	7,985	259

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 2026, we had a workforce headcount of 8,482 staff, made up of 4,510 women and 3,972 men this was broken down as follows:

	Total	Female	Male
Directors	13	7	6
Senior Managers	210	95	115
Employees	8,259	4,408	3,851
Total	8,482	4,510	3,972

Since 1 April 2025, we have recruited 645 new starters including more than 360 frontline ambulance staff and almost 200 call handling staff across our 999 and 111 services. During this time, a total of 807 people left the service – a turnover rate of 9%.

Staff sickness

Our Sickness Transformation team - comprising People and Culture Directorate, Wellbeing and Operational colleagues – has overseen a series of new interventions to minimise or prevent absence across the Trust.

This has included additional focus on long term sickness; an enhanced alternative duties process; and the development of an absence management platform.

This team has built upon the learning from the Sickness Oversight Group which ran in 2024-25. The additional focus of having a multi-disciplinary team, including frontline clinical staff, has seen effective partnership working between peers who feel psychologically safe in sharing their lived experiences.

The sickness absence figures are reported on a calendar year basis for 2025 (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 2025	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
8,045	130,624	16.2	2,936,519	211,902

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

Period covered: January to December 2025

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.

Policy-driven equality

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.

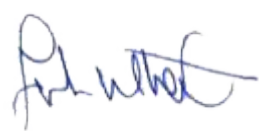
We want to be an employer of choice, and to attract the best and most talented people from all walks of life to a career where they can develop to their full potential.

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

NHS People Promise Element/ Staff Survey Theme	2024 Score	2025 Score	Change
We are Compassionate and Inclusive	7.0	7.0	=
We are Recognised and Rewarded	5.4	5.4	=
We each have a Voice that Counts	6.0	5.9	-0.1
We are Safe and Healthy	5.5	5.5	=
We are Always Learning	5.2	5.3	+0.1
We Work Flexibly	5.4	5.4	=
We are a Team	6.7	6.8	=
Staff Engagement	6.0	5.9	-0.1
Morale	5.4	5.5	=



Jason Killens KAM
CHIEF EXECUTIVE

22 June 2026



SECTION 4:

Annual Accounts 2025/26





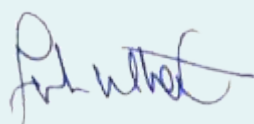
Statement of the chief executive's responsibilities as the accountable officer of the trust

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

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

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

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



Jason Killens KAM
CHIEF EXECUTIVE

22 June 2026

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:

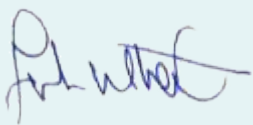
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and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



Jason Killens KAM
CHIEF EXECUTIVE

22 June 2026



Rakesh Patel
CHIEF FINANCE OFFICER

22 June 2026

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 2026 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 2026 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 2025/26; 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, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We also identified a fraud risk related to expenditure recognition on account of possible pressures to meet delegated targets.

We performed procedures including:

- Identifying journal entries and other adjustments 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.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Vouching and recalculating a sample of accrued expenses to verify that the expense had been incurred during the financial year.

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

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

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

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

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

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: 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 2025/26.

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 2026 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 2026 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

London Ambulance Service NHS Trust

Annual accounts for the year ended 31 March 2026

Statement of Comprehensive Income

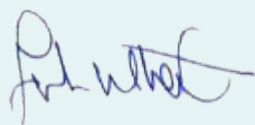
		2025/26	2024/25
	Note	£000	£000
Operating income from patient care activities	3	783,692	741,897
Other operating income	3	17,397	14,057
Operating expenses	4	(793,450)	(755,551)
Operating surplus from continuing operations		7,639	403
Finance income	5	2,643	1,889
Finance expenses	6	(2,192)	(970)
PDC dividends payable		(6,411)	(5,551)
Net finance costs		(5,960)	(4,632)
Other gains / (losses)	7	(251)	1,931
Gains arising from transfers by absorption		-	21
Surplus / (deficit) for the year		1,428	(2,277)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	4.3	(1,480)	(507)
Revaluations		32,498	1,353
Total other comprehensive income for the period		31,018	846
Total comprehensive income / (expense) for the period		32,446	(1,431)

The accompanying notes form part of these financial statements.

Statement of Financial Position

		31 March 2026	31 March 2025
	Note	£000	£000
Non-current assets			
Intangible assets	9	3,766	5,658
Property, plant and equipment	10	333,992	239,722
Right of use assets	11	55,678	56,097
Receivables	14	16	27
Total non-current assets		393,452	301,504
Current assets			
Inventories	13	3,991	4,313
Receivables	14	26,455	29,264
Cash and cash equivalents	16	81,966	31,735
Total current assets		112,412	65,312
Current liabilities			
Trade and other payables	17	(117,518)	(88,427)
Borrowings	19	(8,848)	(7,431)
Provisions	20	(9,069)	(10,173)
Other liabilities	18	(1,433)	(1,142)
Total current liabilities		(136,868)	(107,173)
Total assets less current liabilities		368,996	259,643
Non-current liabilities			
Borrowings	19	(47,232)	(46,526)
Provisions	20	(15,886)	(11,149)
Total non-current liabilities		(63,118)	(57,675)
Total assets employed		305,878	201,968
Financed by			
Public dividend capital		170,381	98,917
Revaluation reserve		83,084	52,066
Other reserves		(419)	(419)
Income and expenditure reserve		52,832	51,404
Total taxpayers' equity		305,878	201,968

The notes on pages 121 to 153 form part of these financial statements.



Jason Killens KAM
CHIEF EXECUTIVE

22 June 2026

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 31 March 2025 brought forward	98,917	52,066	(419)	51,404	201,968
Surplus for the year	-	-	-	1,428	1,428
Impairments	-	(1,480)	-	-	(1,480)
Revaluations	-	32,498	-	-	32,498
Public dividend capital received	71,464	-	-	-	71,464
Taxpayers' equity at 31 March 2026 carried forward	170,381	83,084	(419)	52,832	305,878

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' equity at 31 March 2024 brought forward	89,143	52,007	(419)	52,894	193,625
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' equity at 31 March 2025 carried forward	98,917	52,066	(419)	51,404	201,968

The accompanying notes form part of these financial statements.

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

		2025/26	2024/25
	Note	£000	£000
Cash flows from operating activities			
Operating surplus		7,639	403
Non-cash or non-operating income and expense			
Depreciation and amortisation	4	37,787	33,922
Net impairments	4	3,788	2,322
Income recognised in respect of capital grants	3.3	(237)	-
(Increase) / decrease in receivables and other assets		2,843	(1,011)
(Increase) / decrease in inventories		322	(23)
Increase / (decrease) in payables and other liabilities		16,570	(6,501)
Increase in provisions		3,093	2,082
Net cash flows from operating activities		71,805	31,194
Cash flows from investing activities			
Interest received		2,643	1,889
Purchase of intangible assets		(119)	(827)
Purchase of PPE and investment property		(81,739)	(29,338)
Sales of PPE and investment property		291	3,313
Initial direct costs or up front payments in respect of new right of use assets		(169)	(705)
Receipt of cash grant to purchase assets		237	-
Net cash flows used in investing activities		(78,856)	(25,668)
Cash flows from financing activities			
Public dividend capital received		71,464	9,774
Capital element of lease rental payments		(5,963)	(5,457)
Interest paid on lease liability repayments		(2,031)	(810)
PDC dividend (paid) / refunded		(6,188)	(4,822)
Net cash flows from / (used in) financing activities		57,282	(1,315)
Increase in cash and cash equivalents		50,231	4,211
Cash and cash equivalents at 1 April - brought forward		31,735	27,524
Cash and cash equivalents at 31 March	16	81,966	31,735

The accompanying notes form part of these financial statements.

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 2025/26 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case.

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the North West London Integrated Care System (ICS). The ICS has published its 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 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a

performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The 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 obligation 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.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's 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 1.5 Expenditure on employee benefits**Short-term employee benefits**

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs*NHS Pension Scheme*

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 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 1.7 Property, plant and equipment**Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement*Valuation*

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. 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 is defined as market value except where a building is so specialised in nature no active market exists from which to draw satisfactory transactional evidence. In this case a valuer will adopt a depreciated replacement cost (DRC) model on a modern equivalent asset (MEA) basis. A DRC model estimates current value in existing use 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. 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.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

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.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition

as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

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	25
Transport equipment	2	10
Information technology	3	8
Furniture & fittings	3	10

Included within the Building category are leasehold improvements, some of which have a limited remaining life.

Note 1.8 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, e.g. 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, e.g. 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.

Subsequent measurement of intangible assets is at cost less amortisation.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Impairments

Where indicators of impairment exist, the recoverable amount is assessed as the higher of its fair value and the cost to replace the service capacity. Where this is lower than the carrying value an impairment is recognised in expenditure. The recoverable amount of intangible assets under construction is assessed annually, irrespective of indicators of impairment.

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	5	7
Intangible assets - purchased		
Software	5	7

Note 1.9 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.

Note 1.10 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 1.11 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 as a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For 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 1.12 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 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 include 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 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Depreciation

Right of use assets are amortised over their lease term.

Useful lives of right of use assets

Useful lives reflect the total remaining term on leases entered into by the Trust and still outstanding at the balance sheet date. The range of useful lives is shown in the table below:

	Min life	Max life
	Years	Years
Useful lives of right of use assets	1	17

Note 1.13 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 2026:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.64%	4.03%
Medium-term	After 5 years up to 10 years	4.22%	4.07%
Long-term	After 10 years up to 40 years	5.32%	4.81%
Very long-term	Exceeding 40 years	5.07%	4.55%

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 2026:

	Inflation rate	Prior year rate
Year 1	2.50%	2.60%
Year 2	2.00%	2.30%
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 2.95% in real terms (prior year: 2.40%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 21 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 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 in Note 22 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 22. 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 1.15 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 1.16 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 1.17 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 1.18 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2025/26.

Note 1.19 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 2025/26:

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard has been adopted by the UK Endorsement Board to be effective for accounting periods beginning on or after 1 January

2027. The Standard has not yet been adopted by the FReM and 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.

The following future changes to adaptations and interpretations of IAS 16 for the public sector are also not yet adopted:

Changes to valuation of property, plant and equipment (PPE) assets – The DHSC GAM for 2026/27 and associated consultation response document confirms future changes which will impact on the financial statements.

From 2026/27 NHS bodies' valuation methodology will be a mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years. The requirement in IAS 16 to revalue an asset when its fair value differs materially from its carrying value is being withdrawn for the public sector. Given the variation in PPE valuations in any given year, and future changes in indices, it is not possible to quantify the impact of applying these changes in future periods. PPE and right of use assets currently subject to revaluation have a total book value of £245,324k as at 31 March 2026.

The current accounting policy for property assets measures the cost of replacing the service potential using a 'modern equivalent asset'. This policy is not changing. In deriving the modern equivalent asset, the Trust and its valuers currently adopt an 'alternative site' assumption for some of its specialised buildings, meaning the replaced service potential may be in a different location. The option of using this assumption is being withdrawn for NHS bodies from 1 April 2028. Therefore, the hypothetical modern equivalent asset will change to be located on current sites in asset valuations from 2028/29. Assets valued on an alternative site basis have a total book value of £17,195k at 31 March 2026. The impact of this change cannot be currently quantified.

Note 1.20 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

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

Note 1.21 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- 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.

- 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 desktop revaluation of its land and buildings as at 31 March 2026. 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 accounting policies, Note 1.

Note 3.1 Income from patient care activities (by nature)	2025/26	2024/25
	£000	£000
Ambulance services		
A & E income	661,590	623,030
All services		
Additional pension contribution central funding*	33,933	31,185
Other clinical income	88,169	87,682
Total income from activities	783,692	741,897

Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2025/26 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 14.38% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.78%) and related NHS England funding (9.4%) have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2025/26	2024/25
Income from patient care activities received from:	£000	£000
NHS England	39,321	42,799
Integrated care boards	732,877	688,166
Department of Health and Social Care	33	80
Other NHS providers	4,519	4,305
NHS other	7	-
Injury cost recovery scheme	903	848
Non NHS: other	6,032	5,699
Total income from activities	783,692	741,897

All income relates to continuing operations.

Note 3.3 Other operating income

	2025/26		2024/25	
	Contract income	Non-contract income	Contract income	Non-contract income
	£000	£000	£000	£000
Research and development	323	-	404	-
Education and training	9,716	2,808	8,208	3,088
Income in respect of employee benefits accounted on a gross basis	902	-	1,016	-
Receipt of capital grants and donations and peppercorn leases	-	237	-	-
Charitable and other contributions to expenditure	-	379	-	264
Other income	-	3,032	-	1,077
Total other operating income	10,941	6,456	9,628	4,429
		17,397		14,057

All income relates to continuing operations.

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

	2025/26	2024/25
	£000	£000
Revenue recognised in the reporting period that was included in contract liabilities at the previous period end	1,142	1,269
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 3.5 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:

within one year

	2025/26	2024/25
	£000	£000
Total revenue allocated to remaining performance obligations	1,433	1,142

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

	2025/26	2024/25
	£000	£000
Staff and executive directors costs	595,604	564,501
Remuneration of non-executive directors	166	166
Supplies and services - clinical (excluding drugs costs)	31,217	32,044
Supplies and services - general	37,641	39,089
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,138	988
Inventories written down	2	7
Consultancy costs	760	166
Establishment	10,858	12,677
Premises	21,838	14,978
Transport (including patient travel)	19,220	18,381
Depreciation on property, plant and equipment	35,873	31,546
Amortisation on intangible assets	1,914	2,376
Net impairments	3,788	2,322
Movement in credit loss allowance: contract receivables / contract assets	2,039	1,395
Change in provisions discount rate(s)	(277)	26
Fees payable to the external auditor: audit services- statutory audit	180	132
Internal audit costs	98	196
Clinical negligence	5,075	5,821
Legal fees	1,333	1,077
Insurance (as a policy holder)	2,112	1,651
Research and development	1,127	1,327
Education and training	10,876	12,648
Expenditure on short term leases	665	2,015
Expenditure on low value leases	868	1,049
Redundancy	4,697	2,598
Car parking & security	508	768
Hospitality	5	4
Other	4,125	5,603
Total	793,450	755,551

All expenditure relates to continuing operations.

Note 4.1 Other auditor remuneration

There was no other auditor remuneration in 2025/26 (2024/25, £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 £150,000 (2024/25, £110,000).

Note 4.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2024/25: £1 million).

Note 4.3 Impairment of assets

	2025/26	2024/25
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	3,788	(1,542)
Other	-	3,864
Total net impairments charged to operating surplus / deficit	3,788	2,322
Impairments charged to the revaluation reserve	1,480	507
Total net impairments	5,268	2,829

Note 4.4 Employee benefits

	2025/26	2024/25
	Total	Total
	£000	£000
Salaries and wages	437,474	417,542
Social security costs	58,534	46,527
Apprenticeship levy	2,158	2,073
Employer's contributions to NHS pensions	85,708	79,048
Pension cost - other	1	6
Termination benefits	740	1,101
Temporary staff (including agency)	21,498	26,539
Total gross staff costs	606,113	572,836
Recoveries in respect of seconded staff	-	-
Total staff costs	606,113	572,836
Of which		
Costs capitalised as part of assets	250	354

Note 4.5 Retirements due to ill-health

During 2025/26 there were 13 early retirements from the Trust agreed on the grounds of ill-health (8 in the year ended 31 March 2025). The estimated additional pension liabilities of these ill-health retirements is £720k (£352k in 2024/25).

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

Note 5 Finance income

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

	2025/26	2024/25
	£000	£000
Interest on bank accounts	2,643	1,889
Total finance income	2,643	1,889

Note 6 Finance expenditure

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

	2025/26	2024/25
	£000	£000
Interest expense:		
Interest on lease obligations	2,031	810
Total interest expense	2,031	810
Unwinding of discount on provisions	161	160
Total finance costs	2,192	970

Note 6.1 The late payment of commercial debts (interest) Act 1998

The Trust has no liabilities accruing, interest payable, or compensation payable, under this legislation.

Note 7 Other gains / (losses)

	2025/26	2024/25
	£000	£000
Gains on disposal of assets	229	2,052
Losses on disposal of assets	(480)	(121)
Total gains / (losses) on disposal of assets	(251)	1,931
Total other gains / (losses)	(251)	1,931

Note 8 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 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 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 9.1 Intangible assets 2025/26

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Cost at 1 April 2025 brought forward	12,148	6,773	662	19,583
Additions	-	119	-	119
Reclassifications	106	558	(662)	2
Disposals / derecognition	(1,252)	(291)	-	(1,543)
Cost at 31 March 2026 carried forward	11,002	7,159	-	18,161
Amortisation at 1 April 2025 brought forward	9,161	4,764	-	13,925
Provided during the year	1,315	599	-	1,914
Reclassifications	(4)	4	-	-
Disposals / derecognition	(1,153)	(291)	-	(1,444)
Amortisation at 31 March 2026 carried forward	9,319	5,076	-	14,395
Net book value at 31 March 2026	1,683	2,083	-	3,766
Net book value at 1 April 2025	2,987	2,009	662	5,658

From 1 April 2025, the option to apply the revaluation model in IAS 38 to intangible assets has been withdrawn prospectively. Where assets were previously revalued, the carrying value at the transition date was carried forward as 'deemed cost'.

Note 9.2 Intangible assets 2024/25

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Cost at 1 April 2024 brought forward	12,141	6,666	174	18,981
Additions	-	-	707	707
Reclassifications	31	183	(219)	(5)
Disposals / derecognition	(24)	(76)	-	(100)
Cost at 31 March 2025 carried forward	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 carried forward	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	4,664	2,494	174	7,332

Note 10.1 Property, plant and equipment 2025/26

	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 2025	57,043	84,656	28,495	30,502	121,118	36,325	3,265	361,404
Additions	19,844	12,462	51,838	1,482	6,409	2,224	69	94,328
Impairments	-754	-5,572	0	0	0	0	0	-6,326
Revaluations	32,288	0	0	0	0	0	0	32,288
Reclassifications	0	5,087	-24,724	7,061	11,435	867	254	-20
Disposals / derecognition	0	0	0	-1,984	-11,263	-4,225	0	-17,472
Valuation / gross cost at 1 April 2026	108,421	96,633	55,609	37,061	127,699	35,191	3,588	464,202
Accumulated depreciation at 1 April 2025	0	11,374	0	18,241	67,900	22,778	1,389	121,682
Provided during the year	0	5,304	0	3,033	13,235	4,949	300	26,821
Impairments	0	-1,269	0	0	0	0	0	-1,269
Reclassifications	0	0	0	3	-21	0	0	-18
Disposals / derecognition	0	0	0	-1,842	-11,017	-4,147	0	-17,006
Accumulated depreciation at 1 April 2026	0	15,409	0	19,435	70,097	23,580	1,689	130,210
Net book value at 31 March 2026	108,421	81,224	55,609	17,626	57,602	11,611	1,899	333,992
Net book value at 1 April 2025	57,043	73,282	28,495	12,261	53,218	13,547	1,876	239,722

Note 10.2 Property, plant and equipment 2024/25

	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	58,301	74,809	35,978	26,419	99,120	34,348	3,319	332,294
Additions	21	1,457	23,956	2,034	9,805	1,586	0	38,859
Impairments	-9	-661	0	0	0	0	0	-670
Reversals of impairments	0	0	0	0	0	0	0	0
Revaluations	0	1,213	0	0	0	0	0	1,213
Reclassifications	0	8,267	-31,416	3,391	15,316	4,340	107	5
Transfers to / from assets held for sale	-1,270	-358	0	0	0	0	0	-1,628
Disposals / derecognition	0	-71	-23	-1,342	-3,123	-3,949	-161	-8,669
Valuation / gross cost at 31 March 2025	57,043	84,656	28,495	30,502	121,118	36,325	3,265	361,404
Accumulated depreciation at 1 April 2024	0	4,590	0	17,429	59,462	21,324	1,165	103,970
Provided during the year	0	5,034	0	2,123	11,540	5,401	341	24,439
Impairments	0	3,527	0	0	0	0	0	3,527
Reversals of impairments	0	-1,685	0	0	0	0	0	-1,685
Revaluations	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0
Transfers to / from assets held for sale	0	-21	0	0	0	0	0	-21
Disposals / derecognition	0	-71	0	-1,311	-3,102	-3,947	-117	-8,548
Accumulated depreciation at 1 April 2025	0	11,374	0	18,241	67,900	22,778	1,389	121,682
Net book value at 31 March 2025	57,043	73,282	28,495	12,261	53,218	13,547	1,876	239,722
Net book value at 1 April 2024	58,301	70,219	35,978	8,990	39,658	13,024	2,154	228,324

Note 10.3 Property, plant and equipment financing 2025/26

	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	108,421	81,224	55,609	17,626	57,602	11,374	1,899	333,755
Owned - donated/granted	-	-	-	-	-	237	-	237
Total net book value at 31 March 2026	108,421	81,224	55,609	17,626	57,602	11,611	1,899	333,992

Note 10.4 Property, plant and equipment financing 2024/25

	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	73,282	28,495	12,261	53,218	13,547	1,876	239,722
Owned - donated/granted	-	-	-	-	-	-	-	-
Total net book value at 31 March 2025	57,043	73,282	28,495	12,261	53,218	13,547	1,876	239,722

A professional desktop revaluation was undertaken on all land and buildings at 31 March 2026. The valuation was carried out by Newmark 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 2026 with a valuation date of 31 March 2026. 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.

The outcome of this valuation was that the carrying value of the Trust's land increased by £31,500k and the carrying value of buildings decreased by £4,300k.

The increase in land values reflects both a general increase in the price of land available to purchase on the open market and refinements in the assumptions and estimates used by the Trust and its valuers in forming an opinion on the current fair value of its land holdings. These estimates have a level of uncertainty driven by the limited availability of market data for land transactions in London.

The Trust's assumptions and estimates are subject to annual review to ensure they reflect the Trust's current infrastructure strategy and estates plans.

Note 11.1 Right of use assets 2025/26

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000
Valuation / gross cost at 1 April 2025 brought forward	69,264	370	2,357	71,991
Additions	8,534	0	310	8,844
Remeasurements of the lease liability	-585	0	-4	-589
Movements in provisions for restoration / removal costs	379	0	0	379
Impairments	-38	0	0	-38
Revaluations	37	0	0	37
Disposals / derecognition	-2,219	0	-660	-2,879
Valuation/gross cost at 31 March 2026 carried forward	75,372	370	2,003	77,745
Accumulated depreciation at 1 April 2025 brought forward	14,680	142	1,072	15,894
Provided during the year	8,188	114	750	9,052
Disposals / derecognition	-2,219	0	-660	-2,879
Accumulated depreciation at 31 March 2026 carried forward	20,649	256	1,162	22,067
Net book value at 31 March 2026	54,723	114	841	55,678
Net book value at 1 April 2025	54,584	228	1,285	56,097

No right of use assets are leased from other DHSC group bodies.

Note 11.2 Right of use assets 2024/25

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000
Valuation / gross cost at 1 April 2024 brought forward	35,420	370	1,518	37,308
Transfers by absorption	0	0	309	309
Additions	33,722	0	692	34,414
Movements in provisions for restoration / removal costs	1,382	0	0	1,382
Revaluations	140	0	0	140
Disposals / derecognition	-1,400		-162	-1,562
Valuation / gross cost at 31 March 2025 carried forward	69,264	370	2,357	71,991
Accumulated depreciation at 1 April 2024 brought forward	9,824	28	405	10,257
Transfers by absorption	0	0	112	112
Provided during the year	6,276	114	717	7,107
Reversal of impairments	-20	0	0	-20
Revaluations	0	0	0	0
Disposals / derecognition	-1,400	0	-162	-1,562
Accumulated depreciation at 31 March 2025 carried forward	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

No right of use assets are leased from other DHSC group bodies.

Note 12.1 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 19.

	2025/26	2024/25
	£000	£000
Carrying value at 1 April	53,957	25,529
Transfers by absorption	-	176
Lease additions	8,675	33,709
Lease liability remeasurements	(589)	-
Interest charge arising in year	2,031	810
Lease payments (cash outflows)	(7,994)	(6,267)
Carrying value at 31 March	56,080	53,957

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 12.2 Maturity analysis of future lease payments

	Total	Total
	2025/26	2024/25
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	10,784	9,064
- later than one year and not later than five years;	32,589	31,223
- later than five years.	22,081	16,978
Total gross future lease payments	65,454	57,265
Finance charges allocated to future periods	(9,374)	(3,308)
Net lease liabilities at 31 March	56,080	53,957

None of the future lease payments relate to payments due to DHSC bodies.

Note 13 Inventories

	2025/26	2024/25
	£000	£000
Drugs	109	82
Consumables	3,882	4,231
Total inventories	3,991	4,313
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £14,820k (2024/25: £12,740k). Write-down of inventories recognised as expenses for the year were £2k (2024/25: £7k).

Note 14.1 Receivables

	2025/26	2024/25
	£000	£000
Current		
Contract receivables	14,023	19,204
Capital receivables	32	9
Allowance for impaired contract receivables / assets	(5,073)	(3,034)
Prepayments (non-PFI)	13,785	10,026
VAT receivable	852	779
Other receivables	2,836	2,280
Total current receivables	26,455	29,264
Non-current		
Other receivables	16	27
Total non-current receivables	16	27
Of which receivable from NHS and DHSC group bodies:		
Current	8,512	12,753
Non-current	16	27

Note 14.2 Allowances for credit losses

	2025/26	2024/25
	£000	£000
Allowances as at 1 April - brought forward	3,034	1,639
New allowances arising	2,670	1,395
Changes in existing allowances	18	-
Reversals of allowances	(649)	-
Allowances as at 31 March 2025 carried forward	5,073	3,034

All allowances relate to contract receivables and contract assets.

Note 15 Non-current assets held for sale and assets in disposal groups

	2025/26	2024/25
	£000	£000
NBV of non-current assets for sale at 1 April	0	0
Assets classified as available for sale in the year	0	1,607
Assets sold in year	0	(1,270)
Impairment of assets held for sale	0	(337)
NBV of non-current assets for sale at 31 March	0	0

Note 16 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.

	2025/26	2024/25
	£000	£000
At 1 April	31,735	27,524
Net change in year	50,231	4,211
At 31 March	81,966	31,735
Broken down into:		
Cash in hand	-	6
Cash with the Government Banking Service	81,966	31,729
Total cash and cash equivalents as in SoFP	81,966	31,735
Total cash and cash equivalents as in SoCF	81,966	31,735

Note 17.1 Trade and other payables

	2025/26	2024/25
	£000	£000
Current		
Trade payables	22,728	10,112
Capital payables	29,857	17,268
Accruals	44,461	42,665
Social security costs	6,537	5,530
Other taxes payable	6,174	5,775
PDC dividend payable	320	97
Pension contributions payable	7,274	6,817
Other payables	167	163
Total current trade and other payables	117,518	88,427

Of which payables from NHS and DHSC group bodies:

Current	1,811	720
---------	-------	-----

Note 17.2 Early retirements in NHS payables above

The payables note above includes £nil amounts in relation to early retirements (2024/25: £nil)

Note 18 Other current liabilities

	2025/26	2024/25
	£000	£000
Current		
Deferred income: contract liabilities	1,433	1,142
Total other current liabilities	1,433	1,142

Note 19.1 Borrowings

	2025/26 £000	2024/25 £000
Current		
Lease liabilities	8,848	7,431
Total current borrowings	8,848	7,431
Non-current		
Lease liabilities	47,232	46,526
Total non-current borrowings	47,232	46,526

Note 19.2 Reconciliation of liabilities arising from financing activities

	Lease Liabilities £000	Total £000
Carrying value at 1 April 2025	53,957	53,957
Cash movements:		
Financing cash flows - payments and receipts of principal	(5,963)	(5,963)
Financing cash flows - payments of interest	(2,031)	(2,031)
Non-cash movements:		
Additions	8,675	8,675
Lease liability remeasurements	(589)	(589)
Application of effective interest rate	2,031	2,031
Carrying value at 31 March 2026	56,080	56,080

	Lease Liabilities £000	Total £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
Application of effective interest rate	810	810
Carrying value at 31 March 2025	53,957	53,957

Note 20 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2025	688	6,015	273	2,598	11,748	21,322
Change in the discount rate	-11	-266	0	0	-1	-278
Arising during the year	80	371	276	5,227	3,439	9,393
Utilised during the year	-111	-498	-104	-526	-807	-2,046
Reversed unused	-69	0	-180	-1,379	-1,969	-3,597
Unwinding of discount	17	144	0	0	0	161
At 31 March 2026	594	5,766	265	5,920	12,410	24,955
Expected timing of cash flows:						
- not later than one year;	111	484	265	5,920	2,289	9,069
- later than one year and not later than five years;	431	1,879	0	0	4	2,314
- later than five years.	52	3,403	0	0	10,117	13,572
Total	594	5,766	265	5,920	12,410	24,955

Injury Benefits provision of £5,766k relates to staff injured at work, whilst the Early Departure Costs provision of £594k 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 £265k relates to Employers Liability Claims based on estimates of costs and settlements provided by the NHS Litigation Authority.

The Redundancy provision of £5,920k relates to management restructurings within the Trust.

Other provisions of £12,410k 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 Clinical negligence liabilities

At 31 March 2026 £94,000k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (31 March 2025: £100,652k).

Note 22 Contingent assets and liabilities

	2025/26 £000	2024/25 £000
Value of contingent liabilities		
NHS Resolution legal claims	(144)	(134)
Gross value of contingent liabilities	(144)	(134)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	(144)	(134)
Net value of contingent assets	-	-

Note 23 Contractual capital commitments

	2025/26 £000	2024/25 £000
Property, plant and equipment	4,936	12,514
Total	4,936	12,514

Note 24 Carrying values of financial assets**Carrying values of financial assets as at 31 March 2026**

	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	11,832	11,832
Cash and cash equivalents	81,966	81,966
Total at 31 March 2026	93,798	93,798

Carrying values of financial assets as at 31 March 2025

	Held at amortised cost £000	Total book value £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 2025	42,017	42,017

Note 25.1 Carrying values of financial liabilities**Carrying values of financial liabilities as at 31 March 2026**

	Total book value £000
Obligations under leases	56,080
Trade and other payables excluding non financial liabilities	106,158
Total at 31 March 2026	162,238

Carrying values of financial liabilities as at 31 March 2025

	Total book value £000
Obligations under leases	53,957
Trade and other payables excluding non financial liabilities	91,642
Total at 31 March 2025	145,599

Note 25.2 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.

	2025/26 £000	2024/25 £000
In one year or less	106,822	92,212
In more than one year but not more than five years	32,593	31,349
In more than five years	32,197	25,346
Total	171,612	148,907

Note 25.3 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 2026 are in receivables from customers, as disclosed in the trade and other receivables Note 14.

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 26 Losses and special payments

2025/26

2024/25

	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Stores losses and damage to property	1,933	1,927	2,330	1,761
Total losses	1,933	1,927	2,330	1,761
Special payments				
Ex-gratia payments	19	56	21	101
Total special payments	19	56	21	101
Total losses and special payments	1,952	1,983	2,351	1,862

Note 27 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 West London ICB	0	226,077	753	4,915
NHS North East London ICB	0	155,766	60	0
NHS South East London ICB	0	140,819	7	50
NHS North Central London ICB	0	117,292	7	9
NHS South West London ICB	0	94,739	38	706
NHS Pension Scheme	0	85,708	7,274	0
HM Revenue & Customs	0	60,692	12,712	0
NHS England	30	11,316	393	550

The London Ambulance Service NHS Trust acts as corporate trustee for the London Ambulance Service Charity. During the financial year ending 31 March 2026 the Trust received grants of £0 (2024/25 £0k), reported a payable balance of £0k (2024/25: £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 2025/26. 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 following entities:

NHS Confederation

Association of Ambulance Chief Executives (AACE)

Enhanced Care Services (ECS)

Note 28 Post balance sheet events

There are no post balance sheet events.

Note 29 Better Payment Practice code

	2025/26	2025/26	2024/25	2024/25
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	37,533	358,091	41,842	325,794
Total non-NHS trade invoices paid within target	33,954	342,079	36,026	300,763
Percentage of non-NHS trade invoices paid within target	90.5%	95.5%	86.1%	92.3%
NHS Payables				
Total NHS trade invoices paid in the year	1,561	5,007	1,464	7,861
Total NHS trade invoices paid within target	1,465	4,384	1,328	6,488
Percentage of NHS trade invoices paid within target	93.9%	87.6%	90.7%	82.5%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

Note 30 Capital Resource Limit

	2025/26	2024/25
	£000	£000
Gross capital expenditure	102,702	73,980
Less: Disposals	(565)	(1,391)
Less: Donated and granted capital additions	(237)	-
Charge against Capital Resource Limit	101,900	72,589
Capital Resource Limit	101,900	72,589
Under / (over) spend against CRL	-	-

Note 31 Adjusted financial performance

	2025/26	2024/25
	£000	£000
Surplus / (deficit) for the period per SOCI	1,428	(2,277)
Remove net impairments not scoring to the departmental expenditure limit	3,788	2,322
Remove (gains) / losses on transfers by absorption	-	(21)
Remove I&E impact of capital grants and donations	(164)	116
Remove net impact of DHSC centrally procured inventories	-	26
Adjusted financial performance surplus	5,052	166

Note 32.1 Breakeven duty financial performance

	2025/26
	£000
Adjusted financial performance surplus / (deficit)	5,052
Breakeven duty financial performance surplus / (deficit)	5,052

Note 32.2 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	£000	£000	£000	£000	£000	£000	£000	£000	£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	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	5,758	6,958	174	2,559	729	2,727	150	166	5,052
Breakeven duty cumulative position	21,815	28,773	28,947	31,506	32,235	34,962	35,112	35,278	40,330
Operating income	364,598	388,978	438,559	570,323	603,095	646,206	688,593	755,954	801,089
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%	5.0%



London Ambulance Service
NHS Trust

Annual Report & Accounts 2025/26



Our three missions

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

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

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

 londonambulance.nhs.uk

 [@ldn_ambulance](https://twitter.com/ldn_ambulance)

 [/LondonAmbulance](https://www.facebook.com/LondonAmbulance)

 [@ldn_ambulance](https://www.instagram.com/ldn_ambulance)

 [youtube.com/londonambulance](https://www.youtube.com/londonambulance)

 [@ldn_ambulance](https://www.tiktok.com/@ldn_ambulance)

 www.linkedin.com (search London Ambulance Service)

London Ambulance Service NHS Trust
Headquarters
220 Waterloo Road
London. SE1 8SD
www.londonambulance.nhs.uk



London Ambulance Service
NHS Trust

Workforce Race Equality Standard

LAS Report and Action Plan – 2025/2026



We are the capital's emergency and urgent care responders



CONTENTS

<u>Overview</u>	3	<u>WRES Indicator 4</u>	14
<u>Foreword</u>	4	<u>WRES Indicator 5</u>	15
<u>Our Equality Objectives</u>	5	<u>WRES Indicator 6</u>	16
<u>Progress & Key Findings</u>	6-8	<u>WRES Indicator 7</u>	17
<u>Comparisons</u>	9	<u>WRES Indicator 8</u>	18
<u>WRES Indicator 1</u>	10-11	<u>WRES Indicator 9</u>	19
<u>WRES Indicator 2</u>	12	<u>Summary and next steps</u>	20
<u>WRES Indicator 3</u>	13	<u>Summary of WRES action plan</u>	21-22

Overview of the Workforce Race Equality Standard

Purpose

NHS trusts are required to produce and publish their WRES report annually. Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

The purpose of the WRES is to ensure that NHS organisations review their data against the nine indicators which are outlined in the WRES, produce an action plan to close any gaps in the workplace experience between white and ethnic minority staff, as well as improving the representation of ethnic minority staff at the Board level of the organisation.

The WRES report is a key component of our workforce EDI work, setting our direction in achieving good practice race equality across all areas of the employee lifecycle and ensuring our staff have access to career opportunities, development and progression and receive inclusive and fair treatment in the workplace.

Methodology

The WRES requires NHS trusts and ICBs to self-assess against 9 workplace experience and opportunity indicators. Four metrics are taken from workforce data and the remaining are based on the NHS staff survey.

Scope

The WRES data included in this report has been obtained from:

- Electronic staff records
- Human resource team records
- Organisational development records
- NHS staff survey

Definitions

The definitions of ethnic minority and white, used in WRES, have followed the national reporting requirements of the ethnic category in the NHS data model and dictionary.

At the time of publication of this report, these definitions were based upon the 2021 ONS Census categories for ethnicity.



Foreword

We remain absolutely committed to ensuring that our ethnic minority colleagues have a fulfilling experience at work, where they feel safe and are treated fairly. Therefore, it is crucial for us to understand and tackle the disparities between ethnic minority staff and their white counterparts, and why our WRES work is so important. We are also ensuring our Trust takes a strong stance against anti-racism with a zero tolerance approach to antisemitism, islamophobia or discrimination of any kind remaining responsive to the environment we are in. We are pleased to see we have added to the progress LAS has made last year, with improvements and a sustained position on 75% of the measurable indicators. It's particularly pleasing to see:

- **Improved our representation across the Trust so approximately one in four staff are from an ethnic minority background taking this to 26% of staff being from a BME background. This is much higher in some parts of the organisation but it is positive to see this ongoing trend for the last 5 years.**
- **Reduced the difference between white staff and ethnic minority staff being appointed from an interview process. We are delighted to see the changes in this area, particularly as this is historically a difficult area for most NHS Trusts to make a change in.**

We are operating in an ever-challenging geopolitical environment and it's therefore even more important that we at LAS do not take our finger off the pulse, work hard to drive further improvements and remain responsive to sustain our impactful initiatives. This is why we are taking the recommendations from the 2026 Lord Mann Review very seriously. We have carried out a self-assessment to ensure we are addressing any gaps and building on the work taking place to add further strength to our approach.

In addition, the Trust has selected seven culture change priorities, aligned to the new NHS Standards, where we will bring focus on areas we want to see a greater improvement of which EDI is a core element. We will maintain a close eye on this through a newly established Transformation Board and although we have some way to go, I am confident the investment and work we are putting in will continue to shift the dial in becoming an increasingly diverse and equitable workplace.



The capital's emergency and urgent care responders.



Jason Killens

**Chief Executive
London Ambulance Service
NHS Trust**

We are the capital's emergency and urgent care responders

Our strategic equality objectives

To achieve the work set out in the LAS strategy 2023-28, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028 and achieve the mission of “being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.”

The LAS strategy states:

“We aim to build a diverse organisation that values and celebrates difference, promotes equality and prioritises the wellbeing of our people. We will build a workforce that knows and reflects the people we serve. We will build an organisation where everyone can feel they belong, their voice is valued and there are opportunities for a career. Discrimination, bullying, harassment and racism have no place in our organisation and we will take a zero-tolerance approach to tackling this behaviour.”

To deliver the missions set out in the LAS strategy, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028:

OBJECTIVE 1

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

OBJECTIVE 2

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

OBJECTIVE 3

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



Our progress in 2025/26



The following report provides an overview of our progress, challenges and aspirations. We remain on a journey and equality, diversity and inclusion is the unifying thread that stems from our core values of care, respect and teamwork and runs through every aspect of our organisation, from leadership to delivery and from workforce to the community we serve. Over the last year we have achieved the following that aligns with our plans and overarching objectives relating to WRES:

- **Targeted support and interventions with key recruitment campaigns, eg, Incident Response Officer roles which saw an increase of 30% in women appointed to the IRO pool.**
- **Pilot of the Inclusion Board successfully delivered, finding new ways to hear from our colleagues and influencing key priorities such as Violence Reduction leading to a successful campaign over Christmas viewed over 2 million times.**
- **Targeted recruitment programme for unemployed and vulnerable Londoners through Our Inclusive LAS Response with over 70% from BME backgrounds and a 64% conversion rate to employment with LAS.**
- **Data led EDI transformation workshops delivered to create local action plans across all areas of the Trust.**
- **A new cohort of the powerful Women of Colour programme delivered with the Men of Colour programme launched, supporting progression in their careers.**
- **The Stepping Up Support Package continued to be available across the Trust to support colleagues with development and progression.**

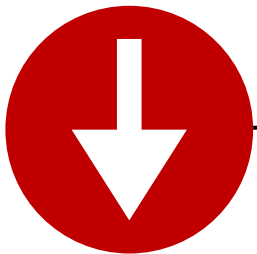
This achievement snapshot demonstrates just part of the journey and the findings in this report show there is much more to do, which will require ongoing dedication, genuine commitment and proactive interventions. Culture change programmes and complex transformation relating to EDI take time. The real test is to maintain investment in the interventions and build on the progress made to lead to fairer outcomes and equal access to opportunities for all colleagues in LAS.



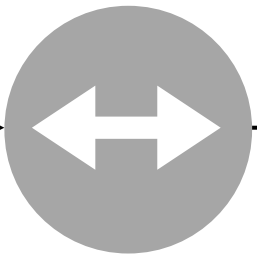
We are the capital's emergency and urgent care responders

Understanding the findings

Direction of travel



Deterioration



No significant change



Improvement

Key



Metrics 1 - 4 and 9 are a snapshot of our workforce data from 31 March 2026, while Metrics 5-8 are taken from the NHS Staff Survey, conducted in Autumn 2025.

3 key questions explored in this report

What is the data telling us?



How do we compare with previous years?



What are we planning to do?



We are the capital's emergency and urgent care responders

Key findings

Metrics 1-4 and 9 are a snapshot of our **workforce data** from 31 March 2026, while Metrics 5-8 are taken from the **NHS Staff Survey**, conducted in Autumn 2025.

1. Staff Representation



2. Shortlisting

White applicants are **1.3X** more likely to be appointed from shortlisting



3. Disciplinary

Ethnic minority colleagues are **2.2X** more likely to enter the formal disciplinary process



4. Accessing Training

White applicants are **0.98X** more likely to access non-mandatory training and CPD



5. Bullying from public

45% of ethnic minority colleagues reported experiencing harassment, bullying or abuse from the public



6. Bullying from staff

23% of ethnic minority colleagues reported experiencing harassment, bullying or abuse from colleagues



7. Progression

Wording for this question has changed so no longer comparable to previous years

8. Discrimination

14.1% of ethnic minority colleagues experienced discrimination from their manager or colleagues



9. Trust Board

31% of our Trust Board (voting membership) are from an ethnic minority background



We are the capital's emergency and urgent care responders

Comparisons

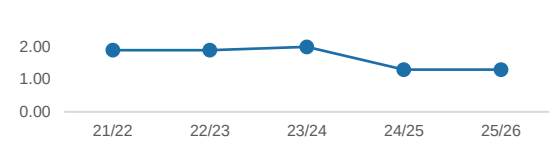
Metrics 1-4 and 9 are a snapshot of our **workforce data** from 31 March 2026, while Metrics 5-8 are taken from the **NHS Staff Survey**, conducted in Autumn 2025.

1. Staff Representation



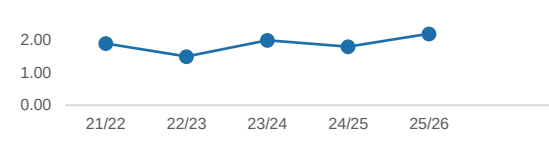
Last year (24/25): 24.6% This year (25/26): 26%

2. Shortlisting



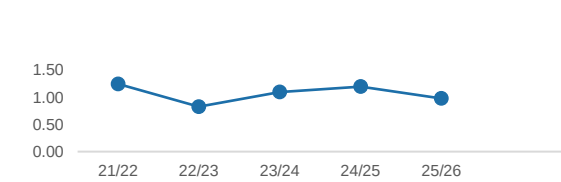
Last year (24/25): 1.3 This year (25/26): 1.3

3. Disciplinary



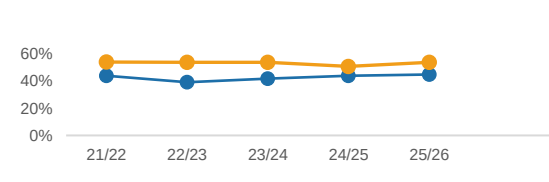
Last year (24/25): 1.8 This year (25/26): 2.2

2. Accessing training



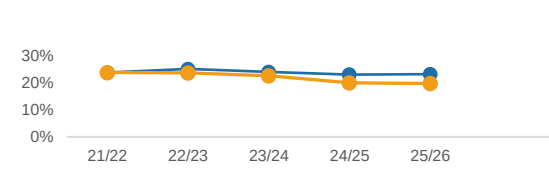
Last year (24/25): 1.2 This year (25/26): 0.98

5. Bullying from public



Last year (24/25): 43.5% This year (25/26): 45.0%

6. Bullying from staff

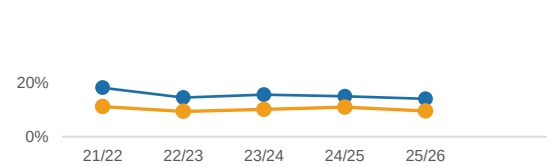


Last year (24/25): 23.0% This year (25/26): 23.0%

7. Progression

Wording for this question has changed so cannot add the data this year

8. Discrimination



Last year (24/25): 15.3% This year (25/26): 14.1%

9. Trust Board



Last year (24/25): 31.0% This year (25/26): 31.0%



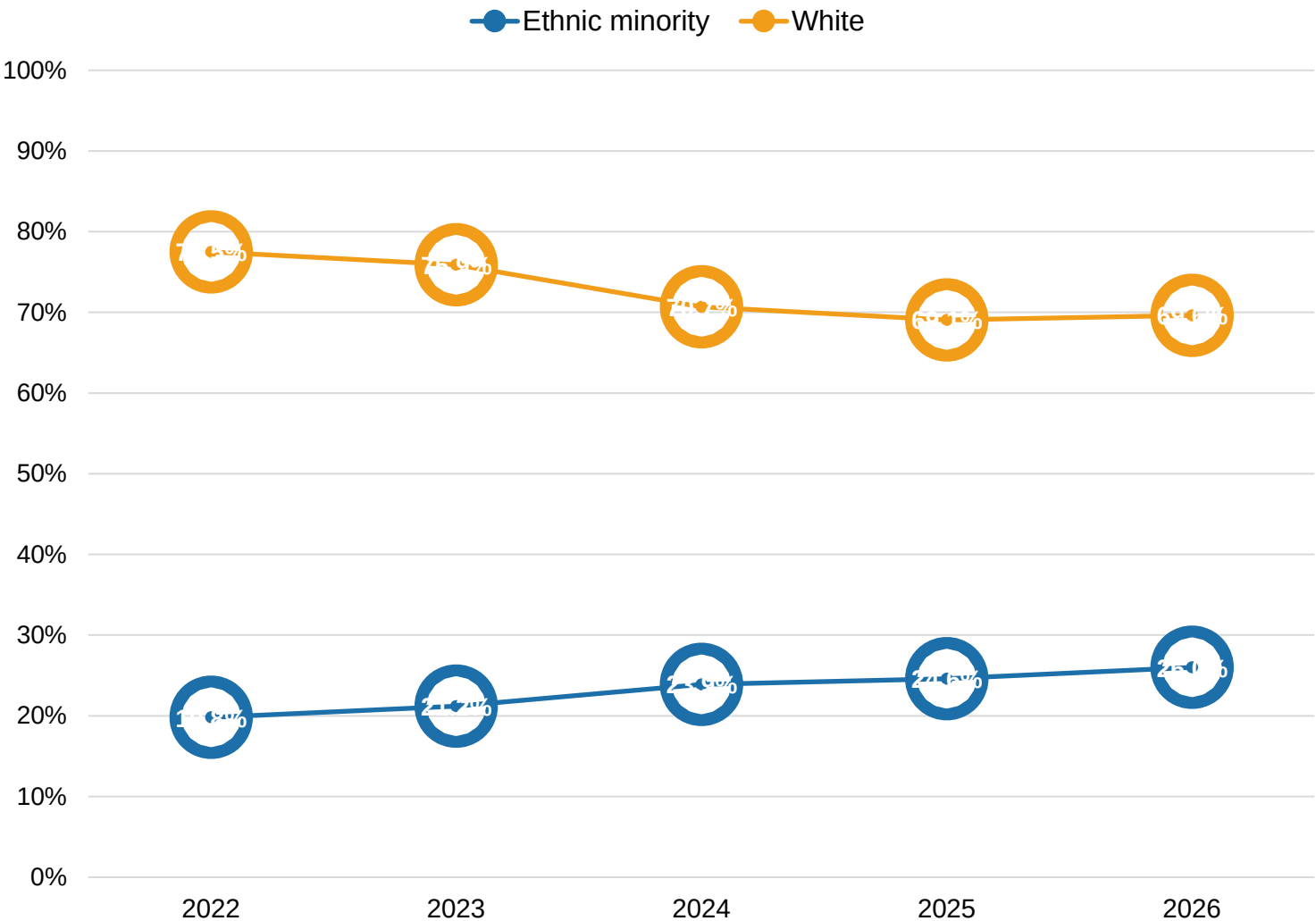
We are the capital's emergency and urgent care responders

Indicator 1

Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.



Proportion of workforce identifying as an ethnic minority (%)



The data shows that we are making continued progress in increasing the representation from ethnic minority communities, with **26% of staff members being from an ethnic minority background**. This is something of high importance to us and aligned to our key objective to have a workforce that is representative of the communities we serve, to ensure we are able to provide the best care for Londoners.

We are pleased to see this growth and positive trend despite our retention levels being high and the challenging financial operating context.

This year we will continue to work hard to attract people from BME backgrounds, through targeted programmes such as Our Inclusive LAS and the recent refresh of our website, which has balanced portrayal of BME communities.

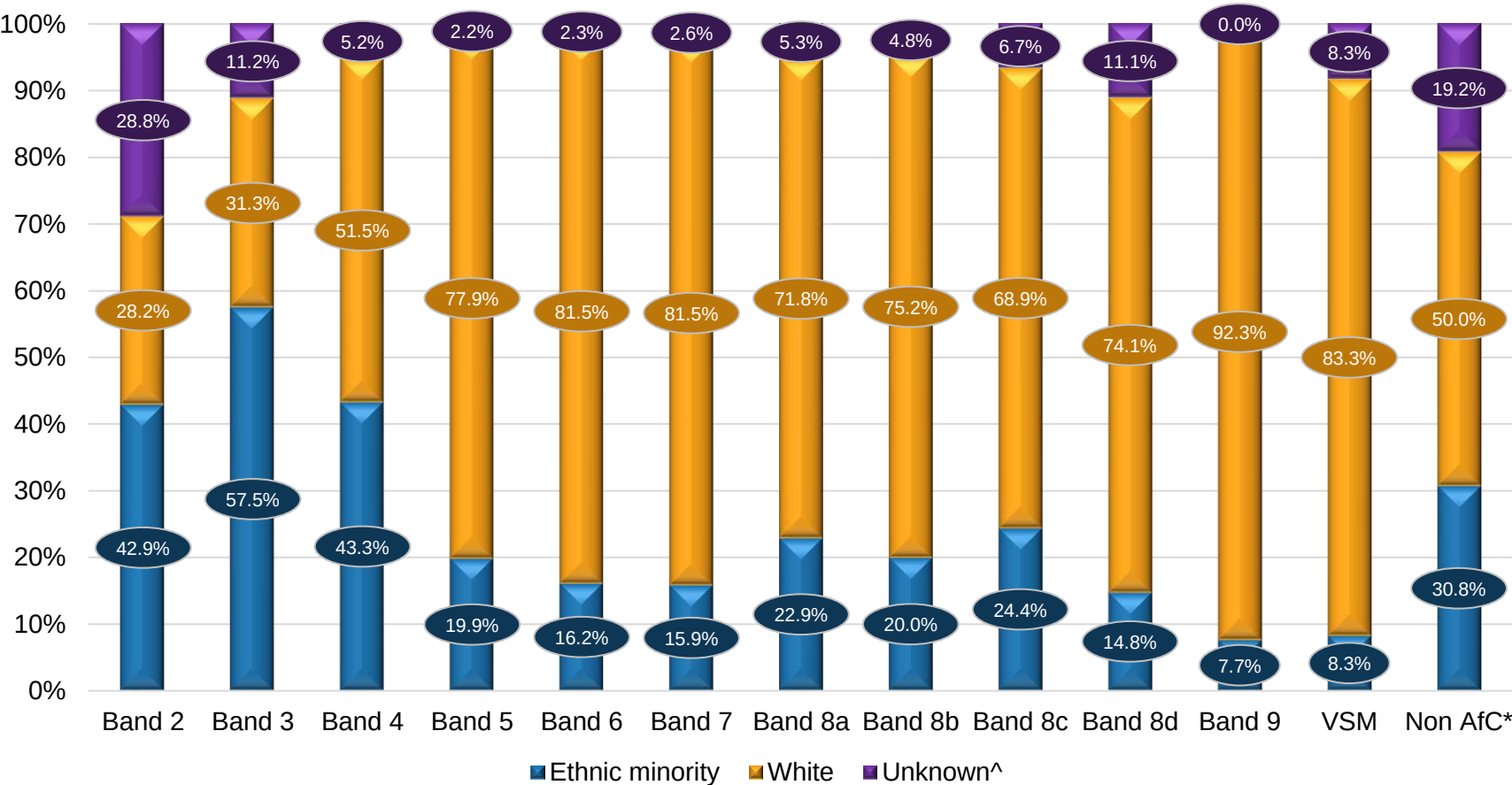
We are the capital's emergency and urgent care responders

Indicator 1

Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.



Ethnic minority staff across the organisation



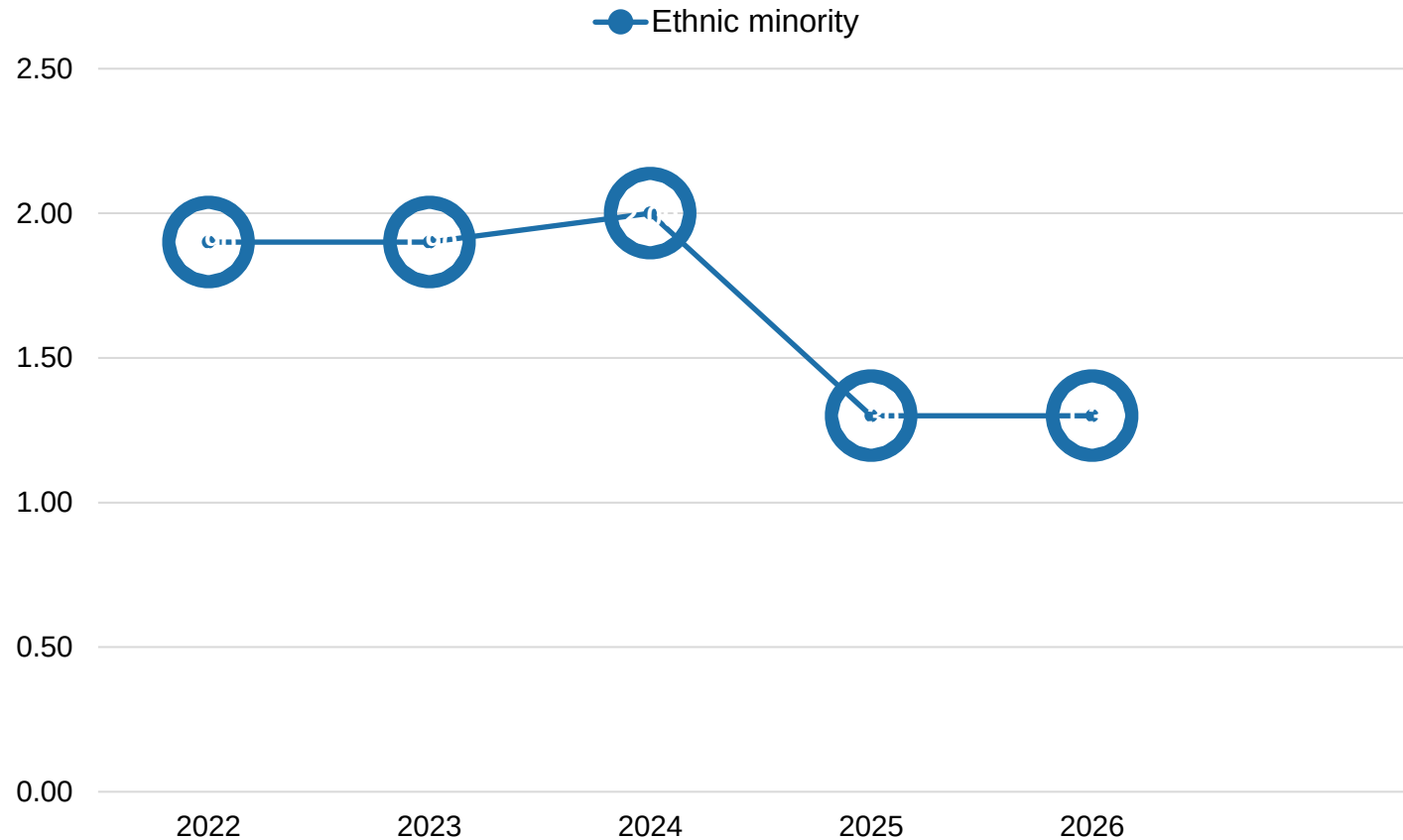
The data shows differing representation across all bands. Whilst there remains a large over-representation in the lower bands and underrepresentation in the upper bands, we have seen improvements across all bands apart from bands VSM which is positive. To note, those at VSM level represent a very small number of staff (12 people). This has impacted positively on the ethnicity pay gap which has reduced from 14.3% to 11.6%.

*Our non AfC staff (26 staff) are those who are currently in the process of assimilating following TUPE

^Unknown data is mainly due to data completeness and tends to be lower for TUPE staff

Indicator 2

Relative likelihood of white staff being appointed from shortlisting compared to ethnic minority staff across all posts



A figure below 1:00 indicates that ethnic minority staff are more likely than white staff to be appointed from shortlisting.

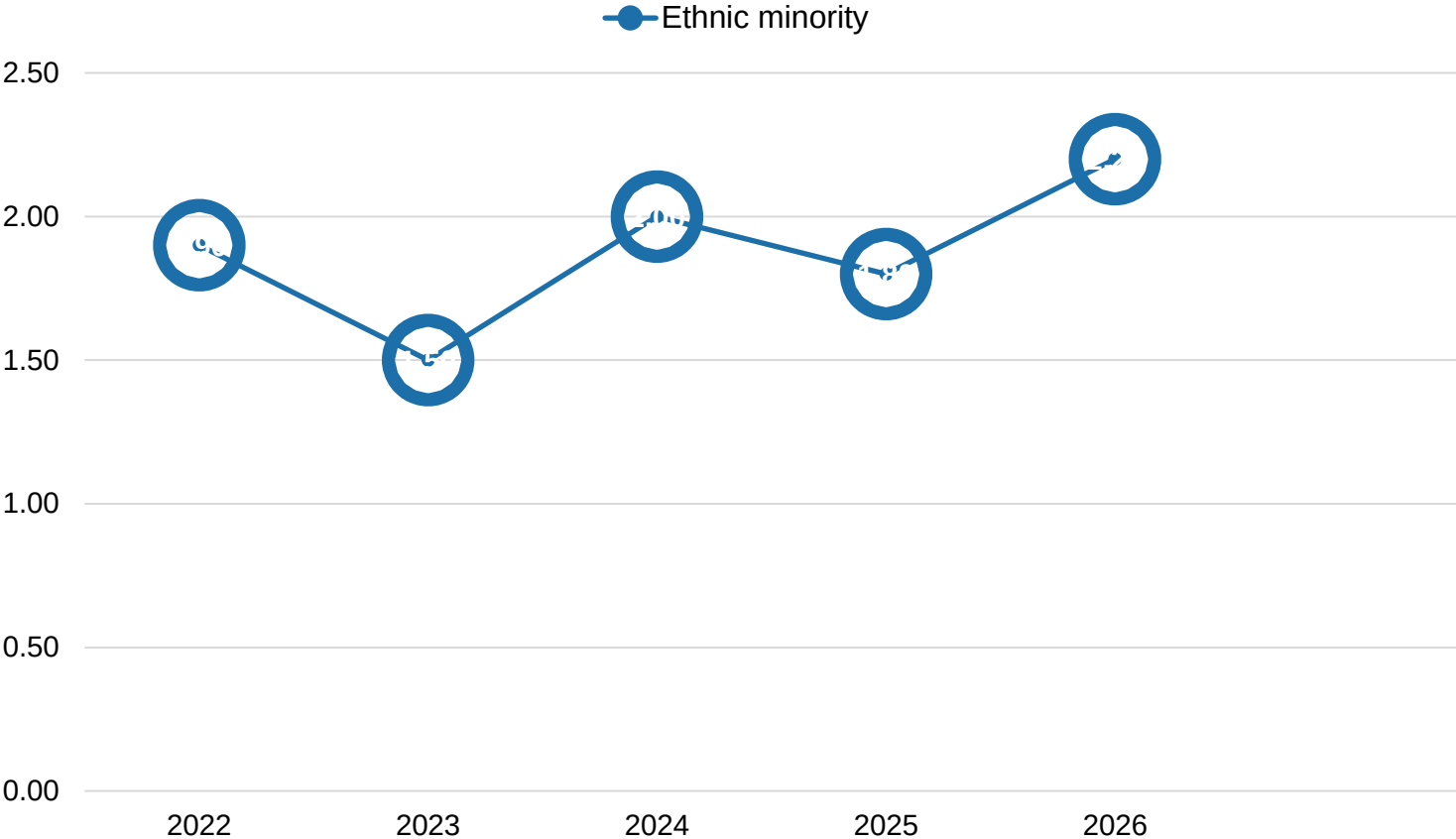
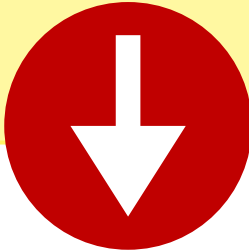
The data shows that **white applicants remain 1.3 times as likely to be appointed** from an open recruitment process than someone from an ethnic minority community. Whilst we have sustained the significant improvement from previous years our ambition remains to drive this difference down further and continue to sustain some of the impactful positive action initiatives that have been implemented this year.

The Trust has maintained initiatives put in place last year to reduce disparities such as using Independent Panel Members in recruitment to ensure a fair and unbiased process. In addition, supporting senior managers to actively identify staff for talent and development opportunities, offering support through the Stepping Up Support Package and simple confidence boosting conversations.

We are the capital's emergency and urgent care responders

Indicator 3

Relative likelihood of ethnic minority staff entering the formal disciplinary process compared to white staff



A figure above 1:00 indicates that ethnic minority staff are more likely than white staff to enter the formal capability process.

The data shows that **ethnic minority staff are 2.2 times as likely to enter a disciplinary process** than their white counterparts. This is **a deterioration compared with the previous year** and will be a priority area of focus for 2026/27.

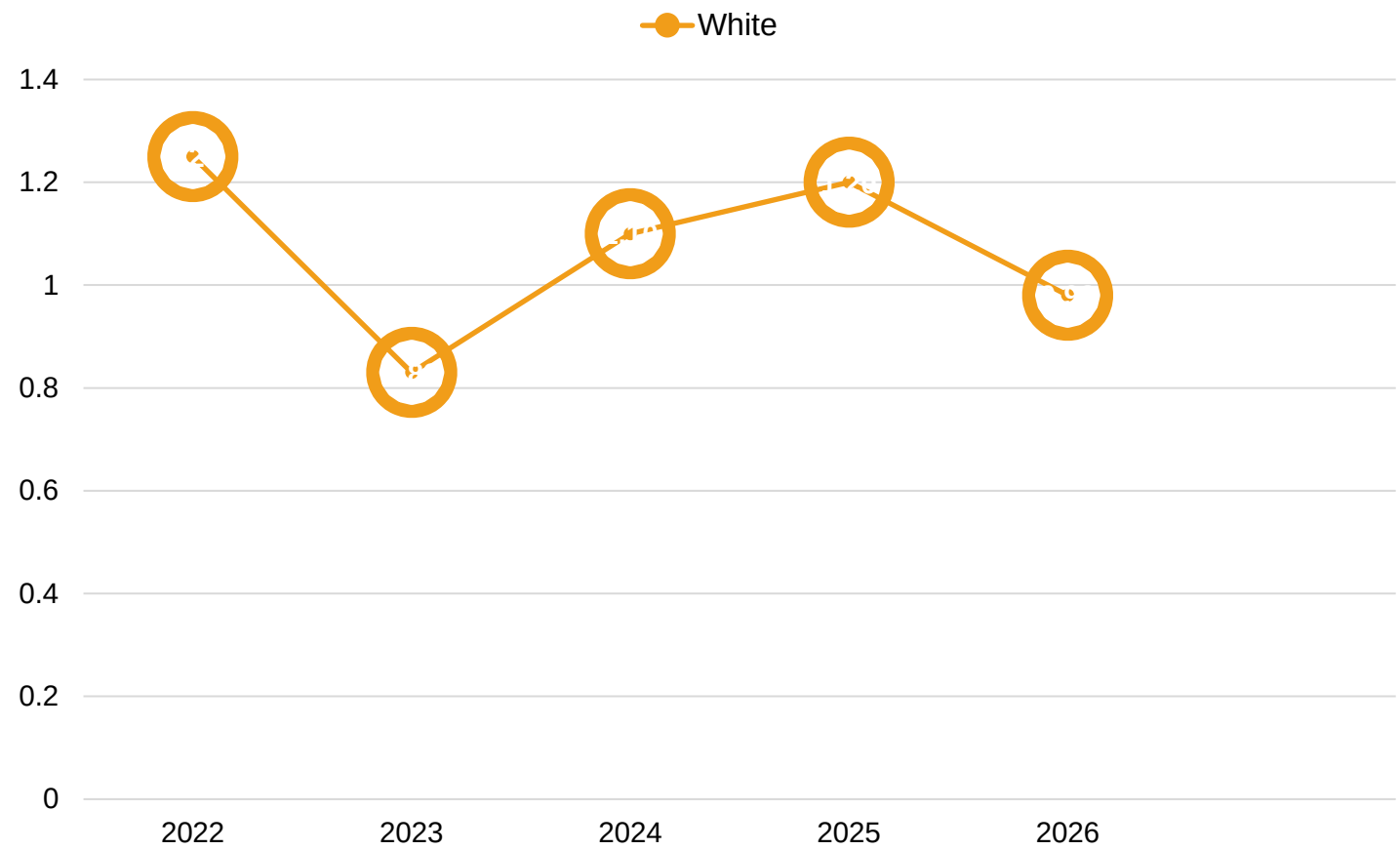
As well as refreshing and strengthening the Anti-Discrimination Statement and Anti-Racism Charter, aligned to the 2026 Mann Review, LAS is part of a 10-month codesign programme through the London Mayor’s office, the Workforce Integration Network Design Lab.

This is a consultant led codesign process that works with us to look for innovative and impactful solutions to address workforce related inequalities. The Trust is bringing together stakeholders across the Trust and is currently at the design stage.



Indicator 4

Relative likelihood of staff accessing non-mandatory training and CPD

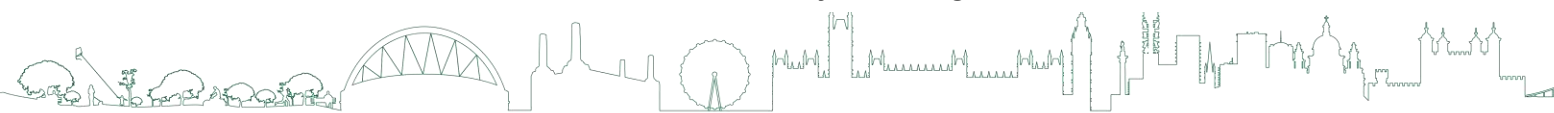


A figure above 1:00 indicates that white staff are more likely than ethnic minority staff to access non-mandatory training and CPD

The data indicates that BME staff are more likely to **access non-mandatory training and Continuing Professional Development (CPD) opportunities** than white staff.

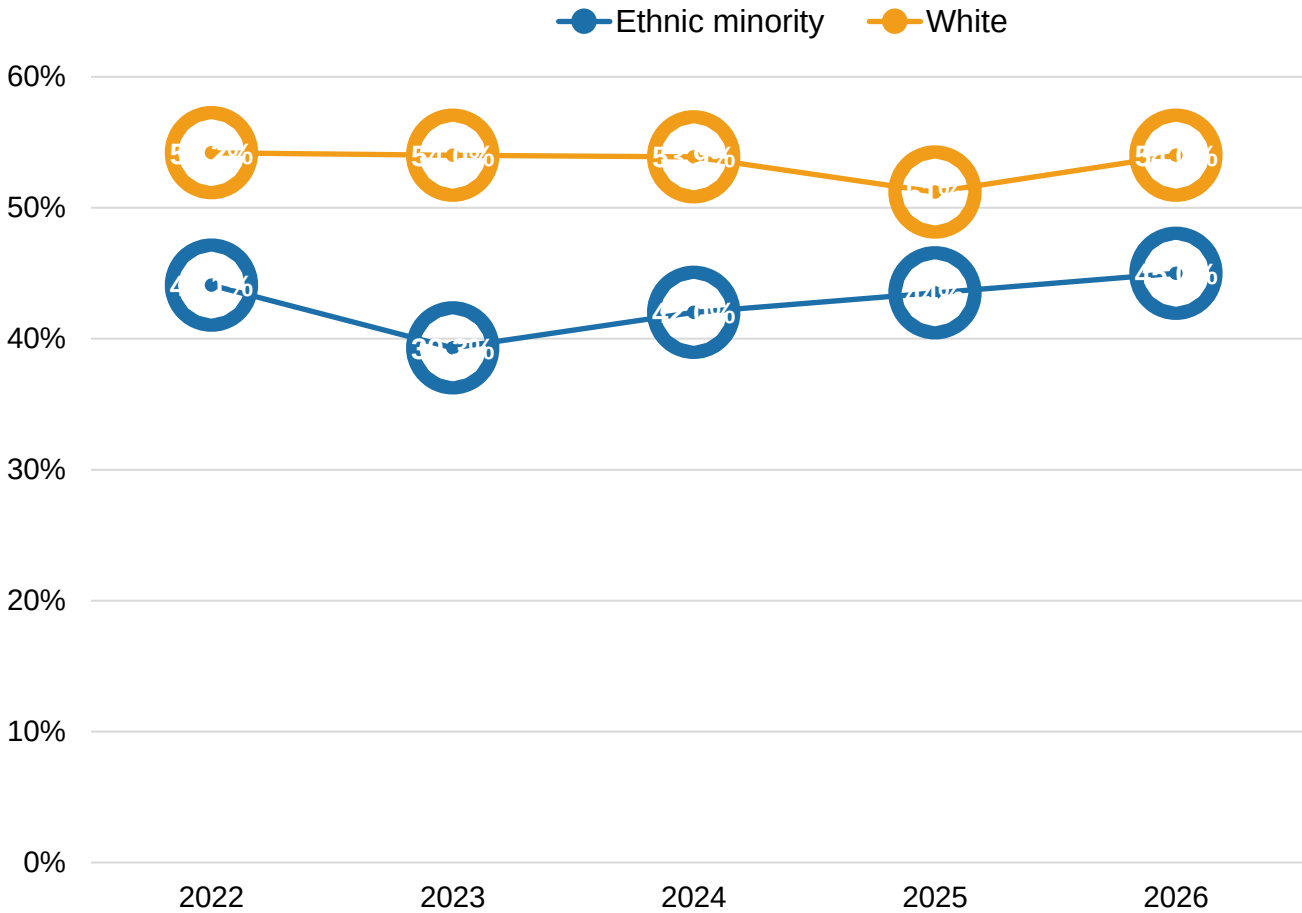
This represents a **slight improvement** on last year, suggesting a reduction in the disparity in training and development access or awareness for ethnic minority staff. There has been a **varying trend over the last few years** so it is difficult to draw assumptions. It is hoped targeted programmes such as the ‘Women of Colour’ initiative has contributed to this improvement.

We will continue to support managers to raise awareness of our Learning and Development course catalogue for more ethnic minority staff to take up learning opportunities. We will also ensure the way the data is captured is improved and comprehensive to include any wider non-mandatory training taking place.



Indicator 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



The data reveals in the last 12 months that **45% of ethnic minority staff experienced harassment, bullying or abuse from patients, relatives or the public**. This marks a continued **deterioration on last year's findings** which stood at 44%, demonstrating staff face ongoing challenges in this area.

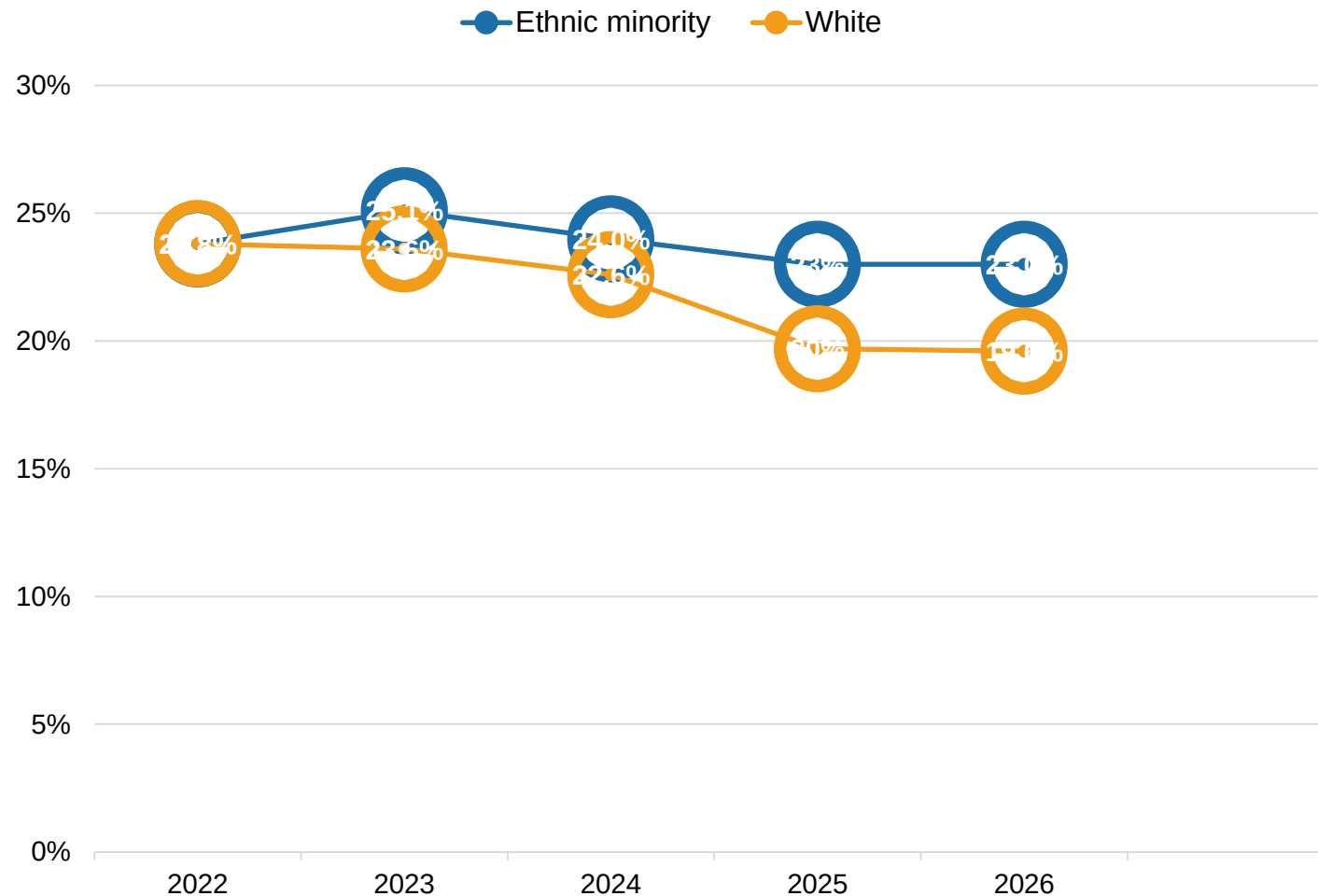
In contrast to last year, white staff have also seen a deterioration in this area and are experiencing a high level of incidents. The difference between white staff and ethnic minority staff has widened since last year, moving from 7.7% to 9%. The Trust is working hard to put in place measures to ensure we create a safer and more respectful environment for all staff members through zero tolerance policies, where colleagues are supported to step away from such situations and encouraging the increased use of body worn cameras. This is a key area of focus in the Trusts new 'Culture Improvement Programme' and this year the Trust is introducing a 'Violence Reduction Charter' which sets out clear expectations and commitment from the Trust in improving how we respond to incidents.



We are the capital's emergency and urgent care responders

Indicator 6

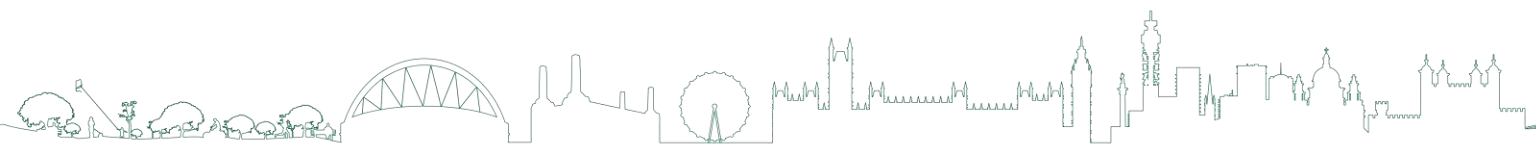
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



The data reveals in the last 12 months there has been no significant change across both groups in this category. **23% of ethnic minority staff experienced harassment, bullying or abuse from other staff members.**

The difference between the groups has marginally increased this year with 19.6% white colleagues reporting such incidents. Whilst it is good to see no deterioration, the data shows the ongoing disparity in experiences between ethnic minority and white staff.

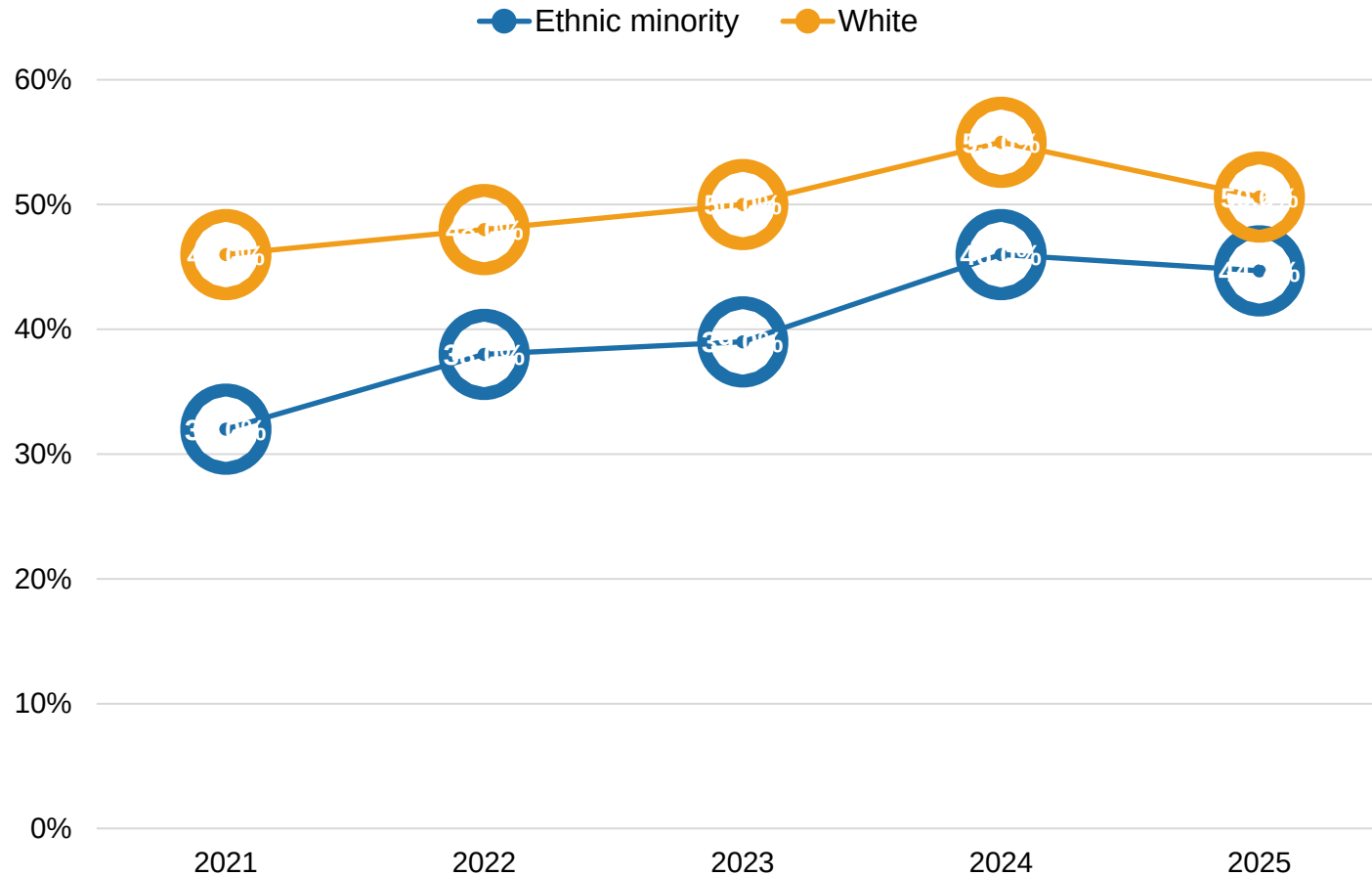
The Trust has a zero tolerance approach to bullying and harassment. We have continued with targeted training for all staff and to raise awareness of the behaviour expectations from our colleagues as defined in the anti-discrimination and anti-racism charters and have created a specific 'Violence Reduction Charter'. We have provided mechanisms to report freely and offered specialist support for teams and individuals, which will continue in the coming year and we hope to drive this down further.



We are the capital's emergency and urgent care responders

Indicator 7

Percentage of staff believing that the Trust provides equal opportunities for career progression and promotion



The wording of this question changed in the staff survey in 2025, meaning it is no longer considered comparable to previous years.

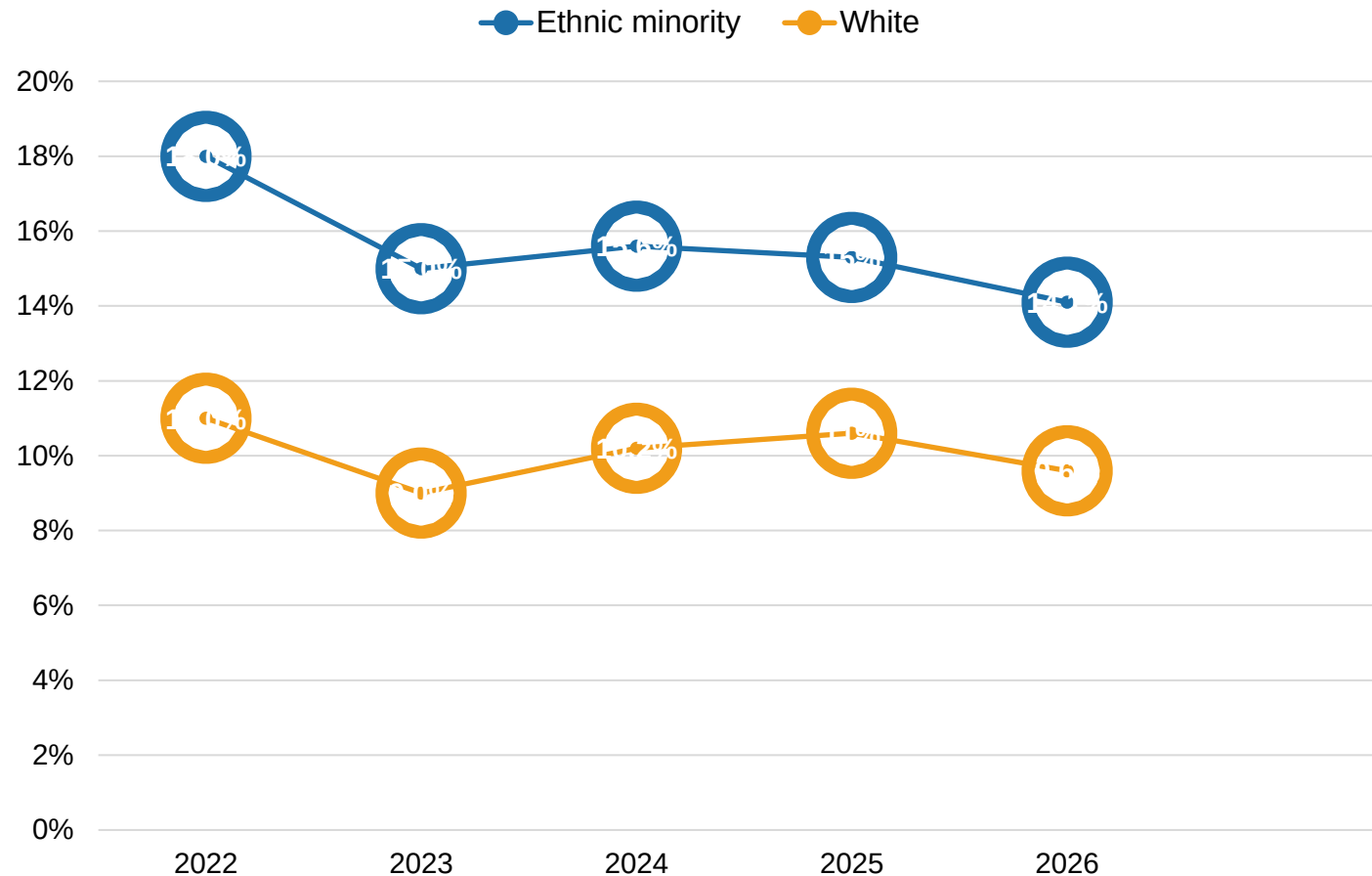
Previous year's results left in for information only.



We are the capital's emergency and urgent care responders

Indicator 8

In the last 12 months have you personally experienced discrimination at work from any of the following – Manager / Team Leader or other colleagues?



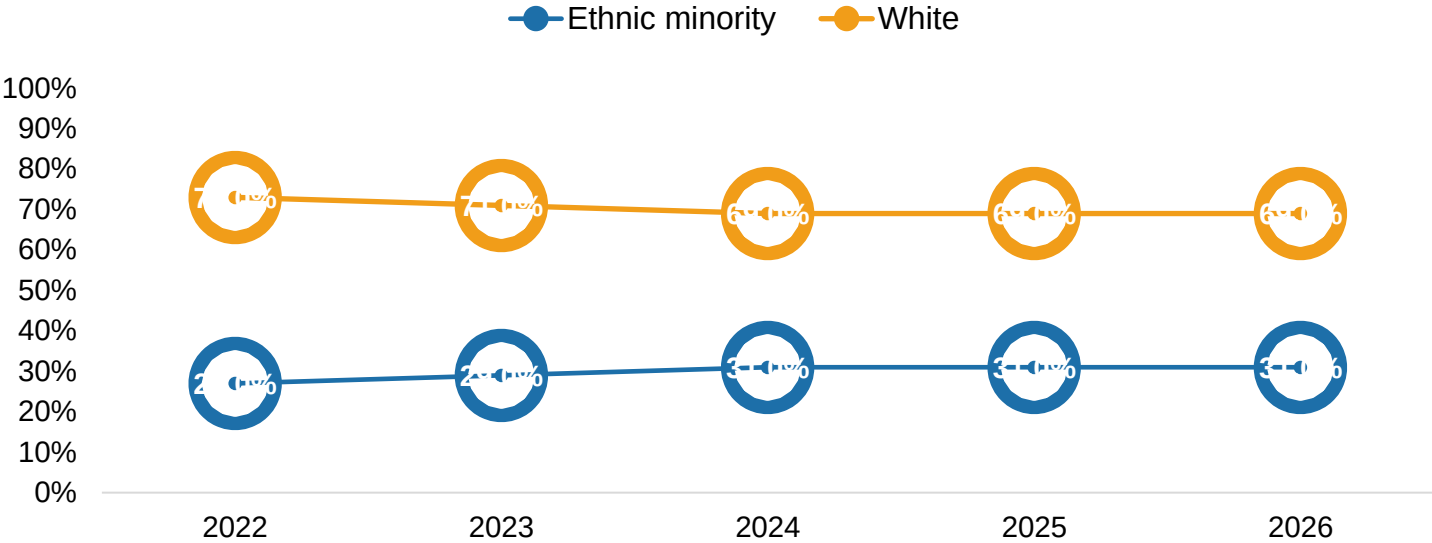
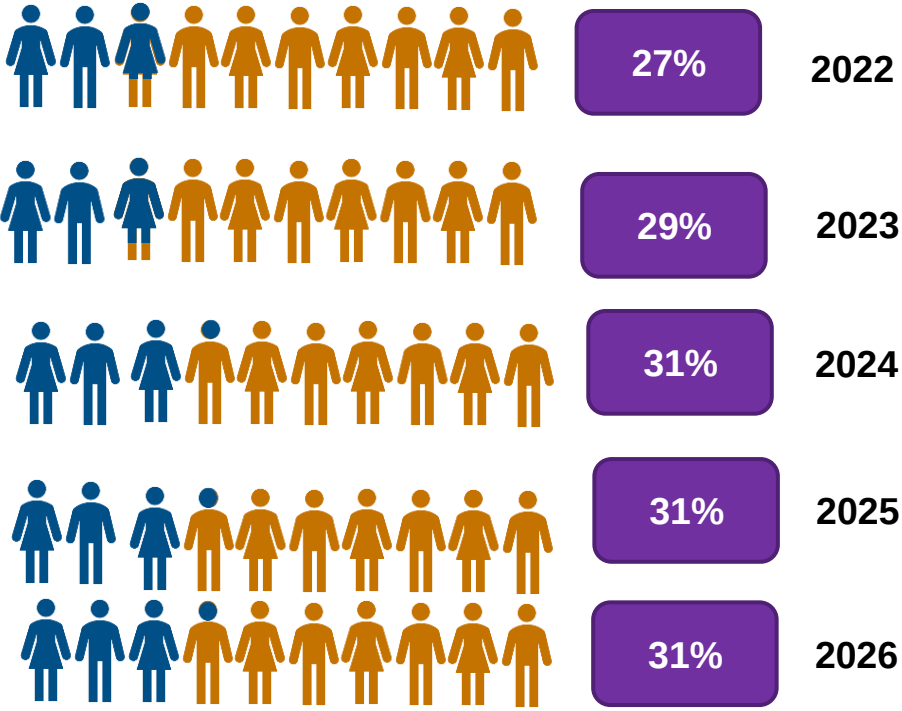
14.1% of ethnic minority staff personally experienced workplace discrimination from managers, team leaders or colleagues in the last year. This is an improved position to the previous year where it was 15.3%. Data relating to white staff also showed improvement at 9.6% from 10.6% the previous year and there is a **positive trend for ethnic minority staff over the last few years.**

Having awareness of these unacceptable behaviours is critical and addressing this remains crucial to foster an inclusive and respectful work environment for all. We will continue to support staff to speak up and ensure there is robust training and processes in place to support colleagues. We have also revised and updated our anti-discrimination and anti-racism charters and we are hoping to see ongoing improvements in this area.



Indicator 9

Percentage difference between the Organisation's Board voting membership and its overall workforce.



The data indicates that **ethnic minority staff constitutes 31% of the Trust Board's voting membership**, which is 6% higher than the ethnic minority staff makeup of the overall workforce. This has **remained consistent over the last few years**.

We remain committed to diverse representation at the leadership level and to drive inclusive governance, allowing ethnic minority individuals to be represented and contribute towards decision-making and drive a more inclusive culture.

● Ethnic minority ● White



We are the capital's emergency and urgent care responders

Summary and next steps

This report shows the progress we are making against the WRES, which focuses on the experiences of people from ethnic minority communities. It highlights where progress has been made, where stronger focus and interventions are needed and how we plan to drive the best outcomes and create a level playing field for ethnic minority staff.

We have made **good improvements against four of the WRES indicators** in 2026, and **sustained the progress made for 3 indicators**, with **deterioration in two indicators**. Indicator 7 we were not able to report on this year as there was a change in the question's wording.

We are making good progress overall but the WRES data has highlighted the key area of focus in WRES indicator 3.

There are a range of initiatives that have been put in place already, including targeted

training programmes, ensuring our new Anti-Racism Statement and Anti-Discrimination Charters are refreshed and strengthened to respond to policy, guidance and environment changes. This includes the 2026 Lord Mann Review on antisemitism and other forms of racism and new NHS Standards and additional and targeted focus will be given through the WIN DL equity programme.

It is positive to see the majority of the WRES indicators show an improved or sustained position and indicates the investment the Trust has made in this area is making a difference and we will work to sustain and build on this in 2026/2027.

Whilst we are pleased to see the improvements, we recognise we still have a long way to go to ensure our BME staff are treated equally and have the same opportunities to progress as their white counterparts and we remain committed to this.

Next Steps

Oversight of WRES continues through the People & Culture Committee and the cross-directorate EDI Implementation Group. The EDI Implementation Plan has been updated to focus on areas of importance to WRES:

- **Deliver the culture priorities**
- **Introduce bold interventions to reduce the disparity between white and black and minority ethnic staff entering the disciplinary process**
- **Continue to close the gap between ethnic minority and white applicants in recruitment**
- **Embed Lord Mann's recommendations**
- **Deliver in-house training, Centre for Excellence in Leadership & Culture training, including a focus on key aspects of WRES.**
- **Deliver transformation workshops to all key directorates using local data.**
- **Continue with the Inclusion Board to ensure the voices of staff are heard at all levels.**

Summary of WRES action plan:

The WRES actions are presented below and align to our business plan deliverables for 2026/27:

Desired outcome	Actions	WRES Indicator(s)
Wider organisation inclusion culture shift, driven from leadership	- Track and monitor the impact of all objectives set by ELG - Share data packs relating to WRES routinely with leaders to inform localised action plans - Bring diverse voice/influence to planning and decision making through the Inclusion Board and staff networks	3, 4, 5, 6, 7, 8 and 9
Recruiting fairly and closing the gap between ethnic minority and white applicants	- Sustain and strengthen positive action initiatives to review, identify and change interview processes where barriers are identified, including key recruitment such as TM and CTM. - Strengthen awareness and uptake of the ‘Stepping up Support Package’	1, 2, 7, 8 and 9
Anti-discrimination and anti-racism charter widely understood, adopted and creates an inclusive and fair culture	- Refresh and relaunch the Anti-Discrimination Statement, Anti-Racism Charter and new Violence Reduction Charter. - Embed and strengthen 2026 Lord Mann recommendations across key areas of leadership, training, policies and governance as needed. - Develop and deliver EDI as an integral element to Centre for Excellence in Leadership and Culture (CELC) - Strengthen awareness of 2-step Referral to Resolution process relating to charters - Work in collaboration with key functions to strengthen the anti-discrimination work programme, eg: FtSU, Staff Networks and all relevant training programmes - Hear ethnic minority voices through key arenas such as staff networks and the Inclusion Board	1, 2, 6, 7, 8 and 9



Summary of WRES action plan continued...

The WRES actions are presented below and align to our business plan deliverables for 2026/27:

Desired outcome	Actions	WRES Indicator(s)
Removal of structural barriers for ethnically diverse communities into paramedicine and leadership roles	• Continue targeted programmes to create internal pathways for a diverse talent pipeline • Increase awareness of training and support available, eg; LAS bursary, Women of Colour programme • Deliver virtual work experience targeting underrepresented communities to develop pipeline • Reciprocal mentoring to support both BME colleagues and leaders	1, 2, 4 and 7
Ending the disparity between ethnic minority staff being entered into a disciplinary process	• Via the WIN DL race equity programme, develop and implement new and innovative proposals to shift the dial on WRES Indicator 3 • Improve the data insights relating to disciplinary processes and use this to drive improvements, including learning from previous cases. • Deliver training and raise awareness of use of charters as part of disciplinary process • Monitor data to identify trends/patterns and share with teams	3



Closing remarks from the LAS BME network

The BME Network is committed to supporting colleagues from ethnic minority backgrounds in LAS to have fair access to opportunities, have a good experience working in the Trust and that people are not discriminated because of who they are and where they come from.

By acting as a trusted conduit to ethnic minority communities, bringing insights, lived experiences, raising awareness of issues and bringing expertise, we hope to make a real difference.

We will also continue to celebrate the diversity within the Trust and provide education and cohesion opportunities.

We recognise that even though some progress has been made, we must do better to support our ethnic minority communities in LAS and are pleased to work with the EDI team to support positive actions.



We are the capital's emergency and urgent care responders

Produced by the LAS Equality, Diversity and Inclusion Team

For further information and/or request in an
alternative format,
please contact: londamb.edimailbox@nhs.net

For more information visit
londonambulance.nhs.uk

London Ambulance Service NHS Trust
Headquarters
220 Waterloo Road
London. SE1 8SD

 londonambulance.nhs.uk
 [@ldn_ambulance](https://twitter.com/ldn_ambulance)
 [/LondonAmbulance](https://facebook.com/LondonAmbulance)
 [@ldn_ambulance](https://instagram.com/ldn_ambulance)
 youtube.com/londonambulance





London Ambulance Service
NHS Trust

Workforce Disability Equality Standard

LAS Report and Action Plan – 2025/2026



We are the capital's emergency and urgent care responders



CONTENTS

Overview	3	WDES Indicator 4a iii)	15
Foreword	4	WDES Indicator 4b	16
Our Strategic Equality Objectives	5	WDES Indicator 5	17
Progress in 2025/26	6	WDES Indicator 6	18
Key Findings	8	WDES Indicator 7	19
Comparisons	9	WDES Indicator 8	20
WDES Indicator 1	10	WDES Indicator 9	21
WDES Indicator 2	11	WDES Indicator 10	22
WDES Indicator 3	12	Summary and Next Steps	23
WDES Indicator 4a i)	13	Summary of WDES Action Plan	25
WDES Indicator 4a ii)	14	Closing Remarks from the EnAbleD Network	26



Overview of the Workforce Disability Equality Standard

Purpose

NHS trusts are required to review and publish their performance against the Workforce Disability Equality Standard (WDES) each year. The purpose of the WDES is to ensure that NHS organisations use workforce and staff experience data to identify and address inequalities between disabled and non-disabled colleagues, and to improve the representation of disabled people.

The WDES is a key component of our workforce equality, diversity and inclusion work. It supports our ambition to achieve disability equality across the employee lifecycle, ensuring that colleagues have equitable access to recruitment, development and progression, are treated fairly at work, and receive the adjustments they need to contribute and thrive.

Methodology

The WDES requires NHS trusts to assess their performance against ten indicators covering workforce representation, recruitment, capability, workplace experience, reasonable adjustments, engagement and Board representation. Four indicators are drawn from workforce data, with the remaining indicators taken from the NHS Staff Survey.

Indicators 1–3 and 10 are a snapshot of the workforce on the 31st of March 2026. Indicators 4–9 are drawn from the 2025 NHS Staff Survey, conducted in autumn 2025. Results are compared with previous years where the measure and question wording remain comparable.

Scope

The report highlights current practice, progress and the areas in which further action is required to improve disability equality at LAS. It enables comparison over time, supports external benchmarking and provides evidence of how the Trust is meeting its responsibilities under the Public Sector Equality Duty and the Disability Confident scheme.

Definitions

The definitions used in the Electronic Staff Record, NHS Staff Survey and recruitment systems are not identical and do not fully align with the legal definition of disability in the Equality Act 2010. This can affect direct comparisons between data sources. The report should therefore be read alongside the level of disability-status data completeness, with the understanding that some colleagues may not identify as disabled or may choose not to disclose a disability in workforce records.

The social model of disability and the principle of ‘Disability as an Asset’ underpin our approach. This means focusing on the organisational, environmental and attitudinal barriers that can disable people, and recognise the value that disabled colleagues’ experience brings to our workforce and services.

Foreword

At London Ambulance Service, we remain committed to creating a workplace where disabled colleagues feel safe, supported, valued and able to thrive. Understanding and addressing the inequalities experienced by disabled staff remains a key priority, and the Workforce Disability Equality Standard (WDES) provides an important measure of our progress.

This year's results present a mixed picture. We have seen encouraging improvements in representation, with 12% of colleagues now recorded as disabled and disabled representation on the Trust Board increasing from 0% to 6.3%. However, representation alone is not enough. Disabled colleagues continue to report poorer experiences than non-disabled colleagues across several staff survey measures, highlighting that there is still significant work to do.

Of particular concern are the higher levels of harassment, bullying and abuse experienced by disabled colleagues, lower feelings of being valued at work, and ongoing challenges in accessing workplace adjustments. These findings reinforce the need for continued focus and action.

During 2025/26, we strengthened our approach through the Reasonable Adjustments Hub, improved processes and oversight, enhanced guidance and training, and closer partnership working with our EnAble Staff Network. While these foundations are important, our focus now is on ensuring they translate into a consistently better experience for disabled colleagues across the Trust.

While there is progress to build on, we know there is no room for complacency. Through our culture change programme and oversight from our Transformation Board, we will continue to focus on the areas that need improvement most. Improving recruitment and progression, creating inclusive workplaces, tackling inappropriate behaviours and ensuring timely, effective adjustments.

I am confident that the commitment, investment and determination across LAS will continue to drive meaningful change as we build a more inclusive, accessible and equitable organisation where disabled colleagues can succeed and thrive.



The capital's emergency and urgent care responders.



Jason Killens

**Chief Executive
London Ambulance Service
NHS Trust**

We are the capital's emergency and urgent care responders

Our Strategic Equality Objectives

To achieve the work set out in the LAS strategy 2023-28, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028 and achieve the mission of “being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.”

The LAS strategy states:

“We aim to build a diverse organisation that values and celebrates difference, promotes equality and prioritises the wellbeing of our people. We will build a workforce that knows and reflects the people we serve. We will build an organisation where everyone can feel they belong, their voice is valued and there are opportunities for a career. Discrimination, bullying, harassment and racism have no place in our organisation and we will take a zero-tolerance approach to tackling this behaviour.”

To deliver the missions set out in the LAS strategy, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028:

OBJECTIVE 1

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

OBJECTIVE 2

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

OBJECTIVE 3

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



Our Progress in 2025/26

During 2025/26, LAS continued to strengthen the systems, guidance and accountability intended to improve the experience of disabled colleagues. Key areas of progress included:

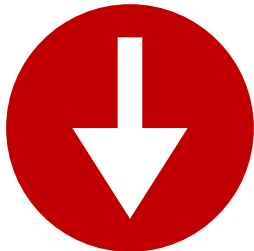
- **Continued improvement to the Reasonable Adjustments Policy and guidance through a centralised Reasonable Adjustments Hub and dedicated budget.**
- **Redesigned the reasonable adjustments request and tracking process to improve accessibility, case ownership, consistency and visibility from request through to implementation and closure.**
- **Maintained a cross-Trust Complex Case Panel, bringing together relevant specialists to support the timely and proportionate resolution of more complex reasonable adjustment cases.**
- **Introduced improved management information and dashboards to monitor demand, case status, timeliness, implementation and emerging themes in reasonable adjustment requests.**
- **Developed and delivered reasonable adjustments learning for 300 managers, alongside wider inclusive-leadership and anti-discrimination training for operational and corporate teams.**
- **Strengthened supporting guidance, including disability leave, assistance dogs, workplace assessments and routes to Occupational Health and Access to Work.**
- **Retained our Disability Confident Employer level, demonstrating a consolidation of our organisational maturity and a commitment to sharing and embedding good practice.**
- **Worked in partnership with the EnAbleD staff network to bring lived experience into policy, guidance, training and organisational priorities.**

These changes provide a stronger foundation, but the 2025 Staff Survey results show that improvements in processes have not yet translated into a consistently better experience for disabled colleagues. The priority for 2026/27 is therefore to test effectiveness, identify variation between teams and ensure that leaders are accountable for measurable improvement.

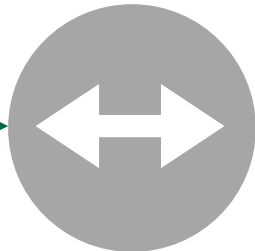


Understanding the findings

Direction of travel



Deterioration



No significant change



Improvement

Key



Metrics 1-3 and 10 are a snapshot of our workforce data from 31 March 2026, while Metrics 4-9 are taken from the NHS Staff Survey, conducted in Autumn 2025.

For Indicator 5, the question wording changed in 2025, so the current result should be treated as a new baseline rather than compared directly with previous years.

- Disabled: colleagues recorded or responding as disabled / having a long-term condition or illness, in accordance with the relevant data source.
- Non-disabled: colleagues recorded or responded as not disabled / not having a long-term condition or illness.
- Not known/stated: no disability status has been recorded or disclosed. This category should be reported separately and not grouped automatically with non-disabled colleagues.

3 key questions explored in this report

What is the data telling us?

How do we compare with previous years?

What are we planning to do?



We are the capital's emergency and urgent care responders

1. Staff Representation

12%

Disabled

Non-disabled

2. Shortlisting

Non-disabled applicants are

1.30X

more likely to be appointed from shortlisting

3. Capability

Relative likelihood for disabled colleagues

1.10x

entering the formal capability process

4a. i) Bullying from public

58.8%

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

4a. ii) From managers

17.3%

of disabled colleagues experiencing harassment, bullying or abuse from managers

4a. iii) From staff

22.4%

of disabled colleagues experiencing harassment, bullying or abuse from colleagues

4b. Bullying reported

45.5%

of disabled colleagues reported experiencing harassment, bullying or abuse

5. Progression

41.5%

of disabled colleagues believe the Trust provides equal opportunities for promotion

6. Presenteeism

31.4%

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

7. Feeling valued

20.2%

of disabled colleagues feel valued by the organisation

8. Reasonable Adjustments

61.9%

of disabled colleagues say reasonable adjustments were made

9. Staff Engagement

The 0-10 staff engagement score for disabled colleagues is

5.4

10. Trust Board

6.3%

of our Trust Board (voting membership) are disabled



We are the capital's emergency and urgent care responders

1. Staff Representation

2024

2025

2026

Disabled

Non-disabled

Last year (2024/25): 10.7%

This year (2025/26): 12%

2. Shortlisting

2024

2025

2026

Last year (2024/25): 1.3

This year (2025/26): 1.3

3. Capability

First time reporting on this metric

4a. i) Bullying from public

2024

2025

2026

Last year (2024/25): 56.2%

This year (2025/26): 58.8%

4a. ii) From managers

2024

2025

2026

Last year (2024/25): 16.9%

This year (2025/26): 17.3%

4a. iii) From staff

2024

2025

2026

Last year (2024/25): 22.4%

This year (2025/26): 22.4%

4b. Bullying reported

2024

2025

2026

Last year (2024/25): 46.4%

This year (2025/26): 45.5%

5. Progression

The wording of the question has changed, so answers are no longer comparable.

6. Presenteeism

2024

2025

2026

Last year (2024/25): 29.2%

This year (2025/26): 31.4%

7. Feeling valued

2024

2025

2026

Last year (2024/25): 22.1%

This year (2025/26): 20.2%

8. Reasonable Adjustments

2024

2025

2026

Last year (2024/25): 62.2%

This year (2025/26): 61.9%

9. Staff Engagement

2024

2025

2026

Last year (2024/25): 5.5

This year (2025/26): 5.4

10. Trust Board

2024

2025

2026

Last year (2024/25): 0%

This year (2025/26): 6.3%

We are the capital's emergency and urgent care responders

9

Page 191 of 505

Indicator 1

Percentage of staff in each Agenda for Change band 1–9 and VSM, including executive Board members, compared with the percentage of staff in the overall workforce.



Proportion of workforce identifying as disabled (%)



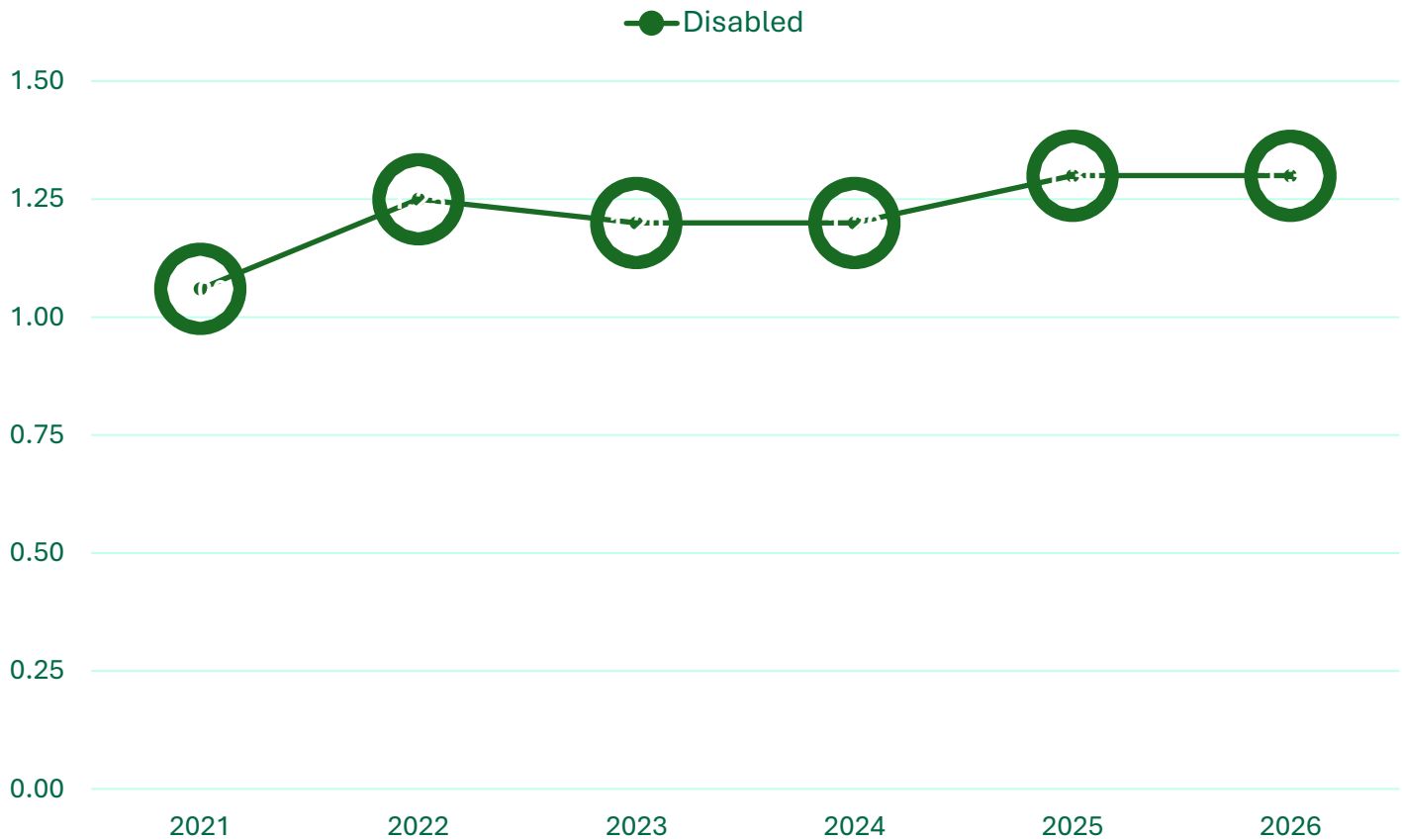
On 31 March 2026, 12% of the LAS workforce was recorded as disabled. This is an increase of one percentage point from 11% in 2024/25 and continues the upward movement shown across the five-year period, from 7% in 2021/22.

The increase may reflect both a change in workforce representation and greater confidence among colleagues to record or update their disability status. It is therefore important to consider the headline figure alongside ESR data completeness and Staff Survey results, where colleagues may identify as having a long-term condition or illness even if disability is not recorded in ESR.

The sustained improvement in recorded representation is positive. However, representation does not in itself demonstrate equality of experience. The Staff Survey indicators in this report show that disabled colleagues continue to experience material disadvantage in several areas, so increased representation must be matched by action on inclusion, progression, wellbeing and workplace culture.

Indicator 2

Relative likelihood of non-disabled candidates compared with disabled candidates being appointed from shortlisting across all posts.



In 2025/26, non-disabled candidates were 1.30 times as likely as disabled candidates to be appointed from shortlisting. This is unchanged from 2024/25 and indicates that the disparity seen last year has not reduced.

LAS will undertake stage-by-stage analysis of the recruitment journey to identify where the difference arises, including assessment and interview outcomes, access to and delivery of reasonable adjustments, role type, band and recruitment volume. This will inform targeted action to improve accessibility, consistency and fairness in selection decisions.

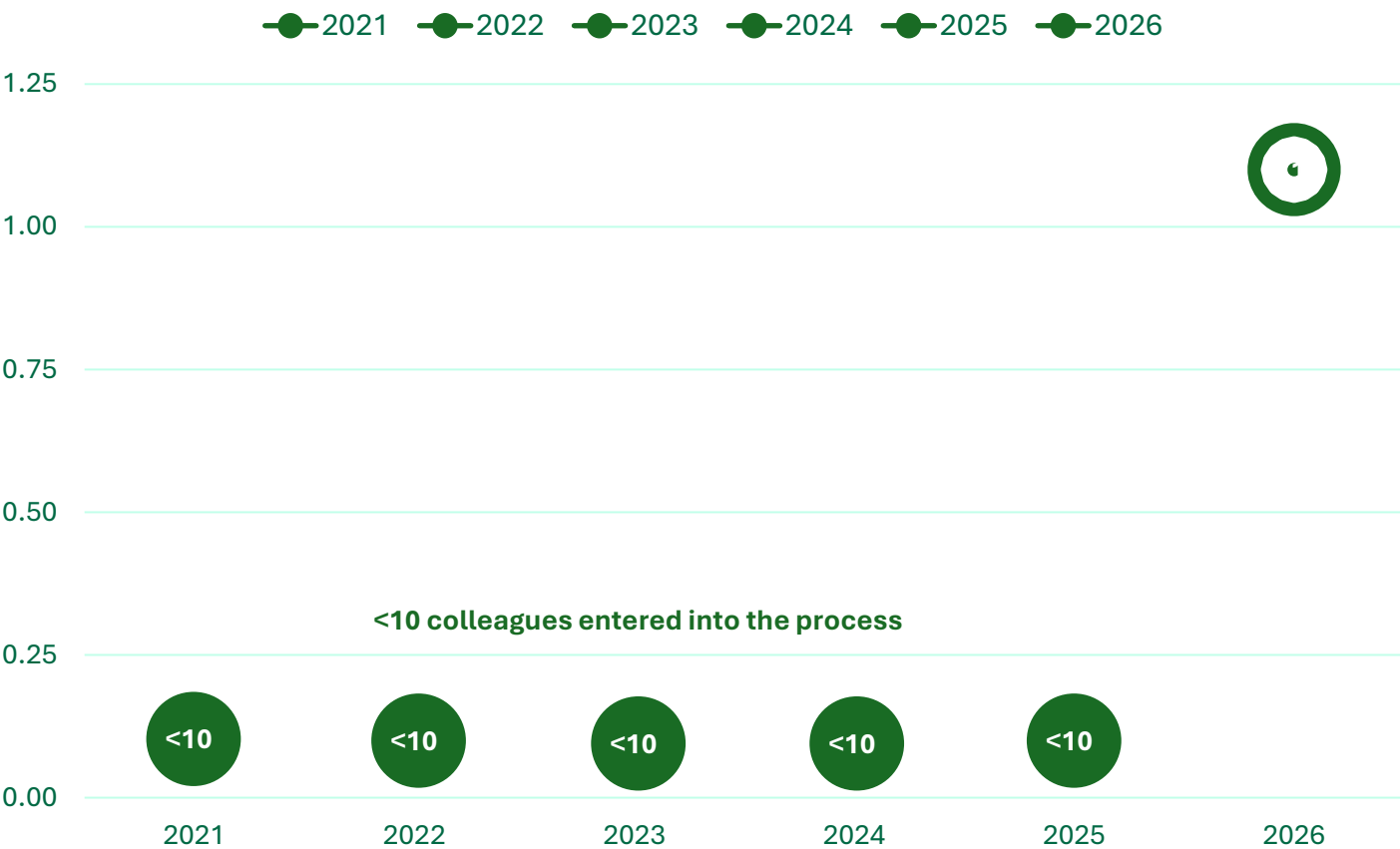
A figure above 1:00 is adverse for disabled staff because it indicates an appointment advantage for non-disabled staff



We are the capital's emergency and urgent care responders

Indicator 3

Relative likelihood of disabled staff compared with non-disabled staff entering the formal capability process, measured over a two-year rolling period. The measure relates to capability on performance grounds, not ill health.



A figure above 1:00 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process.

For the first time in the period shown, the number of cases is sufficient to report the Indicator 3 relative likelihood. In 2025/26, disabled colleagues were 1.10 times as likely as non-disabled colleagues to enter the formal capability process.

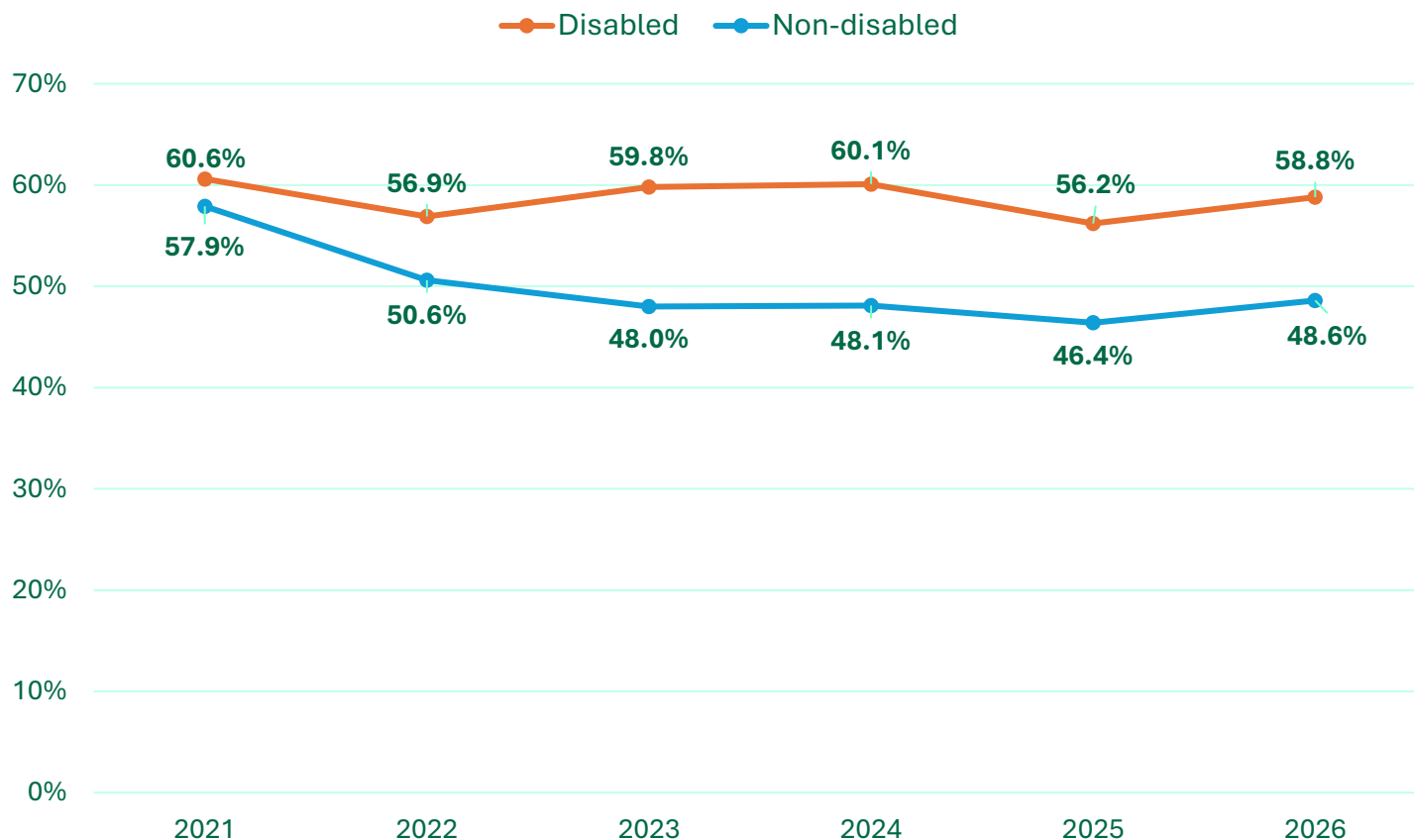
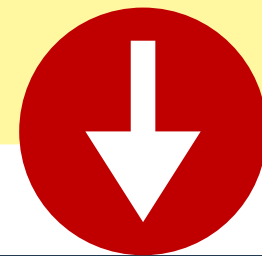
A figure above 1.00 indicates a higher likelihood of disability among staff. The difference is relatively small, but the newly reportable result warrants close monitoring because previous years could not be assessed due to fewer than ten cases.

LAS will review formal capability cases to understand whether reasonable adjustments, Occupational Health advice, disability leave, training and supportive management interventions were considered at the appropriate stage. Findings should be reported in a way that protects confidentiality while enabling systemic learning and assurance.



Indicator 4a i)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.



In the 2025 Staff Survey, 58.8% of disabled respondents said they had experienced harassment, bullying or abuse from patients, relatives or the public in the previous 12 months, compared with 48.6% of non-disabled respondents.

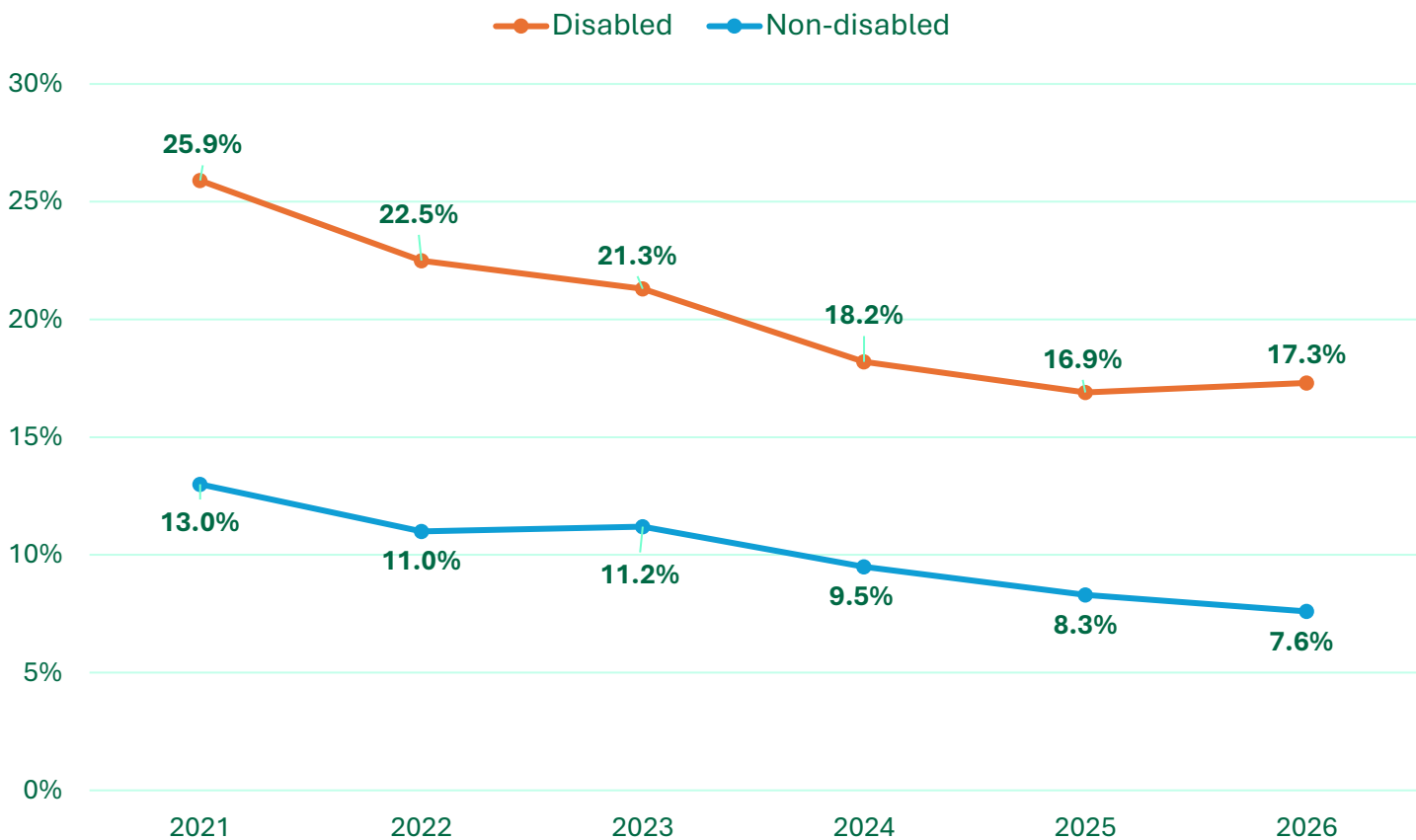
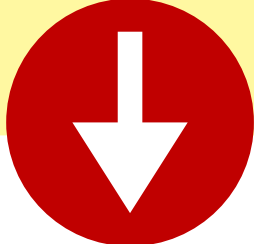
The result deteriorated for both groups. The disabled-staff rate increased by 2.6 percentage points from 56.2%, while the non-disabled rate increased by 2.2 percentage points from 46.4%. The disability equality gap consequently widened slightly from 9.8 to 10.2 percentage points.

The high prevalence across the workforce requires a Trust-wide response to violence, aggression and unacceptable behaviour. The additional disparity for disabled colleagues requires targeted analysis with the EnAble network to understand where and how disability-related harassment occurs, whether colleagues have access to appropriate support, and whether risk controls and reporting processes are effective and accessible.



Indicator 4a ii)

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



In 2025, 17.3% of disabled respondents reported harassment, bullying or abuse from managers, compared with 7.6% of non-disabled respondents. Disabled colleagues were therefore more than twice as likely as non-disabled colleagues to report this experience.

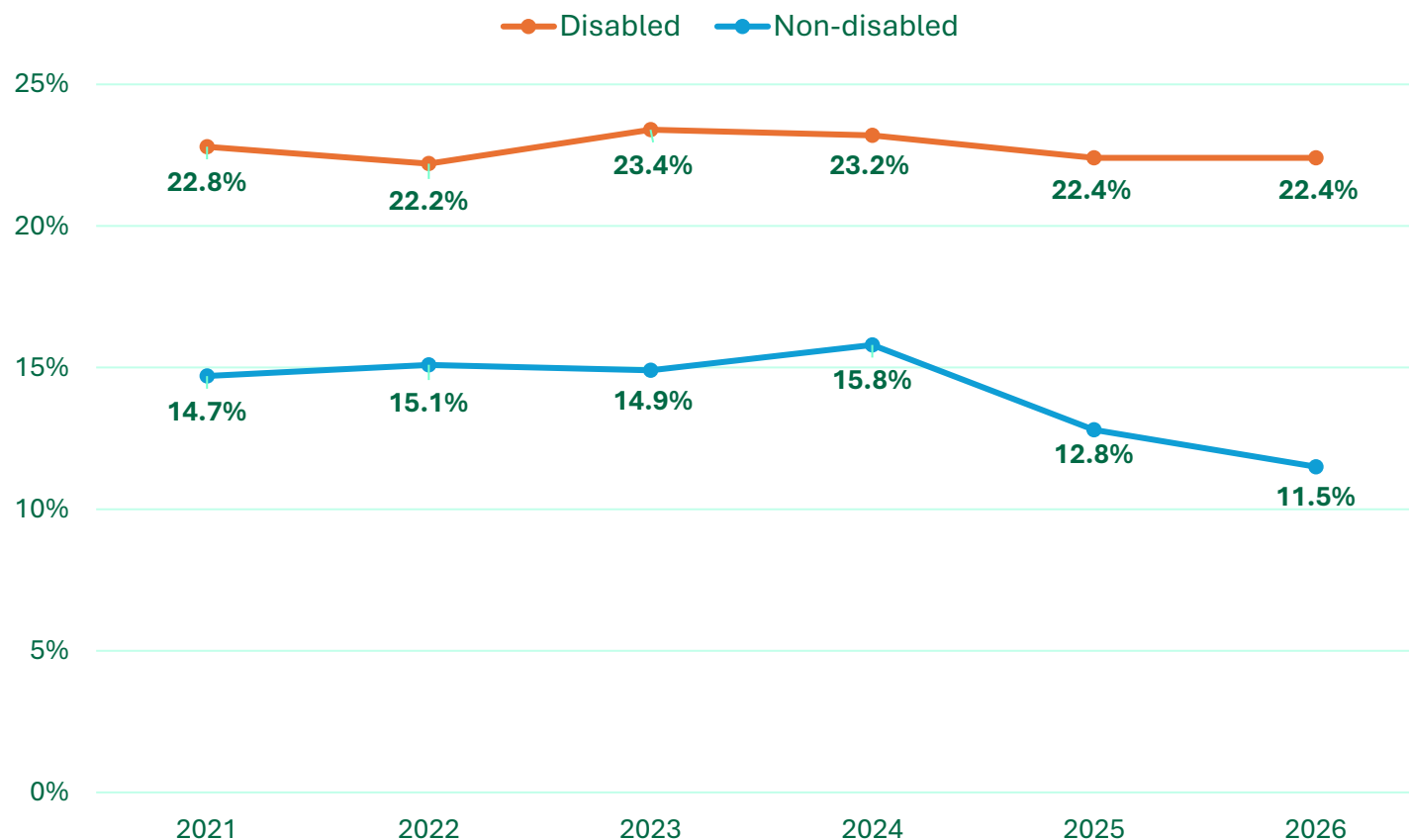
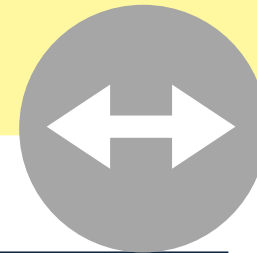
The result improved for non-disabled respondents, falling by 0.7 percentage points from 8.3%, but deteriorated for disabled respondents, increasing by 0.4 percentage points from 16.9%. The disability equality gap widened from 8.6 to 9.7 percentage points.

This pattern requires specific leadership and management action. LAS will strengthen expectations for inclusive and compassionate management, ensure managers understand how disability, attendance and performance should be supported, and use qualitative insights and employee-relations data to identify themes, hotspots and opportunities for early intervention.



Indicator 4a iii)

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



In 2025, 22.4% of disabled respondents reported harassment, bullying or abuse from other colleagues, compared with 11.5% of non-disabled respondents. Disabled colleagues were almost twice as likely to report this experience.

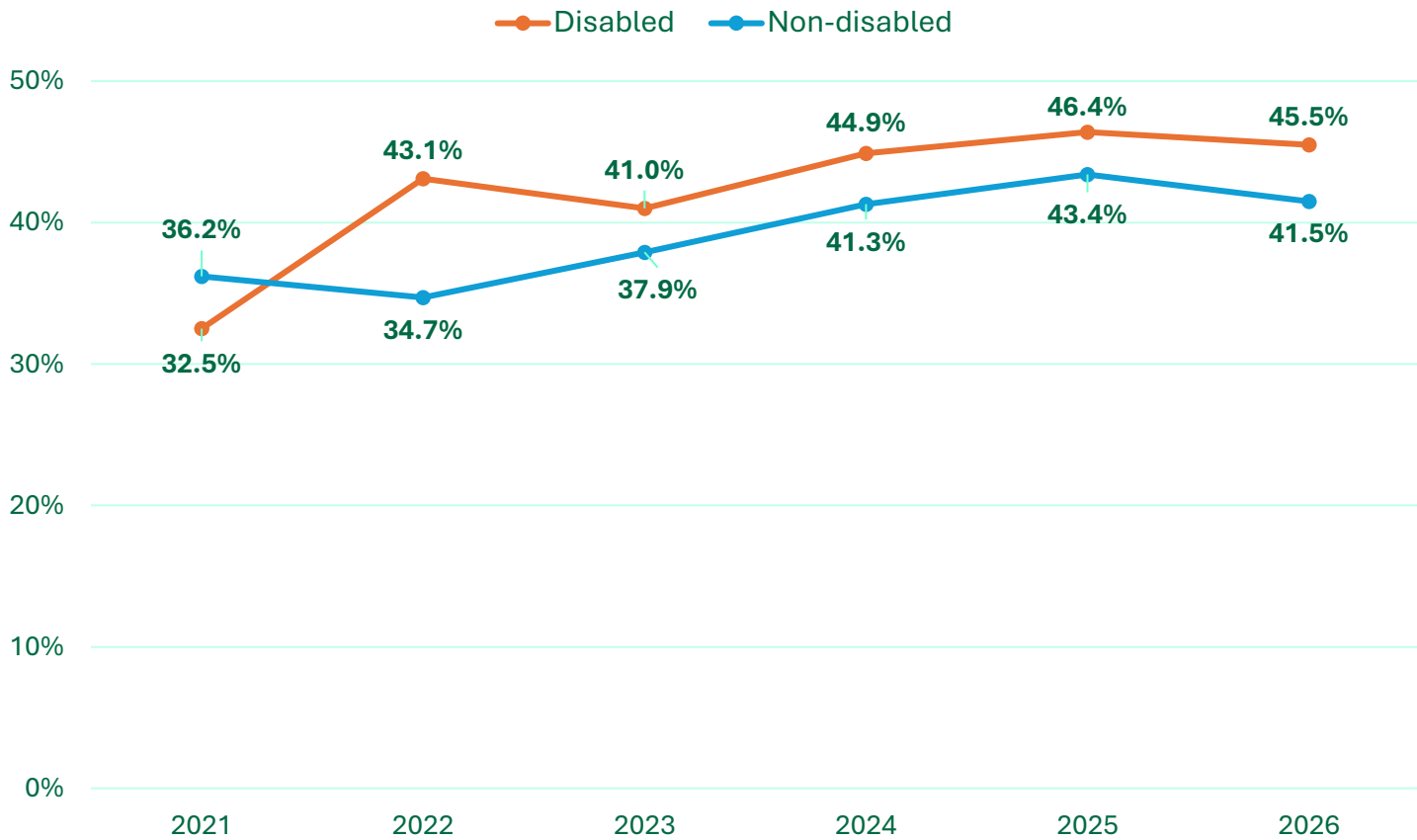
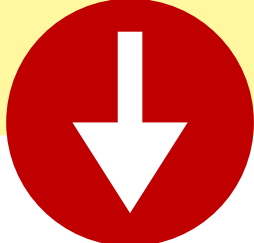
The disabled-staff result was unchanged from 2024, while the non-disabled result improved by 1.3 percentage points. As a result, the disability equality gap widened from 9.6 to 10.9 percentage points, the widest gap in the five-year series.

The persistent rate for disabled colleagues indicates that general improvement in workplace behaviour is not being experienced equally. Action will combine clear behavioural standards, active bystander practice, accessible routes for raising concerns, timely management response, and learning informed by disabled colleagues' lived experience.



Indicator 4b)

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months



Among respondents who had experienced harassment, bullying or abuse, 45.5% of disabled colleagues said that the most recent incident was reported by them or a colleague, compared with 41.5% of non-disabled colleagues.

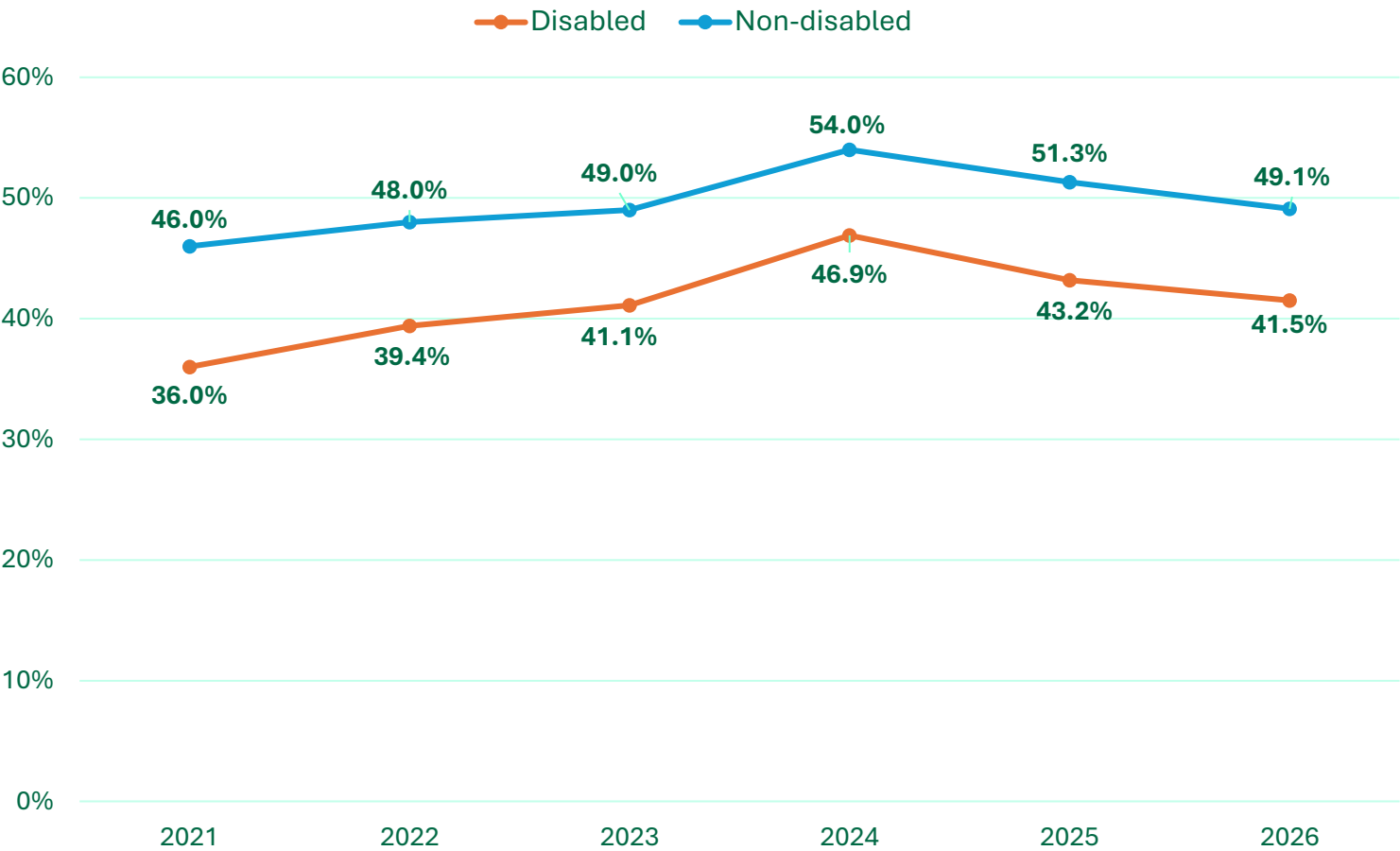
Reporting fell for both groups: by 0.9 percentage points for disabled respondents and 1.9 percentage points for non-disabled respondents. Although disabled respondents were 4.0 percentage points more likely to say an incident was reported, fewer than half of respondents in either group reported their most recent experience.

LAS will strengthen awareness of reporting and speaking-up routes, ensure that those routes are accessible, and improve feedback to colleagues about what happens after a concern is raised. Insight from the EnAbleD network, Freedom to Speak Up and employee-relations cases will be used to understand barriers to reporting and confidence in organisational response.



Indicator 5

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion. The question wording changed in 2025 so earlier figures are NOT directly comparable.



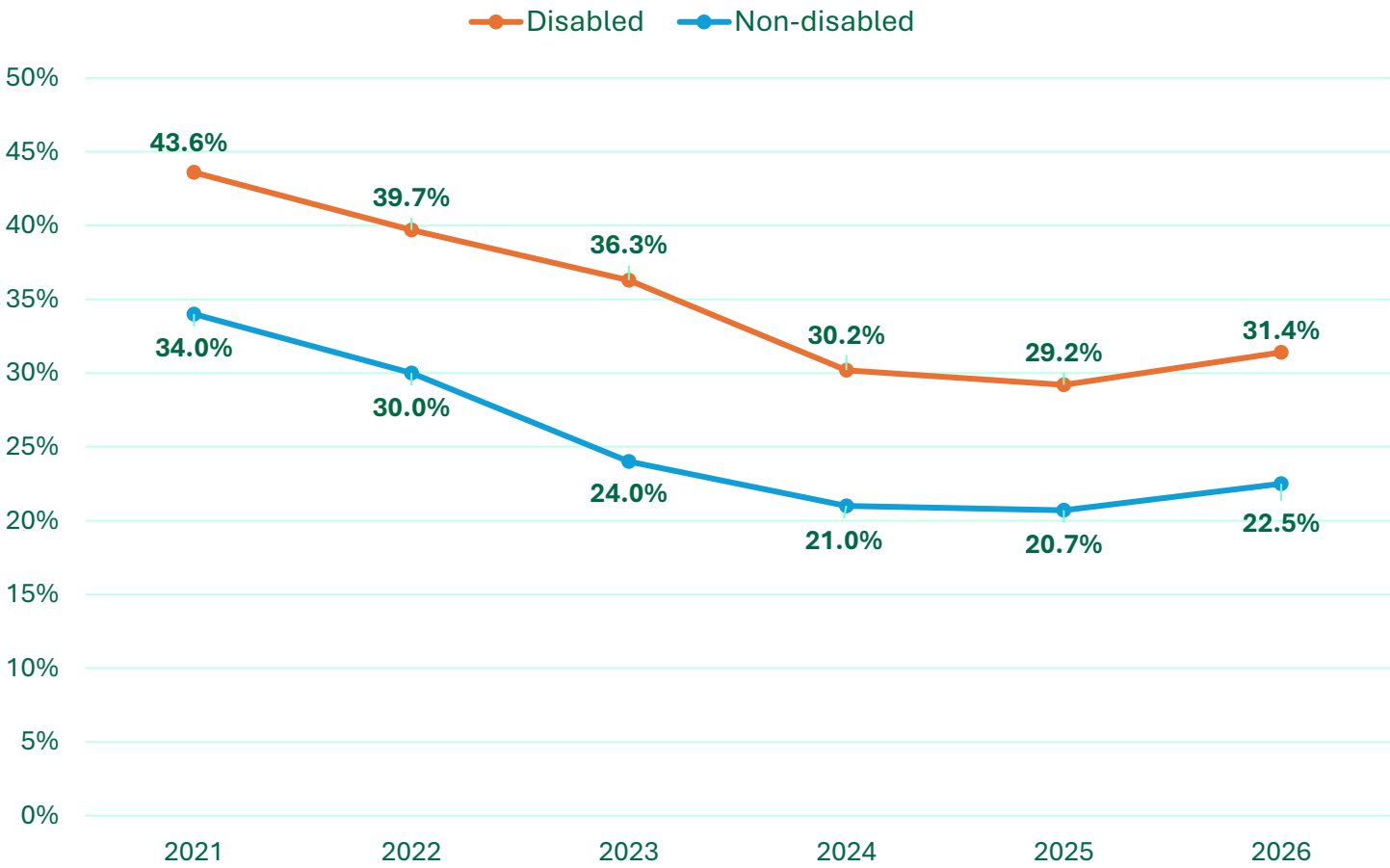
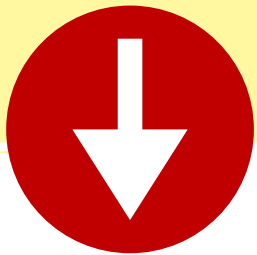
In 2025, 41.5% of disabled respondents believed that LAS provides equal opportunities for career progression or promotion, compared with 49.1% of non-disabled respondents. This is a disability equality gap of 7.6 percentage points.

The Staff Survey question used for this indicator changed in 2025. The current result is therefore not directly comparable with previous years and should be treated as a new baseline. Previous figures may be retained for contextual information only, with a clear comparability warning.

The current gap nevertheless shows that disabled colleagues are less confident than non-disabled colleagues that opportunities are equal. LAS will analyse progression, access to development and promotion outcomes by disability, pay band and function, and use the findings to shape accessible talent, mentoring, sponsorship and career-development interventions.

Indicator 6

The percentage of staff saying that they felt pressure from their manager to come to work despite not feeling well enough to perform their duties. Only respondents who reported coming to work when not feeling well enough were asked this question.



In 2025, 31.4% of disabled respondents who had attended work when not feeling well enough said they felt pressure from their manager to do so, compared with 22.5% of non-disabled respondents.

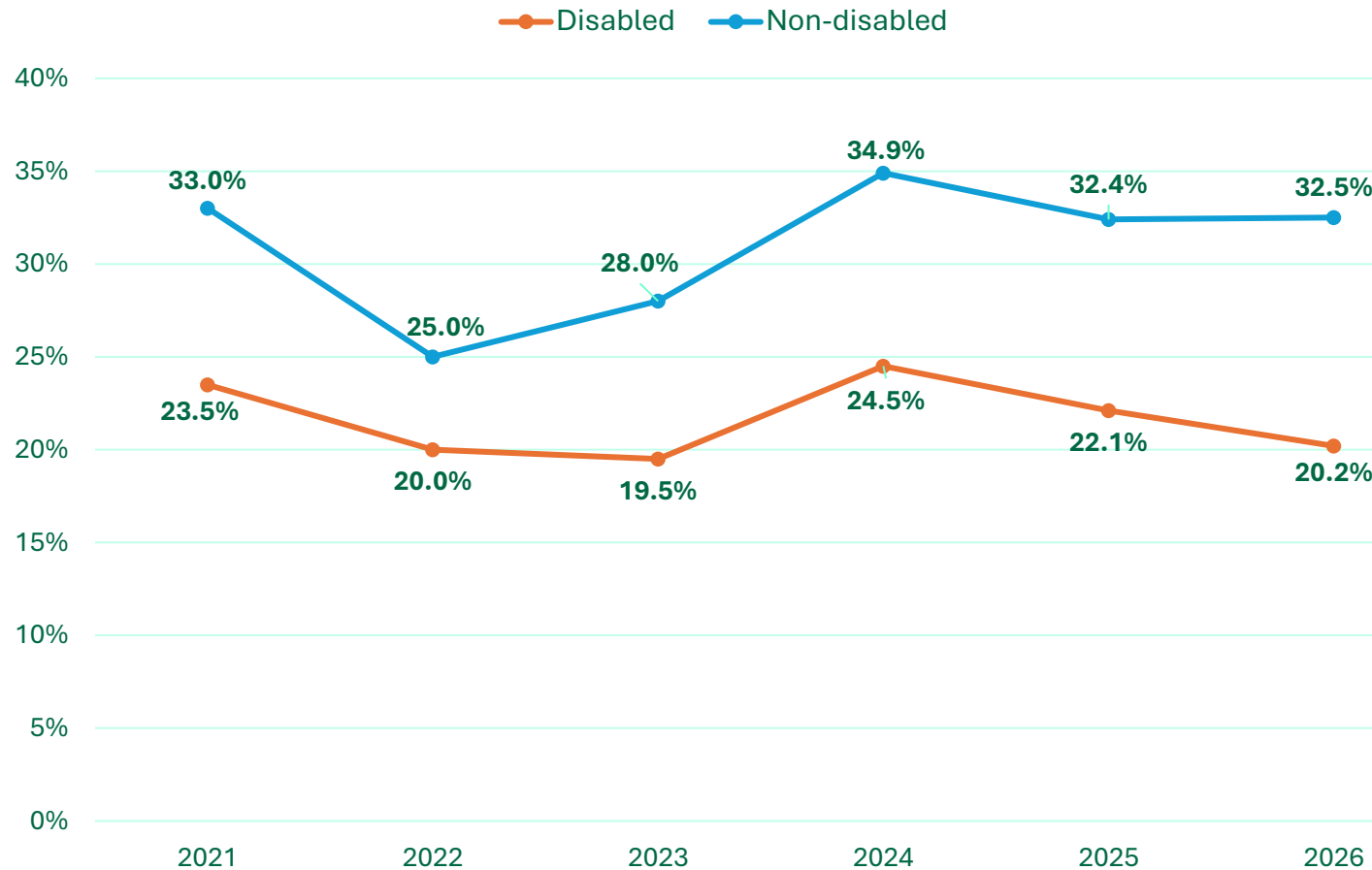
The result deteriorated for both groups. The disabled-staff rate increased by 2.2 percentage points from 29.2%, while the non-disabled rate increased by 1.8 percentage points from 20.7%. The disability equality gap widened slightly from 8.5 to 8.9 percentage points.

The result indicates a need to strengthen compassionate attendance management and ensure that managers understand reasonable adjustments, disability leave, Occupational Health advice and the risks of presenteeism. LAS will use training, case review and local data to support early conversations and reduce pressure on colleagues to work when they are not fit to do so.



Indicator 7

Percentage of staff saying that they are satisfied with the extent to which their organisation values their work.



In 2025, 20.2% of disabled respondents were satisfied with the extent to which LAS values their work, compared with 32.5% of non-disabled respondents. Only around one in five disabled respondents reported feeling satisfied on this measure.

The disabled-staff result fell by 1.9 percentage points from 22.1%, while the non-disabled result was broadly unchanged at 32.5%. The disability equality gap consequently widened from 10.2 to 12.3 percentage points, the largest current gap across the reported Staff Survey experience measures.

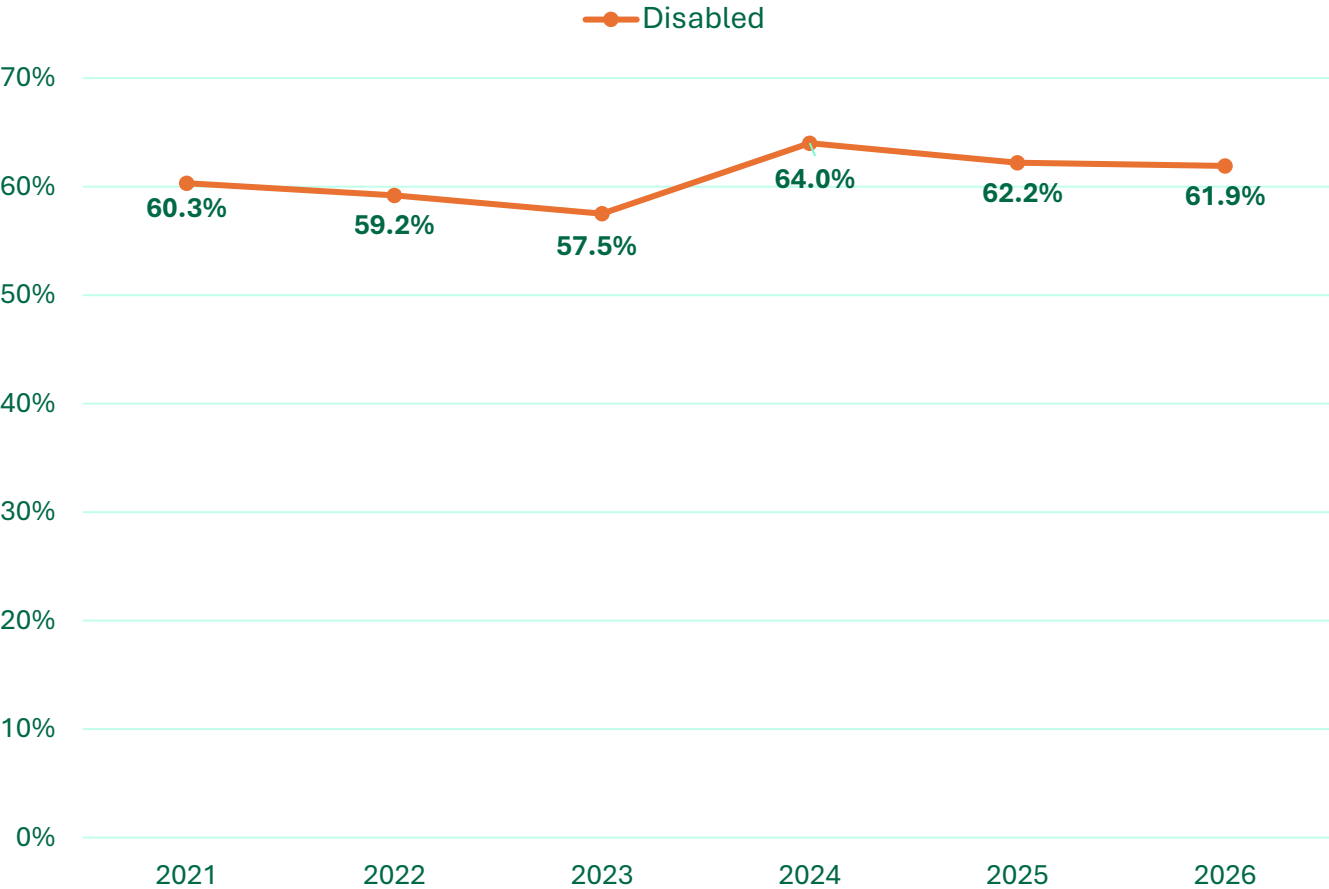
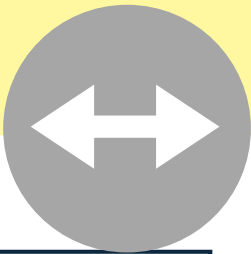
Improvement requires more than recognition activity alone. LAS will use engagement with disabled colleagues to understand the drivers of feeling undervalued, including management behaviour, access to development, treatment at work, workload, adjustments and whether colleagues' skills and contributions are recognised. Local leaders will be expected to translate this insight into measurable team-level action.



We are the capital's emergency and urgent care responders

Indicator 8

Percentage of disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.



In 2025, 61.9% of disabled respondents said LAS had made adequate adjustments to enable them to carry out their work. This is a marginal reduction of 0.3 percentage points from 62.2% in 2024.

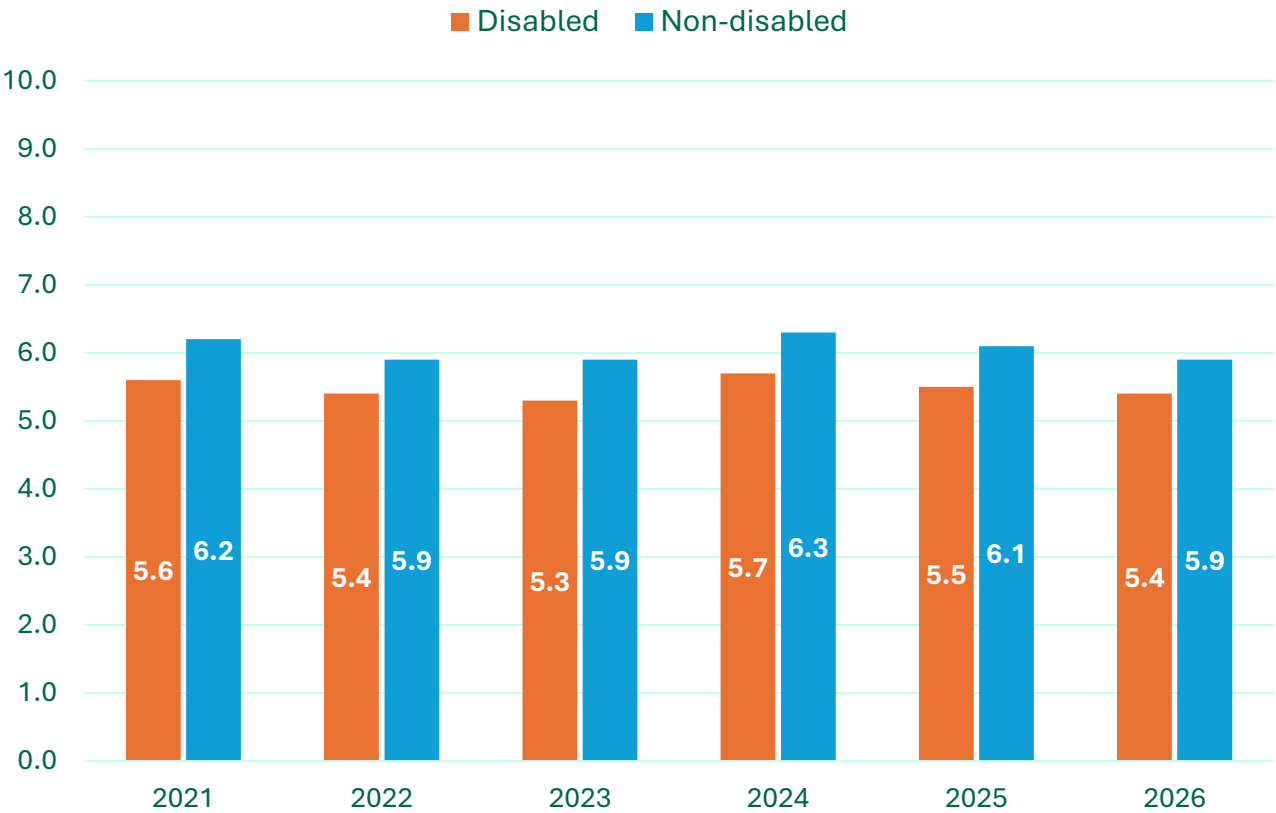
The small year-on-year movement should not be overstated, but the result means that more than one-third of disabled respondents did not say that adequate adjustments had been made. This remains a significant inclusion, wellbeing and retention issue.

LAS has strengthened the Reasonable Adjustments Hub, policy, tracking, manager support and governance. The focus for 2026/27 will be on consistency and outcomes: whether needs are understood, decisions are timely, agreed adjustments are implemented, the adjustments are effective, and the colleague is involved throughout. Case data and feedback at closure will be used alongside Staff Survey results to identify and address variation.



Indicator 9

The staff engagement score (out of 10) for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.



The 2025 staff engagement score was 5.4 for disabled colleagues and 5.9 for non-disabled colleagues. Both scores declined: by 0.1 for disabled respondents and 0.2 for non-disabled respondents.

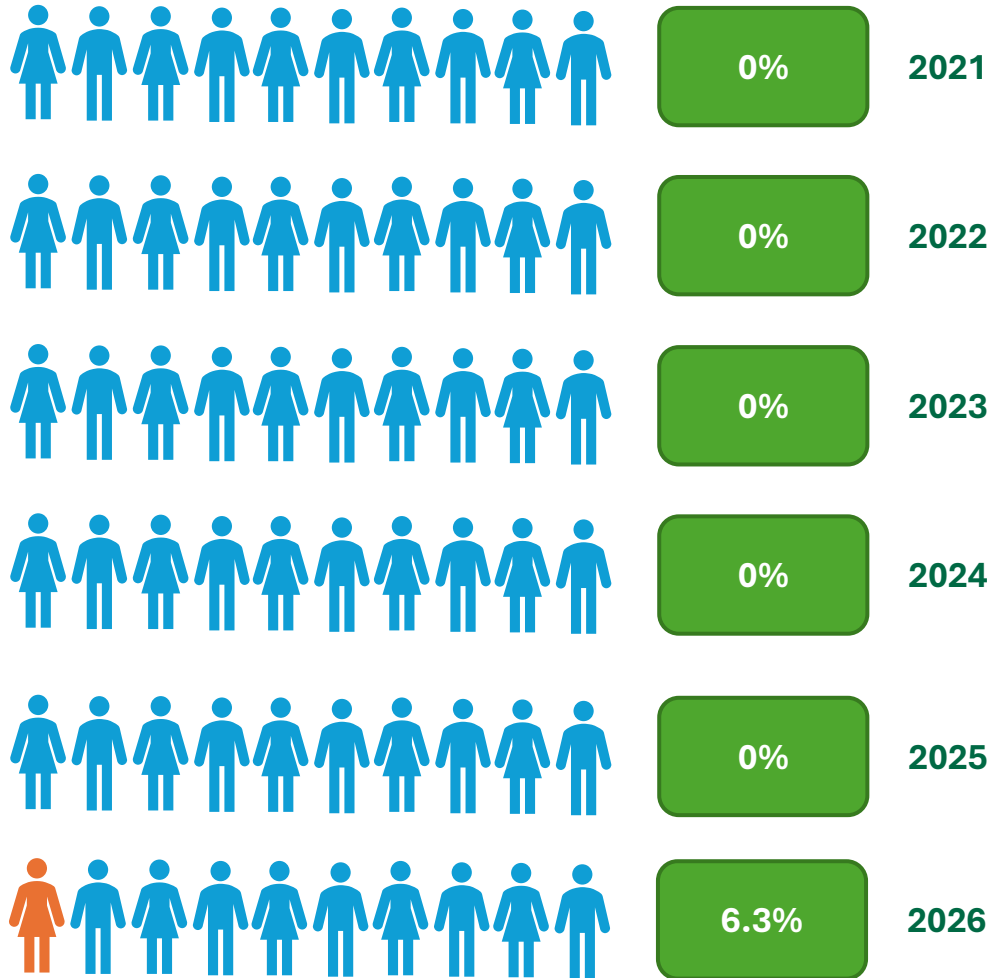
The gap narrowed slightly from 0.6 to 0.5 points, but this occurred because engagement fell for both groups rather than because disabled staff engagement improved. Disabled colleagues have recorded a lower engagement score in every year of the five-year series.

Improving engagement requires coordinated action across the WDES plan, particularly on feeling valued, management behaviour, career opportunity, reasonable adjustments and confidence in speaking up. LAS will use local Staff Survey results and qualitative engagement with the EnAble network to identify teams or themes requiring targeted action and to monitor whether interventions are improving experience.



Indicator 10

Percentage difference between the organisation's voting Board membership and its overall workforce. Only voting members of the Board are included.



● Disabled
 ● Non-disabled

The tracker records disabled representation among voting Board members at 6.3% in 2025/26, compared with 0% in each of the previous four reporting years. This is the first recorded disabled Board representation in the five-year period and represents an improvement.

Recorded Board representation nevertheless remains 5.7 percentage points below the 12% headline rate for the overall workforce. In addition, the tracker indicates that the disability status is unknown for seven Board members. This limits the reliability of the comparison and must be resolved before the final percentages for non-disabled and unknown are published.

LAS will improve the completeness and accuracy of Board equality monitoring, ensure that Board members understand how the data will be used, and continue to consider disability diversity in Board and senior leadership succession, recruitment and development. Progress should be assessed using both representation and the conditions that enable senior colleagues to disclose their disability with confidence.



We are the capital's emergency and urgent care responders

Summary and next steps

The 2025/26 WDES results present a clear and challenging picture. At headline-indicator level, representation improved in the workforce and at Board level, and the recruitment relative likelihood was unchanged. However, five staff-experience indicators deteriorated, Indicator 3 became reportable for the first time and requires monitoring, and Indicator 5 cannot be compared directly with previous years because the question changed.

The most important finding is the divergence between representation and experience. More colleagues are recorded as disabled, but disabled respondents remain more likely to experience harassment, bullying or abuse, more likely to feel pressure to work when unwell, and less likely to feel valued or engaged. The disability equality gap widened across several measures. The marginal fall in the reasonable-adjustments result also shows that stronger processes must now deliver more consistent and demonstrably effective outcomes.

Our cultural priorities have highlighted EDI as a priority area for the organisation and something we will focus on through 2026/27.

During 2025/26, LAS strengthened its infrastructure for disability inclusion through the Reasonable Adjustments Hub, improved tracking and governance, manager learning, supporting guidance and partnership with the EnAble network. These foundations are important, but the next phase must focus on implementation quality, local variation, lived experience and leadership accountability.

Next steps

- **Identify and remove barriers in recruitment, selection and career progression.**
- **Improve disability-status data completeness, particularly for senior leaders and the Board, and report unknown/not stated data transparently.**
- **Review newly reportable capability data and strengthen compassionate, adjustment-aware attendance and performance management.**

- **Take targeted action to prevent and respond to harassment, bullying, abuse, violence and aggression affecting disabled colleagues.**
- **Increase confidence in reporting and speaking up by improving accessible routes, support and feedback after concerns are raised.**
- **Address the widening gap in feeling valued and the lower engagement of disabled colleagues through local leadership action and co-produced interventions.**
- **Measure the timeliness, implementation and effectiveness of reasonable adjustments, not only whether a request has been processed.**

Oversight of the WDES action plan will take place through the Inclusion Board and EDI governance arrangements, with regular progress reporting, named accountability and active involvement of the EnAble network.

Summary of WDES action plan

The WDES actions are presented below and align to our business plan objective for 2025-26

Desired	Actions	WDES Indicator(s)
Recruitment and career progression are accessible, inclusive and equitable for disabled people.	• Apply accessible recruitment standards consistently and ensure candidates are proactively offered and receive effective reasonable adjustments. • Ensure the Independent Panel Member approach includes effective challenge of disability bias and accessibility barriers. • Analyse career development and promotion by disability and introduce targeted mentoring, sponsorship, talent and development support where barriers are identified.	1, 2, 5 and 10
Workforce disability data is complete, accurate and trusted.	• Set and monitor an improvement target for ESR disability-status completeness, with focused action in teams and workforce groups where unknown/not stated data is highest. • Explain clearly why equality data is collected, how it is used and how colleagues can review and update their information. • Resolve the disability-status data gap for Board members and report disabled, non-disabled categories separately.	1, 9 and 10
Capability, attendance and performance processes support disabled colleagues fairly and compassionately.	• Review formal capability cases on a quarterly basis to confirm that reasonable adjustments, Occupational Health advice, disability leave and training/support were considered at the right stage. • Provide managers with practical learning on compassionate attendance, presenteeism, disability leave and performance management. • Use themes from employee-relations, Occupational Health and reasonable-adjustment data to identify recurring barriers and preventative action.	3, 6 and 7

Summary of WDES action plan

The WDES actions are presented below and align to our business plan objective for 2025-26

Desired	Actions	WDES Indicator(s)
Harassment, bullying, abuse, violence and aggression affecting disabled staff are prevented, challenged and addressed.	• Complete a joint deep dive with the EnAble network into disabled colleagues' experience of harassment from the public, managers and colleagues. • Embed disability within violence-reduction, body-worn video, active-bystander and anti-discrimination activity, with accessible post-incident support. • Hold local leaders accountable for timely action where disparities or recurring behavioural concerns are identified.	4a i, ii and iii
Disabled colleagues are confident to report concerns and trust the organisational response.	• Promote clear and accessible routes for reporting concerns, including line management, employee relations, incident reporting and Freedom to Speak Up. • Improve communication and feedback after concerns are raised, within confidentiality requirements, so colleagues understand what action has been taken. • Use anonymised themes and network insight to identify barriers to reporting and evaluate confidence in the response process.	4b and 9
Disabled colleagues feel valued, engaged and able to contribute and progress.	• Host focused listening activity with the EnAble network to understand the drivers of the 12.3 percentage-point feeling-valued gap. • Require directorates to use local WDES and Staff Survey data in action planning, with named leads, milestones and evidence of impact.	5, 7 and 9
Reasonable adjustments are timely, effective and consistently implemented.	• Continue the central Reasonable Adjustments Hub, budget, tracking process and Complex Case Panel. • Monitor demand, timeliness, implementation and outcomes through a dashboard, including progress towards completing at least 90% of non-complex cases within six weeks. • Continued delivery of manager training on the Reasonable Adjustments Policy, Access to Work, Occupational Health, DSE, disability leave and effective review of adjustments.	6, 7, 8, and 9

Closing remarks from the LAS EnAbleD network

The Enabled Staff Network remains committed to amplifying the voices of disabled and neurodivergent colleagues across London Ambulance Service. Our purpose is to help remove barriers, increase understanding of lived experience and ensure that disability inclusion is reflected in everyday decisions, behaviours, services and opportunities across the Trust.

We welcome the continued increase in recorded disabled representation across LAS and the first recorded disabled representation amongst voting Board members during the reporting period. We also recognise the progress made in strengthening reasonable adjustments, improving guidance, enhancing manager support, and increasing accountability. However, this year's WDES results show that significant barriers remain. Disabled colleagues continue to report poorer workplace experiences, and widening gaps highlight the need for sustained action that delivers measurable improvements in staff experience

The findings also highlight the need to strengthen staff voice, ensuring disabled and neurodivergent colleagues feel safe to speak up and confident their experiences will shape improvement and decision-making.

The Network continues to advocate for a dedicated LAS Neurodiversity Strategy, co-produced with neurodivergent colleagues and aligned with the Trust's wider workforce to inclusion and wellbeing ambitions, improve accessibility, career development, manager capability and inclusion, helping neurodivergent staff to be able to contribute and thrive at every level of the organisation.

We will continue working with colleagues across LAS to share insight, raise awareness and co-produce practical solutions that deliver meaningful and lasting improvements for disabled and neurodivergent staff. Working with the EDI Team, senior leaders, managers and colleague to help LAS translate the findings of this report into meaningful, measurable and sustainable change, supporting the Trust's ambition to become a genuinely disability-inclusive organisation where disabled and neurodivergent colleagues are heard, valued and able to reach their full potential



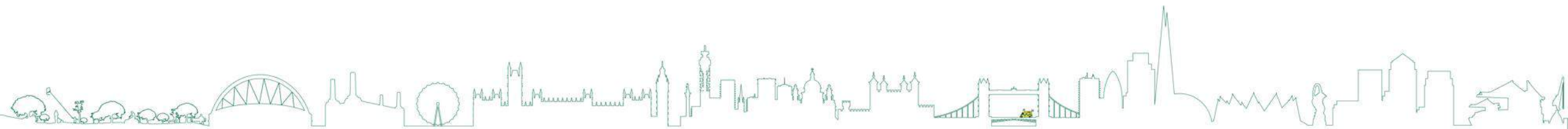
Produced by the LAS Equality, Diversity and Inclusion Team

For further information and/or request in an
alternative format,
please contact: londamb.edimailbox@nhs.net

For more information visit
londonambulance.nhs.uk

London Ambulance Service NHS Trust
Headquarters
220 Waterloo Road
London. SE1 8SD

 londonambulance.nhs.uk
 [@ldn_ambulance](https://twitter.com/ldn_ambulance)
 [/LondonAmbulance](https://facebook.com/LondonAmbulance)
 [@ldn_ambulance](https://instagram.com/ldn_ambulance)
 youtube.com/londonambulance





London Ambulance Service

NHS Trust

Pay Gap Report

Gender, Disability and Ethnicity – 2025/26



We are the capital's emergency and urgent care responders



CONTENTS

Overview..... 3

A message from the Chief Executive..... 4

Progress in 2025/26..... 6

Key findings..... 7

Gender pay gap..... 9

Disability pay gap..... 16

Ethnicity pay gap..... 23

Conclusion..... 29

Summary of action plans..... 30

Overview

Purpose

The pay gap report is a measure of workplace disadvantage, measured in terms of a comparison between average hourly rates of pay.

All organisations including NHS Trusts are required by law to produce and publish their gender pay gap report annually. Historically there have been sizeable gaps in pay between men and women and this law was put in place to reduce this unfairness.

Reporting on the ethnicity and disability pay gaps currently remains voluntary, and progressive organisations who are committed to driving fairness at work are increasingly reporting on this.

London Ambulance Service is working hard to create a fair and inclusive organisation, where people feel that they are treated well and are valued. In line with this, we are reporting on all three pay gaps for 2026.

Methodology

Data is collated and taken from Employee Staff Records (ESR) and has a good level of validity due to the high level of data completeness. The data is accurate as of 31st March 2026.

Pay gaps are measured by looking at the difference between the average (mean or median) earnings of a particular demographic against another base demographic, and is expressed as a percentage of earnings. The data also includes part-time staff data.

For the calculations, we include basic pay, allowances, pay for leave and shift premium pay, and do not include overtime. Due to how pay gaps are calculated, differences can be a result of contract type, distribution across Bands and progression / retention / recruitment rates, for example.

Definitions

All information within this report is a percentage of staff who have shared their gender, ethnicity and disability that represents the majority of staff, not all.

1. When we talk about gender, in this case we are taking data from people who identify as men and women.
2. When we talk about ethnicity, we are basing this upon the 2021 ONS Census categories for ethnicity.
3. When we talk about disability we are including any individual with a condition of the body or mind that makes it more difficult for them to do certain activities or interact with the world around them.



A message from our Chief Executive

This year, London Ambulance Service has once again gone beyond its statutory reporting obligations by publishing not only our gender pay gap data, but also our ethnicity and disability pay gaps. We remain one of a small number of NHS organisations to take this broader approach, demonstrating our commitment to transparency, accountability and creating a workplace where everyone has the opportunity to succeed.

I am proud to report that we have made positive progress across all three measures this year, with reductions in our gender, ethnicity and disability pay gaps.

Most notably, our gender pay gap is now at its lowest level since reporting began. This reflects the sustained action we have taken to support the progression of women across the organisation, remove barriers to development and create greater opportunities for leadership.

We have also maintained a minimal disability pay gap, reflecting our commitment to ensuring disabled colleagues have the support, adjustments and opportunities they need to thrive and progress in their careers.

Our ethnicity pay gap has reduced significantly compared with last year. While it remains our largest pay gap, the progress we have made is encouraging and demonstrates the impact of our continued focus on inclusion, culture and representation. We know that colleagues from ethnic minority backgrounds remain underrepresented in higher-grade roles, and we are committed to addressing this through targeted development opportunities, inclusive recruitment practices and sustained culture change.

These results show that our efforts are making a difference, but we know there is more to do. Through our ongoing work on workforce equality, supported by our Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and wider transformation programme, we will continue to challenge inequalities, remove barriers and create opportunities for all.

While we are proud of the progress we have made, our ambition is clear: to build a workforce that reflects the diverse communities we serve and where everyone has an equal opportunity to succeed, thrive and fulfil their potential at LAS.



The capital's emergency and urgent care responders.



Jason Killens

**Chief Executive
London Ambulance Service
NHS Trust**



Our strategic equality objectives

To achieve the work set out in the LAS strategy 2023-28, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028 and achieve the mission of “being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.”

The LAS strategy states:

“We aim to build a diverse organisation that values and celebrates difference, promotes equality and prioritises the wellbeing of our people. We will build a workforce that knows and reflects the people we serve. We will build an organisation where everyone can feel they belong, their voice is valued and there are opportunities for a career. Discrimination, bullying, harassment and racism have no place in our organisation and we will take a zero-tolerance approach to tackling this behaviour.”

To deliver the missions set out in the LAS strategy, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028:

OBJECTIVE 1

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

OBJECTIVE 2

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

OBJECTIVE 3

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



Our progress in 2025/26

This report presents an analysis of the pay gap data for London Ambulance Service, with a focus on the key disparities relating to disability, ethnicity and gender. Understanding the extent of pay disparities among different demographic groups is crucial in recognising and addressing inequalities and ensuring appropriate steps are taken to reduce the disparities.



The capital's emergency and urgent care responders.

The analysis includes an examination of the salary differences across the three highlighted demographics, with further analysis relating to pay across different pay grades for these groups. The pay gap shows **the differences in average pay between one demographic with another demographic across the entire workforce. It is not to be confused with equal pay** which looks at the differences between people that carry out the same jobs or work of equal value, and it is illegal to pay anyone differently based on one demographic. In summary:

- We have been reporting on the gender pay gap for a number of years and it is pleasing to see the gender pay gap is at its lowest ever, since reporting began. **Women in LAS earn 97.5 pence compared to every £1 men earn.** This is a significant reduction leaving little difference between gender pay and we remain committed to drive this down further.
- It is pleasing to see **disabled colleagues earn 99p when compared to every £1 non-disabled colleagues earn.** This is very low and shows there is reasonable fairness in pay for disabled people in LAS.
- Whilst the gap has closed from last year, the area of clear disparity is the difference in pay between **workforce from ethnic minority communities who earn 88.5 pence when compared to their white counterparts earning £1.**

Pay gap discrepancies can indicate there may be a number of issues to deal with, such as the types of contracts in place, distribution across pay bands, barriers and biases that may be hindering fair progression, and issues relating to recruitment and retention. By looking at our pay gap data, our ambition is to tackle structural and systemic challenges for our staff.



We are the capital's emergency and urgent care responders

Key findings



We are the capital's emergency and urgent care responders

Gender Pay Gap



We are the capital's emergency and urgent care responders

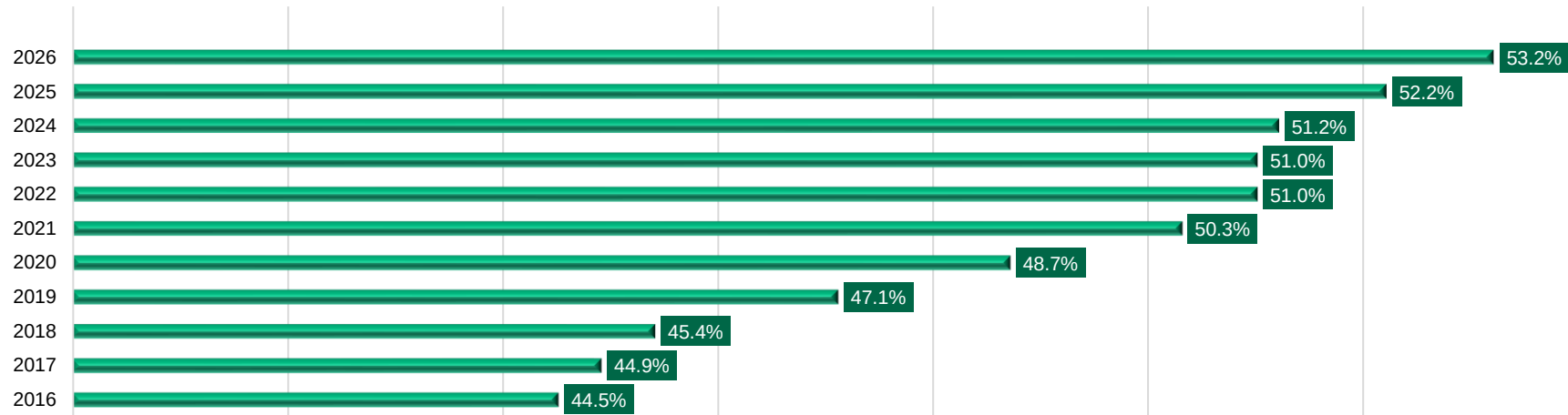
LAS have reported on the gender pay gap for several years, and we are committed to creating a fair and inclusive place to work for all genders.

Our Women's staff network continues to support our female staff in raising concerns and influencing Trust policies and procedures, helping us better understand their issues and views. Some highlights from the last year which have helped create a supportive work environment for female colleagues:

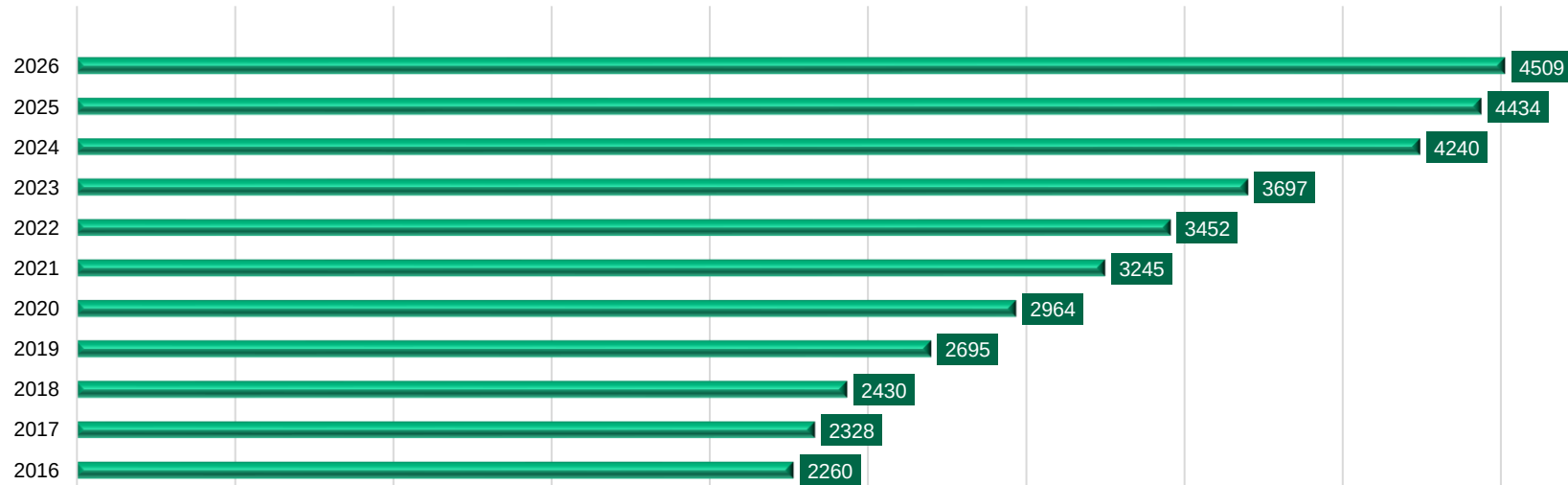
- **Continued investment in and implemented leadership programmes to support women, such as the 'Women of Colour' programme, which is now in its fourth cohort.**
- **Supported female staff progression, including targeted recruitment and mentoring schemes, such as recruitment to the Incident Response Officer pool, which resulted in 33% of appointees being female.**
- **Our Women's Network is leading the way to improve the experiences for women in the Trust, ensuring there is a focus on health and wellbeing, setting up groups such as Menopause and Perinatal group to create a supportive and conducive working environment.**

The next few pages share information relating to the pay for female colleagues and show that the pay gap has been reduced further, with only a small difference in pay compared to male staff members. These improvements are great news for the Trust and we will work with the Women's network to continue to drive improvements for female staff in both their experience and progression as shown in the action plan.

% of women by year



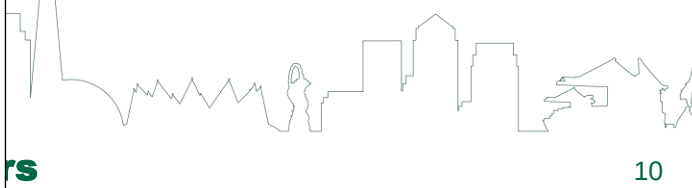
Headcount of women by year



The percentage of our workforce identifying as female is 53.2%.

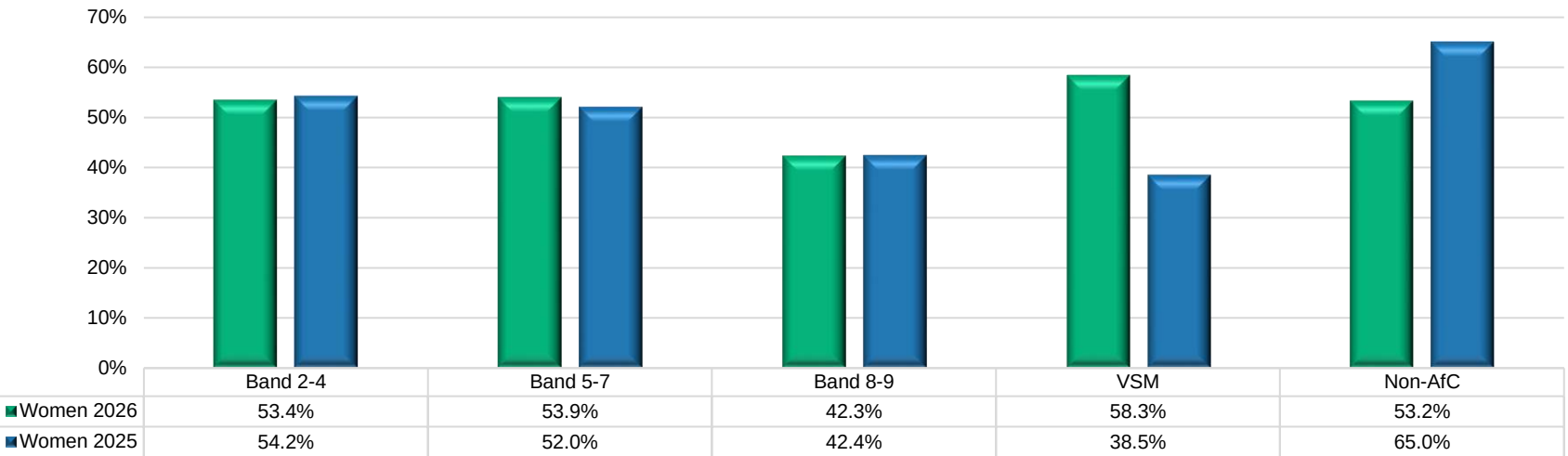
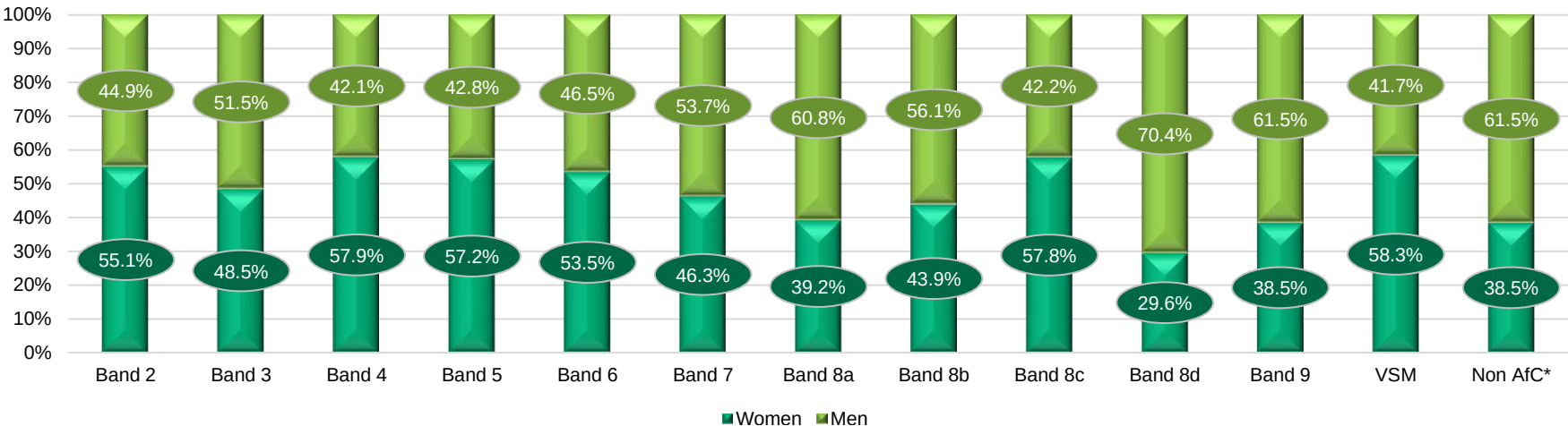
Over the last decade the Trust has seen an increase in the number of female colleagues, peaking at approximately 4,509 women this year.

This means the LAS female workforce is higher than the London demography, where the latest census data shows the representation of women is 50.4%.



Gender pay gap

Representation across pay bands



Overall the gender balance is stable and slightly improving for women and a marginal reduction in the number of women in the lowest Band 2.

There is however a remaining **underrepresentation of women at bands 7 to band 9**, excluding pay band 8c.

The Trust will continue to focus on supporting female colleagues into leadership positions.



1. Lower Pay Quartile



52.9%



47.1%

2. Lower Middle Quartile



53.7%



46.2%

3. Upper Middle Quartile



53.6%



46.3%

4. Upper Pay Quartile



47.8%



52.2%

Quartiles allow us to better understand representation by highlight the number of employees in each section. From this data, we can clearly see that there is consistent representation of women colleagues across all quartiles and an improving balance.

At LAS, female staff occupy 52.9% of the lowest paid jobs, whilst male staff occupy 52.2% of the highest paid jobs. Since last year we have seen an improvement in the upper quartiles (Q3 from 51% to 54% and Q4 it has also improved from 44% to 48%) and this has contributed to the closing of the pay gap.



	Mean Hourly Rate	Median Hourly Rate
Male	25.6	24.5
Female	25.03	23.8
Difference	0.63	0.65
Pay Gap %	2.45%	2.66%

For the purposes of the calculation of median and median pay, we include basic pay, allowances, pay for leave and shift premium pay – this does not include overtime.

Data shows an hourly mean pay gap of 2.45% and a median pay gap of 2.66%. When comparing mean hourly pay, the difference between our female workforce and wider workforce overall is **2.5 pence**, meaning that **for every £1 a male earns, a female earns 97.5p**

This is amongst the best scores for the gender pay gap when compared to other Ambulance Trusts across the country.



Over the last year, the Trust, with support from the Women's network, have made a concerted effort to enhance the experiences for female colleagues at work.

We have continued to invest in and implement programmes to support women to apply for leadership roles, for example, through the 'women of colour' programme. We have targeted recruitment processes where women are generally underrepresented to ensure women are supported and encouraged to apply for jobs, and saw a third of all recruits to the Incident Response Officer pool coming from a female demography. In addition, the Women's Network has focused on wider activities to mitigate and challenge the barriers women face at work that can impact their career progression. For example, there are perinatal and menopause groups which have actively listened to the experiences of colleagues and set in place processes to drive positive culture change for women at work.

We are pleased to see the gender pay gap at a historic low, and we will continue to support women within the Trust to reduce it further.

We recognise that there still remain differences in the distribution of women across the workforce by pay bands, particularly for those at pay bands 7-9. We will continue to advance key interventions and positive actions to support colleagues across all pay bands and leadership positions.



Disability Pay Gap



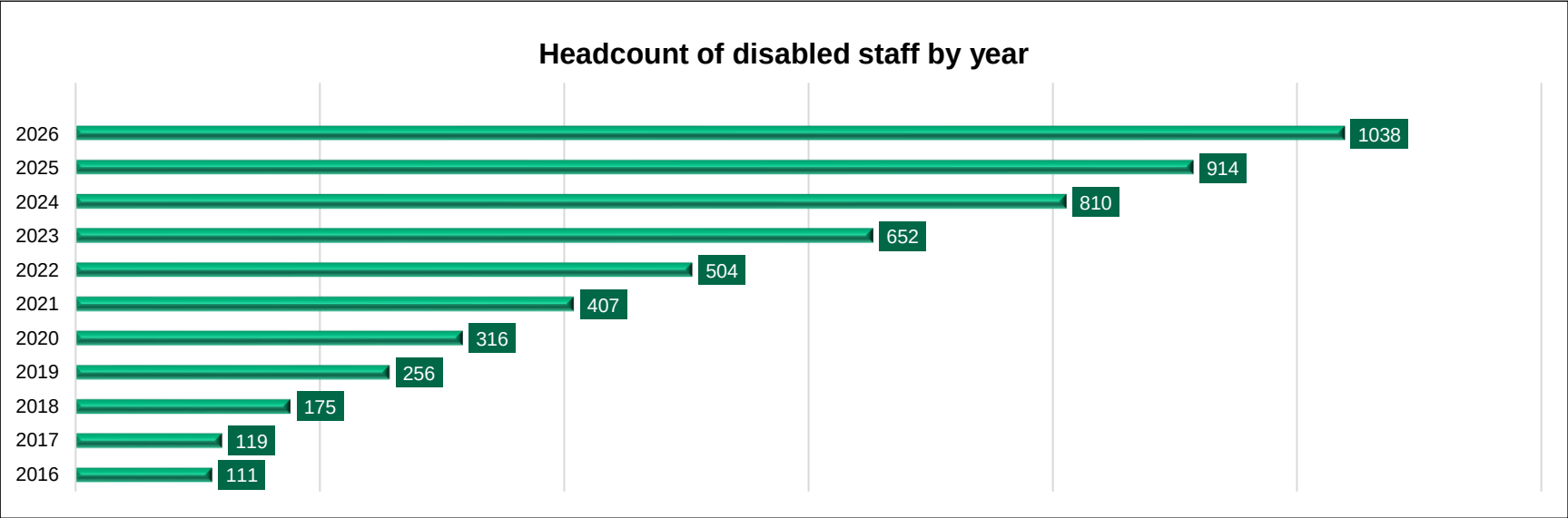
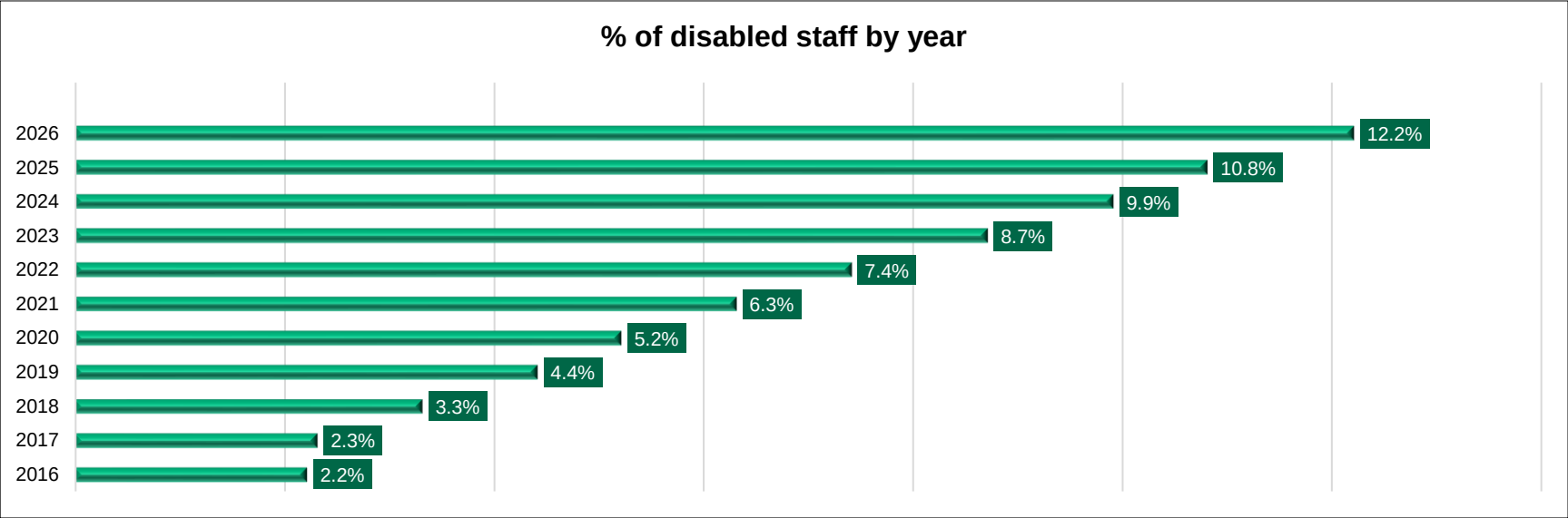
We are the capital's emergency and urgent care responders

We are continuing to proactively report the disability pay gap for the LAS as this is not a mandatory requirement.

Our EnAble staff network works with the EDI team on an ongoing basis to understand the needs, provide support and hear the views from disabled colleagues to ensure they are equipped and able to thrive at work. Below are some highlights from the last year which have helped create a supportive work environment for disabled colleagues:

- **Delivered targeted reasonable adjustment training to over 600 managers across the Trust ensuring managers are equipped and enabled to support colleagues with disabilities or long term health conditions.**
- **Updated our Reasonable Adjustment policy framework and guidance, with a focus on Disability Leave.**
- **Host a dedicated and improved Reasonable Adjustment Hub, with an allocated budget to support the timely implementation of adjustments. We have continued with the Complex Case Panel to support more complex requests.**
- **Improved use of data dashboards, management oversight, demand and process rationalisation and delivered the business plan objective of completing 90% of non-complex reasonable adjustment request within six weeks.**
- **Disability Confident status maintained.**

The next few pages share information relating to the pay for disabled staff and shows there is very little difference in pay compared to colleagues without a disability. This is positive news for the Trust and we will continue to work with the EnAble network to drive improvements for our disabled colleagues in both their experience and progression as shown in the action plan.



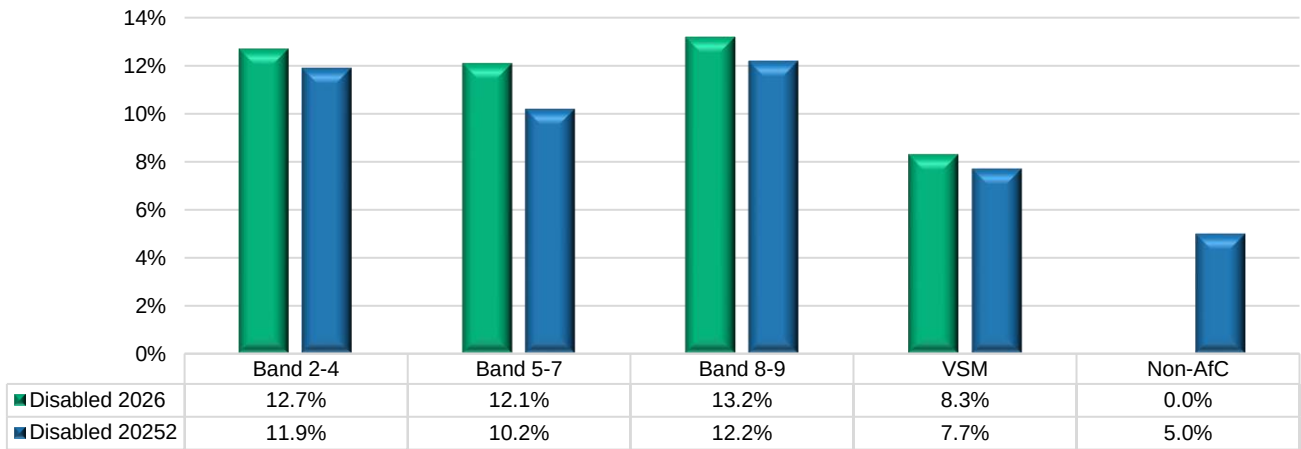
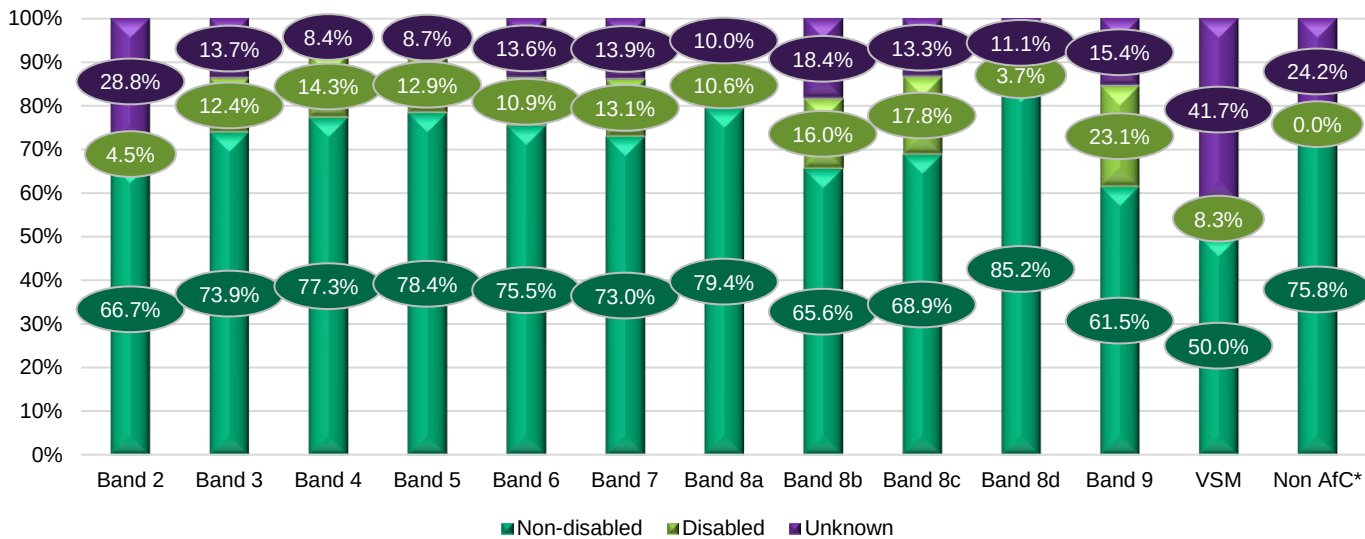
The percentage of our workforce stating they have a disability is 12%.

It is important to the Trust that disabled colleagues have a good experience at work, are valued, and have equitable access to opportunities and progression, so they are able to work effectively and thrive regardless of their disability. Over the last decade the Trust has seen a significant increase in the number of disabled colleagues, peaking at over 1,000 this year.

This is bringing us closer to the London demography where the latest census data shows the representation of disabled people is 15.7%.

Disability pay gap

Representation across pay bands



For colleagues who have declared their disability status (currently standing at 92%), we can see that there is **fairly consistent representation across the pay bands**, with higher representation seen in pay band 9, making up 23.1% of that grade level – this is a significant increase on last year.

We can also see that there is an **underrepresentation of disabled colleagues at pay bands 8d level** making up 4.0% . It should be noted that those at VSM level represent a very small number of staff (15 people).

This suggests that although there remain some disparities across specific pay bands, there is consistent representation across them.



1. Lower Pay Quartile



12.6%



80%

2. Lower Middle Quartile



14.2%



78.3%

3. Upper Middle Quartile



10.9%



81.7%

4. Upper Pay Quartile



13.0%



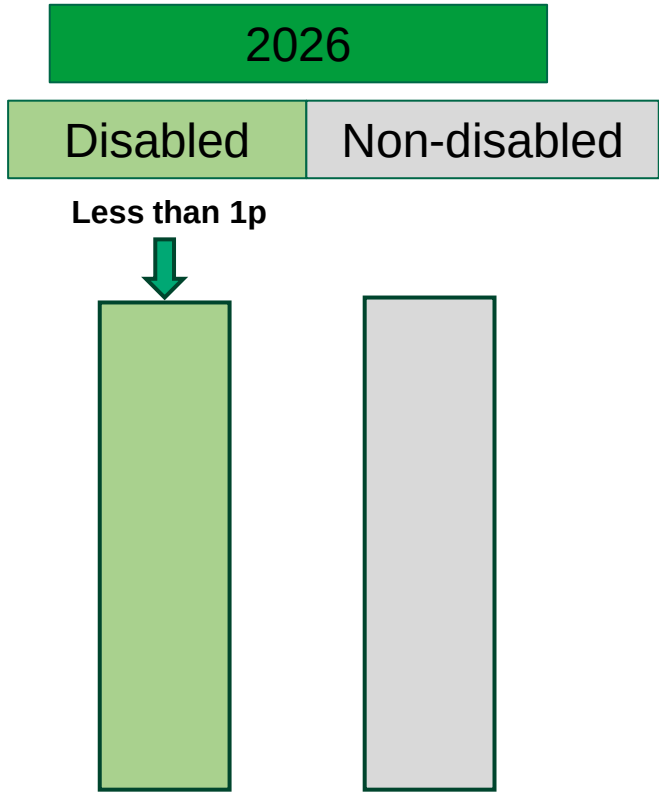
79.6%

Quartiles allow us to better understand representation by ensuring an equal number of employees in each section. From this data, we can clearly see that from those who have declared their disability status, there is consistent representation of disabled colleagues across most quartiles, though it is slightly lower in the upper middle pay quartile.

At LAS, disabled colleagues occupy 13.0% of the lowest paid jobs, whilst non-disabled staff occupy 80% of the highest paid jobs.

Disability pay gap

The mean and median pay gap



	Mean Hourly Rate	Median Hourly Rate
Non-disabled	25.28	23.34
Disabled	25.16	25.44
Difference	0.12	0.09
Pay Gap %	0.5	-0.4

For the purposes of the calculation of median and median pay, we include basic pay, allowances, pay for leave and shift premium pay – this does not include overtime.

Data shows an hourly mean pay gap of 0.5% and a median pay gap of -0.4%. When comparing mean hourly pay, the difference between our disabled workforce and wider workforce overall is **less than 1 pence**, meaning that **for every £1 a non-disabled person earns, a disabled person earns 99p**.



Over the last year, the Trust has made a continued effort to improve the experiences of disabled colleagues at work.

We listened to feedback from colleagues and strengthened the reasonable adjustments policy and guidance, including disability leave and streamlining the whole reasonable adjustment process. We met our target to complete 90% of non-complex requests within six weeks. In addition, we trained over 600 line managers to improve their understanding of reasonable adjustments, driving quality and consistency in how they approach requests and ensuring they have a greater understanding of the needs of disabled colleagues.

We are pleased with the small pay gap between staff with a disability and non-disabled staff in LAS, and are confident in reporting that, overall, disabled people receive fair pay in the Trust.

Whilst we are pleased that the pay is fair, our Workforce Disability Equality Standard data also highlights the wider work required to improve the experience of disabled staff in LAS. Through our culture change programme, oversight from the Transformation Board and continued work with the EnAble network, we will strive to improve experiences for disabled staff and ensure they are equipped and supported to thrive at LAS.

Whilst there are only slight differences between the distribution of disability across the workforce by pay bands, there is slightly less representation in the upper middle quartiles, and we will put in place key interventions and positive actions that will support colleagues in all pay bands and leadership positions. We have seen an increase in declaration rates to 92%, but we will continue to encourage colleagues to declare this.

We will also be launching a Disability and Neurodiversity Charter, and it is important to us that all colleagues feel safe and supported, as this is critical in driving confidence for staff to thrive, perform to the best of their ability and progress, including disabled colleagues.

Ethnicity Pay Gap



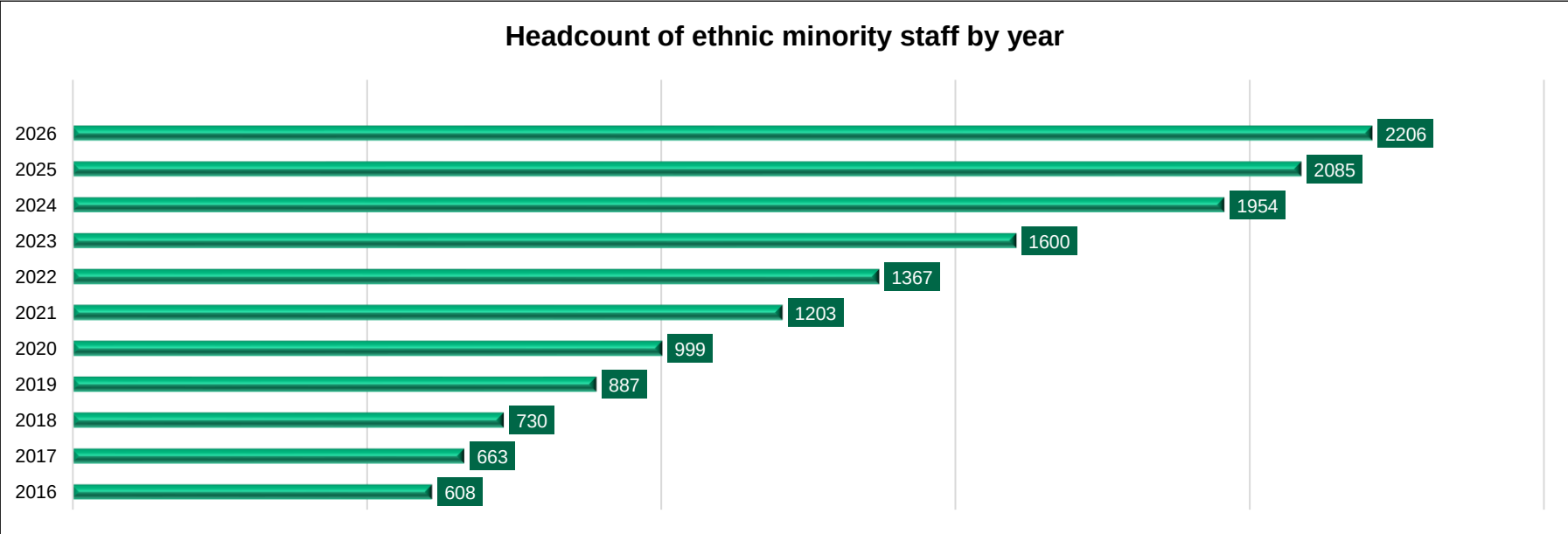
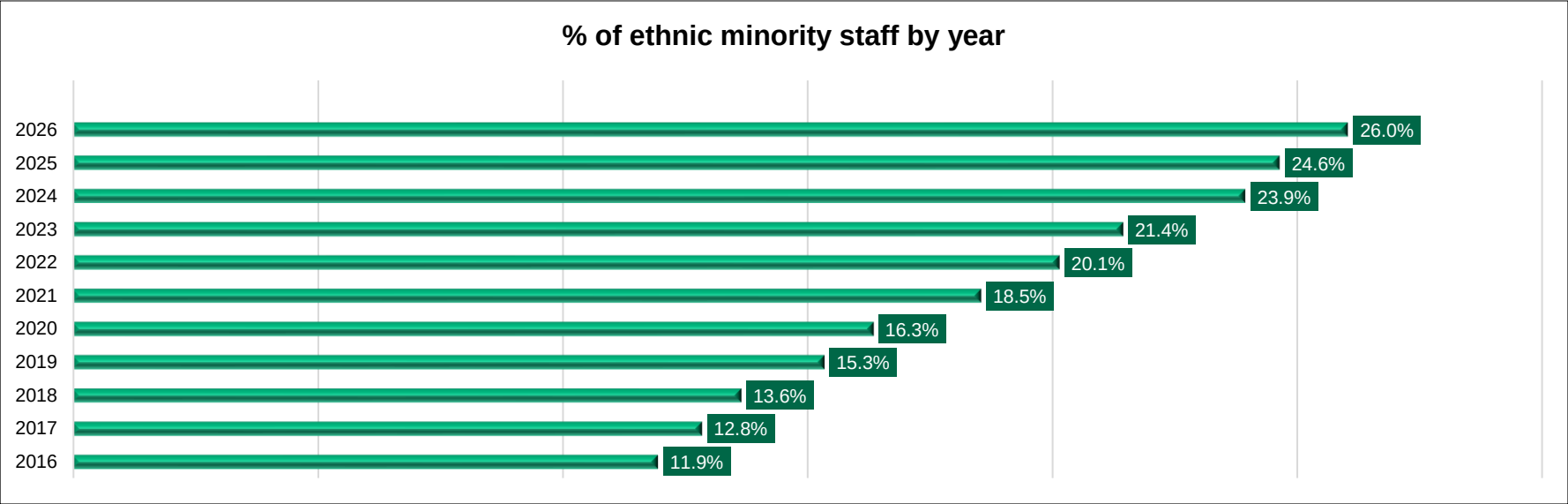
We are the capital's emergency and urgent care responders

We are continuing to proactively report on the ethnicity pay gap for the LAS as this is not a mandatory requirement. Last year this showed the ethnicity pay gap was the largest of the three pay gaps and targeted actions were implemented to help reduce this and improve the representation and experiences of ethnic minority colleagues in LAS. This included:

- **Continuing with the recruitment and training of Independent Panel Members. They have been participating in interviews to ensure recruitment processes are fair and unbiased, with the intention to improve the likelihood of ethnic minority candidate recruitment success rates.**
- **Continuing to offer the 'Stepping up Support Package' to provide additional support for ethnic minority staff.**
- **Continuing with targeted initiatives such as the 'Women of Colour' programme which is in its fourth cohort and the new 'Men of Colour' programme.**
- **Creating better pathways for staff to pursue a clinical career and supporting colleagues in to higher pay bands.**
- **Delivering 'Our LAS Inclusive Response' programme to increase diversity and inclusivity in frontline roles.**

The next few pages share information relating to the pay for ethnic minority colleagues and shows whilst this is the largest of the pay gaps we report on, it has reduced significantly from last year. The Trust will continue to work in collaboration with the BME network to drive improvements for ethnic minority staff in both their experience and progression as shown in the action plan.





The percentage of our workforce who are from an ethnic minority background is 26%.

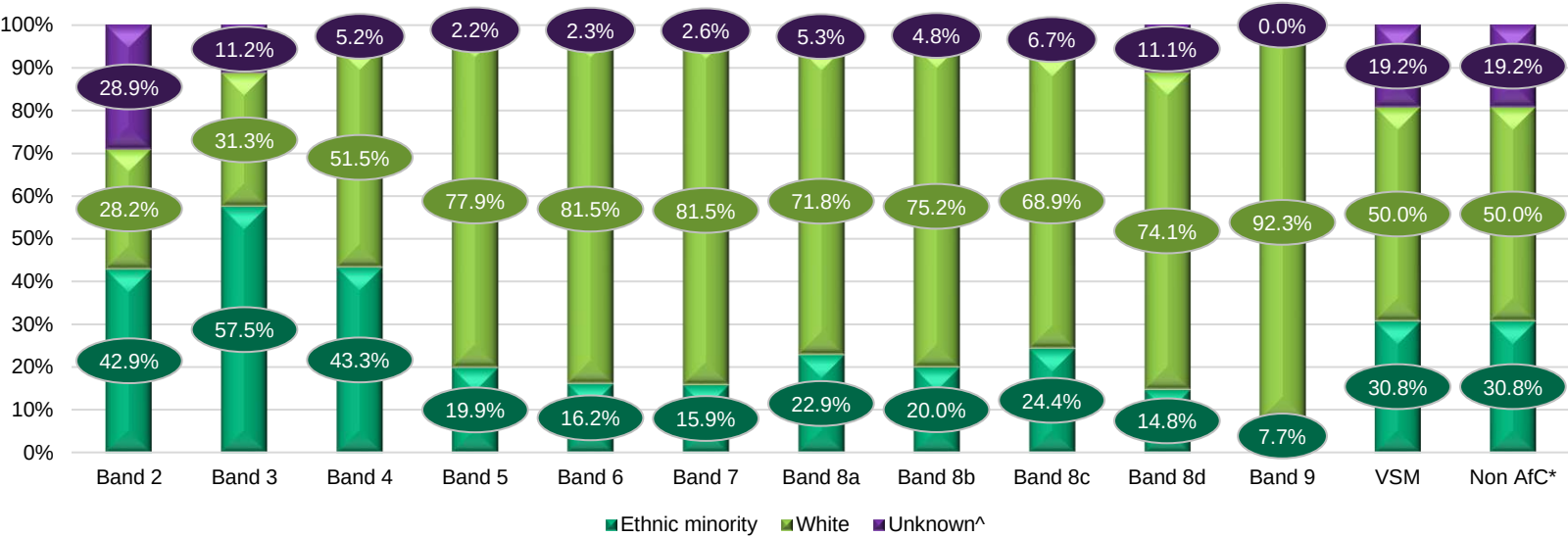
We have made significant progress over the last decade, increasing the representation of ethnic minority staff to approximately 2,206.

Our ambition remains to have a workforce that is representative of the communities we serve. In London this is 46.2%



Ethnicity pay gap

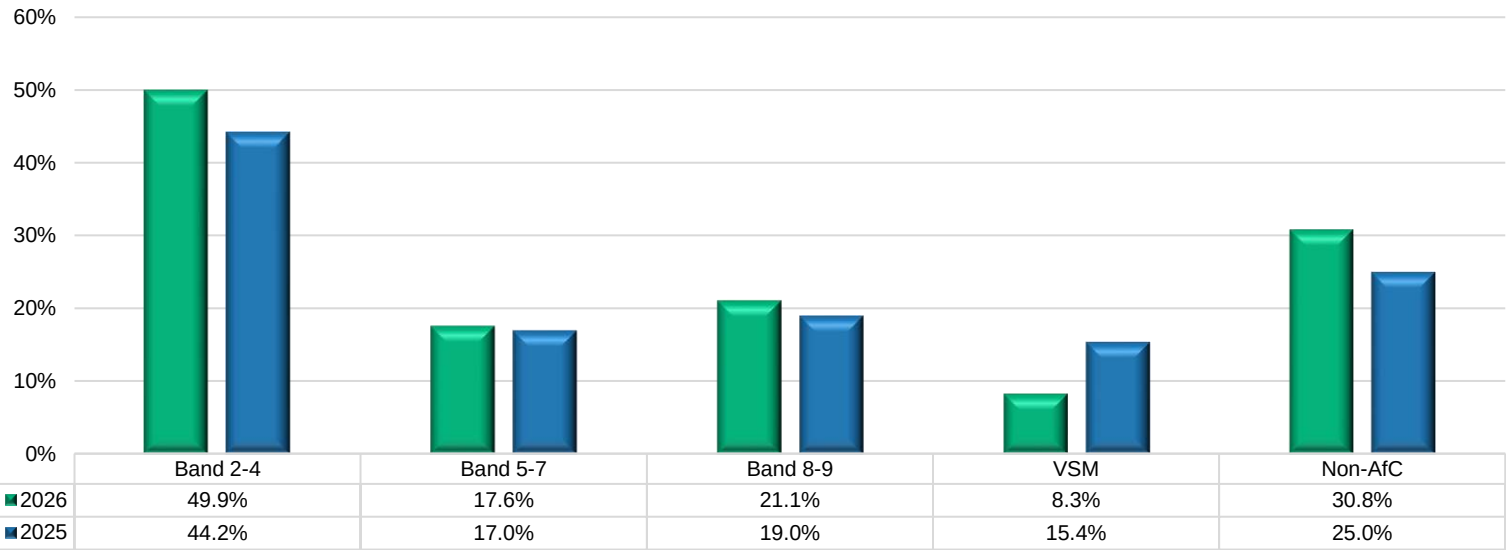
Representation across pay bands



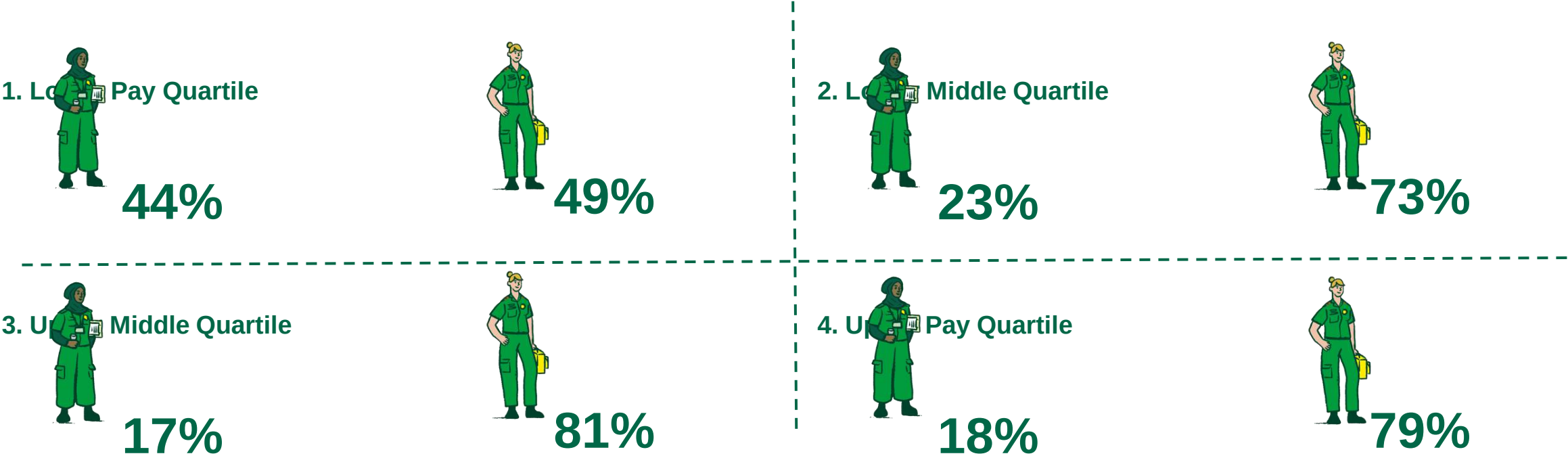
We can see that there is a large **overrepresentation of ethnic minority staff at pay bands 2-4** making up almost 50% of that pay band level, and this is an increase on the previous year.

We can also see that there is an **under--representation of ethnic minority staff at all other pay bands**, particularly for band 8d and 9 level, which stands at 14.8% and 7.7% respectively of those pay bands. However this is an increase on the previous year. It should be noted that those at VSM level represent a very small number of staff (15 people).

This shows that there are clear disparities in representation across bands in LAS for ethnic minority colleagues which could be a contributing factor to the pay gap.

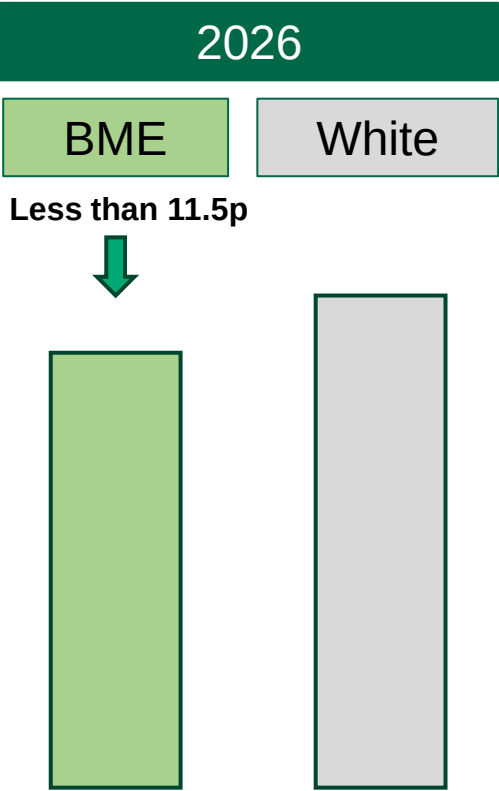


We are the capital's emergency and urgent care responders



Quartiles allow us to better understand representation by ensuring an equal number of employees in each section. From this data, we can clearly see that there is overrepresentation of ethnic minority staff in the lower pay quartile and underrepresentation at the upper quartiles.

At LAS, ethnic minority colleagues occupy 44% of the lowest paid jobs, whilst white colleagues occupy 79% of the highest paid jobs. There are marginal improvements in the upper middle quartiles which will have contributed to the reduction in pay gap.



	Mean Hourly Rate	Median Hourly Rate
Ethnic minority	23.21	21.38
White	26.24	25.70
Difference	3.03	4.32
Pay Gap %	11.56%	16.79%

For the purposes of the calculation of median and median pay, we include basic pay, allowances, pay for leave and shift premium pay – this does not include overtime.

Data shows an hourly mean pay gap of 11.56% and a median pay gap of 16.79%. When comparing mean hourly pay, the difference between our ethnic minority workforce and wider workforce overall is **11.5 pence**, meaning that **for every £1 a white person earns, an ethnic minority person earns 88.5p**.



We are pleased to see a slight improvement in the ethnicity pay gap, however there remain significant disparities in the pay received by colleagues from ethnic minority communities when compared to their white counterparts when looked on average as whole organisation.

Over the last year the Trust, with support of the BME network, has worked to address the gaps identified to support our ethnic minority colleagues to develop and progress and in turn, improve our diversity. We have trained colleagues to support us in debiasing our recruitment and interview processes, worked to improve the balance in our frontline roles and into leadership positions and supported improved pathways for ethnic minority staff to progress to clinical positions.

Our [Workforce Race Equality Standard](#) data also highlights the work that has taken place and what is required to improve the experiences of ethnic minority colleagues in LAS.

The Trust is proactively working to remove outward and hidden barriers that people from ethnic minority communities face, such as transforming the way we recruit and ensuring our communications and methods are suitable. For example, we are speaking to ethnic minority staff to encourage them to apply for roles and supporting them through mock interviews and training where requested.

It is important to us that all colleagues feel safe and supported, as this is critical in driving confidence for staff to thrive, perform to the best of their ability and progress, including ethnic minority staff.



Conclusion

Having an organisation that is fair and inclusive, where people feel they are valued equally, are able to thrive and have equal opportunities at work, regardless of who they are and where they come from is of the highest importance to London Ambulance Service Trust.

Whilst the Trust has been reporting on the gender pay gap for a number of years to meet legislative requirements and drive improvements in this area, we are pleased again to report beyond our mandatory requirement and share our disability pay gap and ethnicity pay gap. By continuing to voluntarily report on the disability and ethnicity pay gaps, we are demonstrating the true commitment we place in creating a fair and inclusive organisation.

The **gender pay gap has significantly reduced** with the current gap being women earning 2.5p less per £1 when compared to men. This is at the lowest point since recording this information began and ongoing work will be done to continue to close the gap.

The **disability pay gap at LAS remains relatively low**, with there being less than 1% difference in pay between colleagues with a disability and without a disability. Focus will be on improving the declaration rates of disability across all staff.

The **ethnicity pay gap shows the highest discrepancy**, however it is pleasing to note there has been a reduction in the gap from last year, with staff from ethnic minority communities receiving on average 11.5p less per £1 than their white counterparts. The data shows this demographic sit disproportionately in the lower banded roles and work is ongoing to redress this.

Working with the staff networks, we have developed a set of actions to reduce the gaps in pay across all reported demographics. The ethnicity pay gap and disability pay gap actions align with our Workforce Race Equality Standard and Workforce Disability Equality Standard action plans respectively. The gender pay gap actions will be led by the Women's Network.

For all three of our pay gaps, we are continuing to take the time to gain awareness of our data and baselines to put in place targeted responses. We are determined to create a fairer future, with fairer pay, for all working at LAS and this pay gap report demonstrates good progress in meeting this objective.



Objectives	Actions
Improve all pay gaps	• Deliver targeted EDI workshops and training raising awareness of bias, increasing understanding and tools to ensure fairness • Drive data led accountability with objectives set for all executive and extended leadership • Deliver proactive positive action initiatives - review, identify and change interview process where barriers identified • Continue recruitment and participation of Independent Panel Members, supporting recruitment and selection processes • Drive ongoing improvements in data collection and quality of data. • Work with the GLA to ensure we are driving best practice and aligned to our key partners with understanding and managing gaps.
Improve disability pay gap	• Support colleagues with reasonable adjustments and ensure they are equipped to carry out duties, thrive and progress at work. • Ensure managers are equipped and enabled to support disabled colleagues.
Improve ethnicity pay gap	• Continued offer of Stepping Up Support Package for talent management and staff progression • Implement positive action initiatives in targeted recruitment campaigns where ethnic minority diversity is not representative • Deliver targeted positive action for women of colour and the new men of colour programmes, supporting with progression in to leadership roles • Create a reciprocal mentoring programme to support BME colleagues
Improve gender pay gap	• Explore alternative work patterns that enable women to move in to senior/leadership roles and part time opportunities to support all • Support women to undertake caring responsibilities in parallel to work, including priority areas of maternity, menopause and caring responsibilities. • Review relevant policies with the gender balance lens • Ensure uniforms support improved work experience for women

Closing remarks from our staff networks

The BME network



“We are really pleased that the Trust is continuing to proactively report on the ethnicity pay gap. This is something that we see of high importance and are actively working with colleagues on a range of programmes to address this disparity. We will continue to find ways to understand the barriers and contributing factors and create supportive opportunities to help with progression, creating a fairer workplace for ethnic minority colleagues.”

The EnAbleD network



“The UK disability pay gap is 12.7%, with disabled employees earning less than non-disabled employees. At LAS, disabled colleagues make up 13.0% of the lowest-paid roles, while non-disabled staff hold 80% of the highest-paid roles. The Enabled Staff Network continues to work to address these inequalities by amplifying the voice of disabled and neurodivergent colleagues, promoting inclusive practices and supporting career development”

The Women's Network



“We recognise that the gender pay gap exists but are pleased to see the significant reduction this year. We believe that women should have equal opportunities for career progression and address any barriers to this, such as inadequate support during maternity and returning to work. We want to create a supportive culture that reflects the needs and aspirations of women and all genders employed by the Trust and strive for parity between our colleagues.”

Produced by the LAS Equality, Diversity and Inclusion Team

For further information and/or request in an
alternative format,
please contact: londamb.edimailbox@nhs.net

For more information visit
londonambulance.nhs.uk

London Ambulance Service NHS Trust
Headquarters
220 Waterloo Road
London. SE1 8SD

 londonambulance.nhs.uk
 [@ldn_ambulance](https://twitter.com/ldn_ambulance)
 [/LondonAmbulance](https://facebook.com/LondonAmbulance)
 [@ldn_ambulance](https://instagram.com/ldn_ambulance)
 youtube.com/londonambulance





London Ambulance Service
NHS Trust

Annual Equality, Diversity and Inclusion Report

LAS Report 2025/26 (Published Oct 2026)



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





CONTENTS

Foreword	3
Introduction	4
Our LAS Strategy	6
Equity for our Patients	7
Equity for our Workforce	12
Legislative Requirements and National Standards	16
Our EDI Objectives	22

Our EDI Objectives	22
EDI Governance and Delivery	24
Strategic Equality Objective 1	26
Strategic Equality Objective 2	38
Strategic Equality Objective 3	46
Looking Ahead to 2026/27	53
Conclusion	55

This year's Annual Equality, Diversity and Inclusion Report reflects the continued progress the London Ambulance Service has made in strengthening an inclusive culture where our people can perform at their best, feel valued for who they are, and deliver outstanding care to the diverse communities we serve across London.

Over the last year, we have continued to embed equality, diversity and inclusion into the everyday fabric of the organisation. EDI is not the responsibility of one team alone; it is a shared responsibility that sits alongside leadership, operational delivery, workforce wellbeing and organisational performance. Throughout this report, you will see examples of how this commitment is being translated into meaningful action across LAS.

Below are just a few examples of the progress we have made during 2025/2026 which continue to shape a more inclusive and compassionate organisation:

- We launched our continued focus on creating inclusive teams and psychologically safe working environments, with senior leaders across LAS publicly committing to inclusion objectives and accountable actions.
- We strengthened our approach to reasonable adjustments through the implementation of a social model-aligned process, improving the experience for staff and reducing barriers to work.
- We continued to review and improve our recruitment, progression and talent processes to help ensure fairer outcomes and increase representation across underrepresented groups within the workforce.
- We expanded collaboration with staff networks, trade unions and external partners to ensure lived experience continues to inform decision-making, policy development and organisational change.

We hope this report provides insight into the work underway across LAS to create a culture where our values of caring, respect and teamwork are experienced consistently by our people, patients and communities.

While we are proud of the progress made, we recognise there is still more to do. We remain committed to listening, learning and taking action to address inequalities and barriers wherever they exist. We welcome continued challenge, support and accountability from our staff, partners and the public as we work together to build an organisation where everyone can thrive.

This year we have agreed the culture priorities for the Trust, one of these includes Equality Diversity and Inclusion.



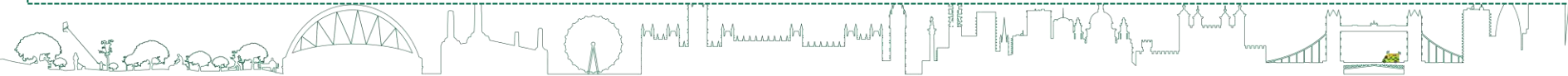
The capital's emergency and urgent care responders.



Jason Killens KAM
CEO, London
Ambulance Service
NHS Trust

Anne Rainsberry

EDI Committee Chair
& Board Member,
London Ambulance
Service NHS Trust



We are the capital's emergency and urgent care responders

At the London Ambulance Service (LAS), we are committed to creating a culture where everyone feels valued, respected and able to perform at their best. As the emergency and urgent care provider for one of the most diverse cities in the world, we recognise that equality, diversity and inclusion are fundamental to delivering safe, effective and compassionate care for Londoners, and to creating a workplace where our people can thrive.



The capital's emergency and urgent care responders.

This Annual Equality Report for 2025/2026 has been produced in line with the requirements of the Public Sector Equality Duty and provides a transparent overview of the progress we are making across the Trust. It outlines the actions we have taken, and continue to take, to address inequality, remove barriers and improve outcomes for our workforce, patients and communities.

Throughout this report, we share information on the diversity of our workforce, the experiences of our staff, and the work underway to build a more inclusive organisation. This includes progress against our equality objectives, developments in areas such as recruitment, leadership, staff wellbeing and reasonable adjustments, and the continued contribution of our staff networks and partners in shaping positive change across LAS.

We know that inclusion is not a standalone initiative; it is part of how we lead, how we support our people and how we deliver services to Londoners every day. While we recognise there is still more to do, we remain committed to listening, learning and taking meaningful action to create a fairer, more accessible and more compassionate organisation for everyone connected to LAS.



We are the capital's emergency and urgent care responders

We are the capital's emergency and urgent care responders

We aim to deliver outstanding emergency and urgent care whenever and wherever needed for everyone in London, 24/7, 365 days a year. Together, we put the values of caring, respect and teamwork at the heart of all we do for Londoners.

Who we are and what we do

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.

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

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

Our patient-facing workforce ranges from 999 and 111 call handlers to paramedics and other ambulance clinicians 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 make ready teams getting every ambulance clean and stocked, the warehouse staff ensuring we have the best equipment, the medicines packing and pharmacy team providing our clinicians with the right drugs, plus all our housekeeping teams.

Alongside this are vital support functions from human resources and finance to estates and communications



Our LAS Values

Great teams don't come from structures and organograms. Great teams are created by people, working together everyday, with behaviours that role model Our LAS Values, finding ways to learn and improve together.

We are **kind** to each other, so we feel valued and seen

Caring

We **listen** to each other, so we feel heard and involved

We are **fair** with each other, so all of us can flourish

Respect

We give **feedback** to each other, so we can keep improving

We **help** each other, so together we do a great job

Team work

We **look after** each other, so everyone's wellbeing can thrive

Our LAS Strategy

Our LAS strategy 2023-28 is built from the views of our patients and communities, our employees and our health and care partner organisations. EDI is at the heart of our strategy and our commitment to being a diverse employer remains clear throughout.

The strategy outlines three key missions for LAS to achieve:

1. **Delivering outstanding emergency and urgent care whenever and wherever needed**
2. **Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for**
3. **Using our unique pan-London position to contribute to improving the health of the capital**

The LAS strategy states:

“We aim to build a diverse organisation that values and celebrates difference, promotes equality and prioritises the wellbeing of our people. We will build a workforce that knows and reflects the people we serve. We will build an organisation where everyone can feel they belong, their voice is valued and there are opportunities for a career. Discrimination, bullying, harassment and racism have no place in our organisation and we will take a zero-tolerance approach to tackling this behaviour.”



We are the capital's emergency and urgent care responders



Equity for our Patients



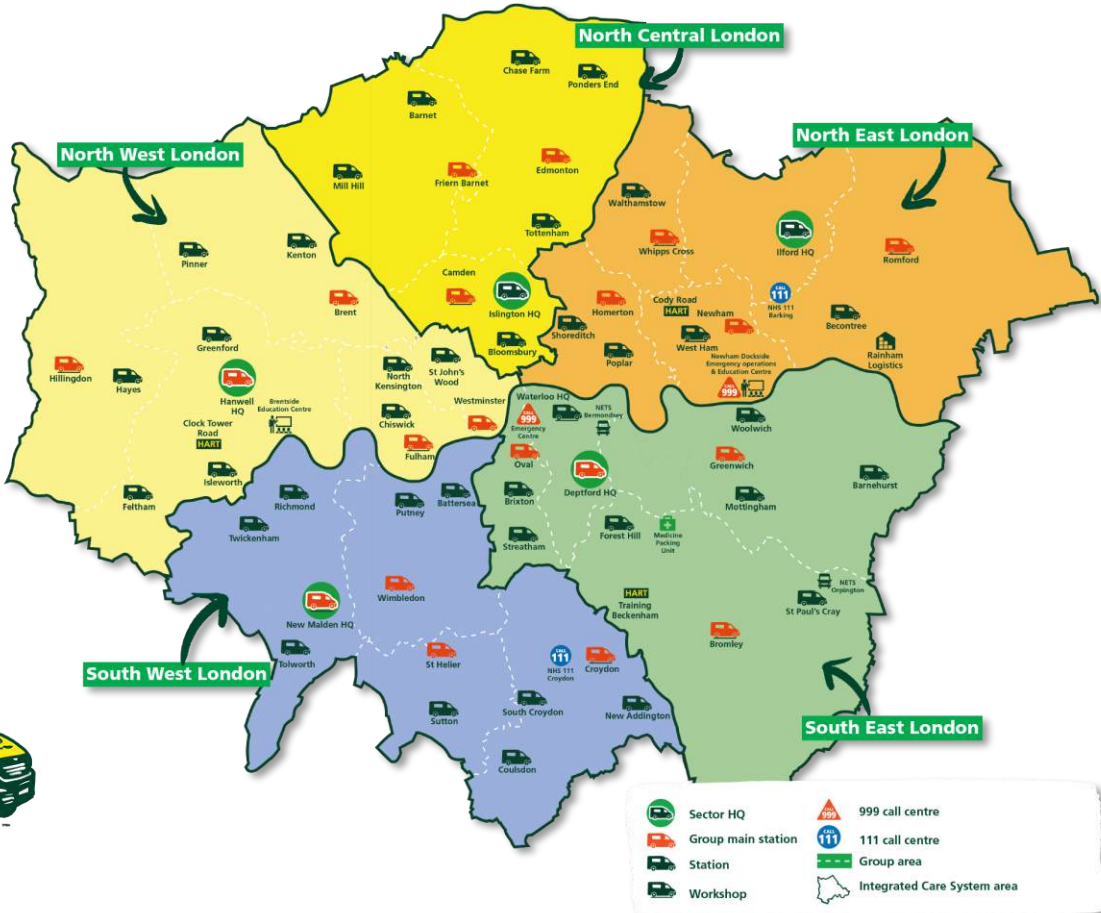
We are the capital's emergency and urgent care responders

Our LAS patients

On a typical day in the London Ambulance Service, we treat 3,000 patients on scene or over the phone, we answer 5,700 calls in 999 and 6,000 calls in 111. On the road each day, we have approximately 400 ambulances, 80 rapid response cars, 10 motorcycles and 20 bicycles. We come together as a service to meet the needs of the 9 million people across London as the busiest emergency ambulance service in the world.

We aim to provide services that meet the needs and expectations of our patients and the public, but also to learn from them and enable them to influence our strategic direction and service developments. A snapshot of some examples of our work have been shared in this report, highlighting our meaningful patient and public involvement activity.

Each day, our clinicians typically go to:



The people we serve



Working in partnership

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

We are part of London's 5 integrated care systems (ICSs)—North West London, North Central London, North East London, South East London and South West London—which bring together health and care organisations to deliver care.

Across our ICSs we work with 5 integrated care boards, 33 borough councils, 42 NHS trusts including mental health, acute and community hospitals, over 200 primary care networks, and hundreds of voluntary sector organisations. We work closely with partners such as the London's Air Ambulance Charity, the Metropolitan Police, British Transport Police, and the London Fire Brigade.

Each ICS has a health and care strategy addressing the needs of the population which vary significantly across and within boroughs.



North West London

Population: 2.1 million

- Highest number of emergency attendances among London ICSs
- 65% of Brent's population are from ethnic minority backgrounds, the second-highest among London boroughs
- Highest number of cardiac arrests attended in Ealing
- Highest number of suspected heart attacks attended in Hillingdon
- Life expectancy is 7.2 years lower for men and 5.5 years lower for women in the most deprived areas of Hillingdon than in the least deprived areas

North Central London

Population: 1.4 million

- Barnet has the second-highest number of emergency attendances among boroughs
- Camden and Islington have some of the highest shares of under-35s among London boroughs
- Higher need in mental health services - the prevalence of mental illness in under-18s is almost double the London average
- 30% of children grow up living in poverty
- Around 200,000 people are living with a disability



North East London

Population: 2 million

- Experiences the longest hospital handover delays of all London ICS geographies
- Highest share of residents aged under 35 (52%)
- Just over half (54%) of the population are from ethnic minority backgrounds, with the highest share in Newham (69%)
- Nearly a quarter of residents live in one of the most deprived 20% of areas in England
- By 2041, the population is projected to grow by nearly 364k (17%) - this is equivalent to adding another place the size of Newham

South East London

Population: 1.8 million

- Generally older population, with 12% of residents aged over 65
- Wide difference in diversity levels, with 24% of people in Bromley and 49% in Southwark from ethnic minority backgrounds
- Third-highest rate of detentions under the Mental Health Act of any area in England
- Over 40% of children are overweight when they leave primary school
- Southwark has the third largest lesbian, gay and bisexual communities in the country



South West London

Population: 1.5 million

- Generally older population with 13% of residents over 65
- Lower level of deprivation compared to other London ICSs, with 7% of residents living in the most deprived 20% of areas in England
- Lower levels of diversity than other London areas, with 37% of the population from an ethnic minority background (from 20% in Richmond to 52% in Croydon)
- Cancer is the number one cause of mortality
- Croydon is London borough with highest number of suspected strokes attended

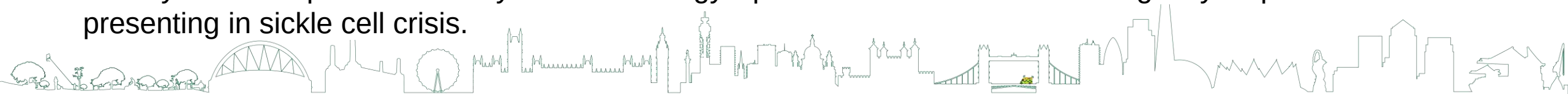
Supporting equity of access for our patients:

Reducing Health Inequalities experienced by Londoners is one of the central commitments of our LAS five-year strategy (2023-2028).

Aligned to NHS England's 'Core20Plus5' approach, the LAS have developed a programme of work to tackle health inequalities with specific targeted interventions in five clinical areas of care: sickle cell, maternal health, cardiovascular disease, learning disability & autism and mental health.

One of the key components of the programme is extensive patient and staff engagement alongside data, literature and policy review to ensure an evidence driven approach with the voice of patients and Clinicians are at the heart of improvement.

In 2025 /26, the LAS implemented and delivered the first of our improvement plans for patients with Sickle Cell Disease, co-developed with involvement of over 90 patients and over 320 Clinicians. This included delivering a bespoke education package for front-line clinical staff, completed by 89% Clinicians (n=4916). The standard of clinical care (as measured through clinical audit) has increased in key metrics, with 72% of patients supported to minimise self-mobilisation during crisis (2025/26 YTD) which has increased from 63% in 2023/24. LAS has worked closely with local Hyper Acute Sickle Cell units to convey over 500 patients directly to Haematology Specialists instead of the Emergency Department when presenting in sickle cell crisis.



We are the capital's emergency and urgent care responders

Supporting equity of access for our patients:

We have co-developed a Maternal Health Improvement plan, with involvement of over 160 patients and over 260 Clinicians, focusing on reducing maternal health inequalities experienced by women from the global majority background during their pregnancy and up to 12 months post-delivery. Specific maternity and newborn care information leaflets have been created, to support timely access to antenatal services and early escalation of maternal complications. These have been distributed to Londoners via charity organisations and local authorities.

As a 'Million Hearts and Minds' Pioneer Organisation (social-movement programme to increase heart health for London supported by Department for Health and Social Care, The Greater London Authority and Mayor of London), the LAS have created plans to improve cardiovascular disease awareness and prevention with initiatives for staff, patients and communities to support the shift from treatment to prevention and use our unique position as a Pan-London NHS organisation to contribute to public health prevention.

Alongside this, to improve equitable access to NHS services for patients with low English language proficiency, we have created and published patient information leaflets, translated into the top 10 most commonly spoken languages within London. These have been distributed to Londoners via Charity organisations and local authorities.



We are the capital's emergency and urgent care responders



Equity for our Workforce



We are the capital's emergency and urgent care responders

Our LAS workforce

We are one of the world’s busiest ambulance services. We have more than 10,000 colleagues, including volunteers and students in our Trust: around 3,300 frontline crews in ambulance stations across London, 500 people in our two 999 control rooms and hundreds of support colleagues based in our offices across the city. Together, we all play a key part in making sure that we can respond to anyone needing out help 24 hours a day, 365 days a year.

We remain committed to attracting, improving and retaining a diverse, highly skilled and productive workforce. We recognise that our colleagues must be representative of the population we serve in the most diverse global city and we have further work to do to address the gaps.

This section of the report shows the breakdown of protected characteristics within our workforce, excluding gender reassignment and pregnancy/maternity as this data is not collected, and the experience of colleagues from protected groups through our equality reports.



Workforce

Over
10,000
people working, studying
and volunteering with us



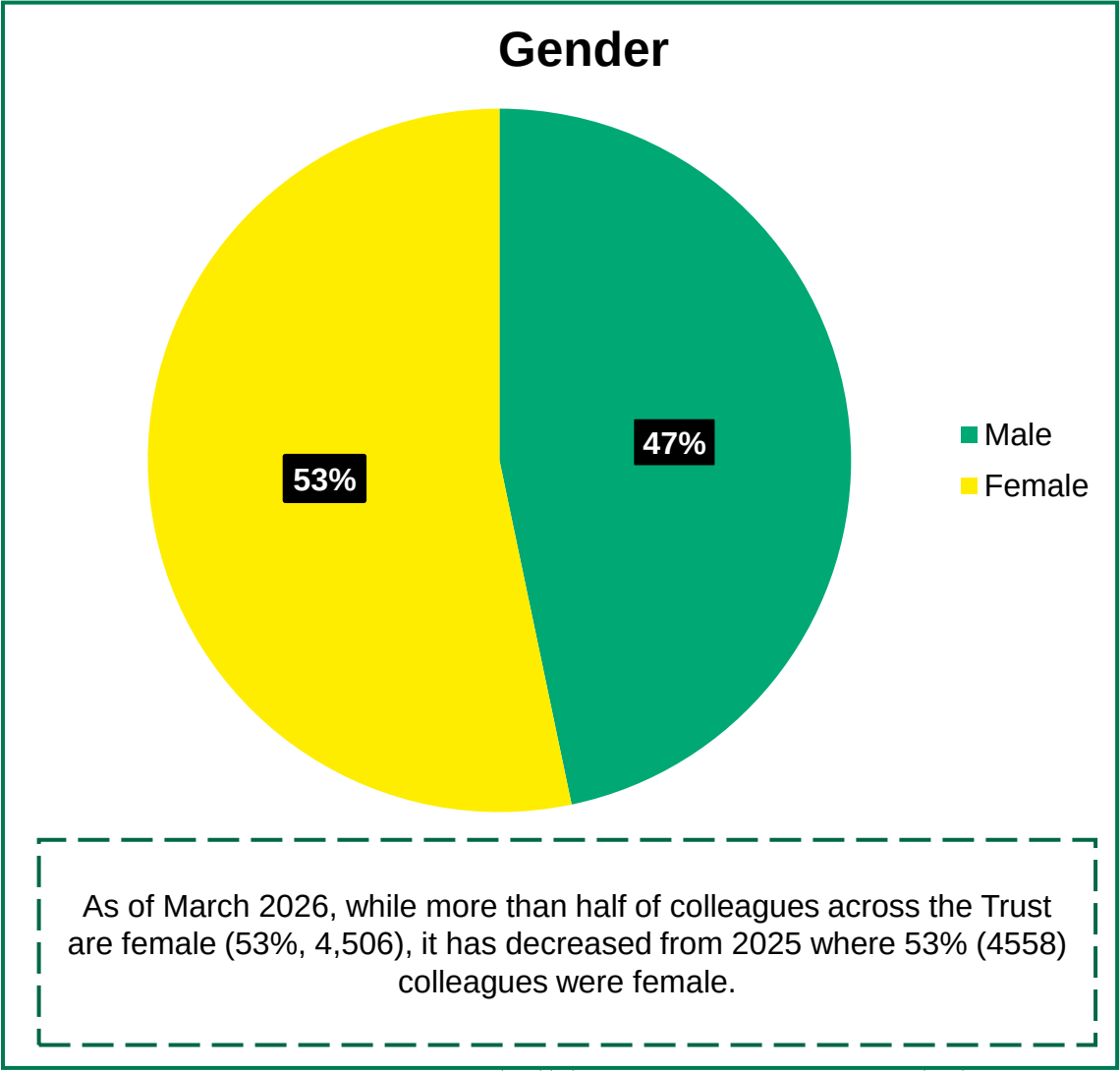
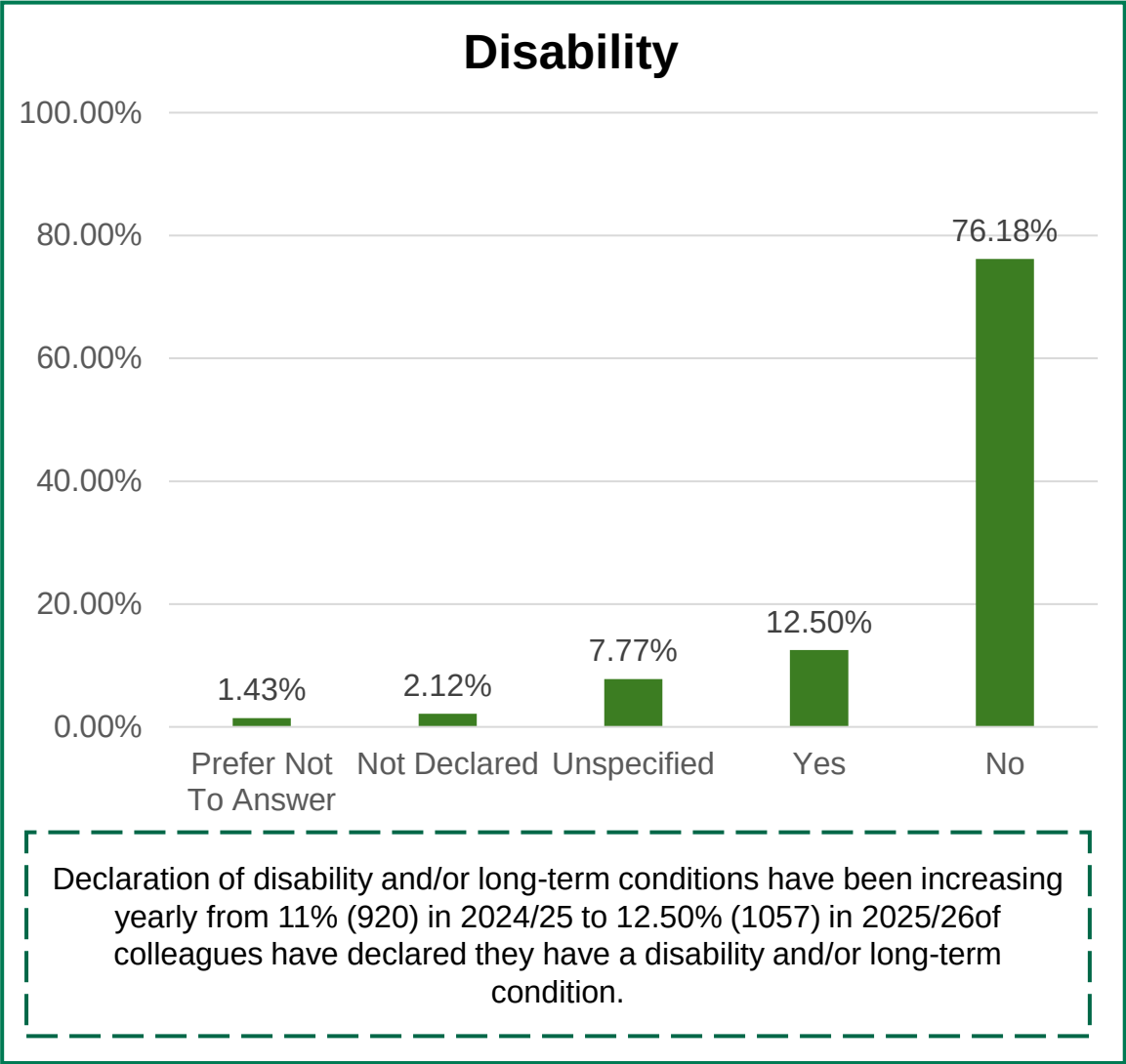
26%
Operational support
and corporate staff



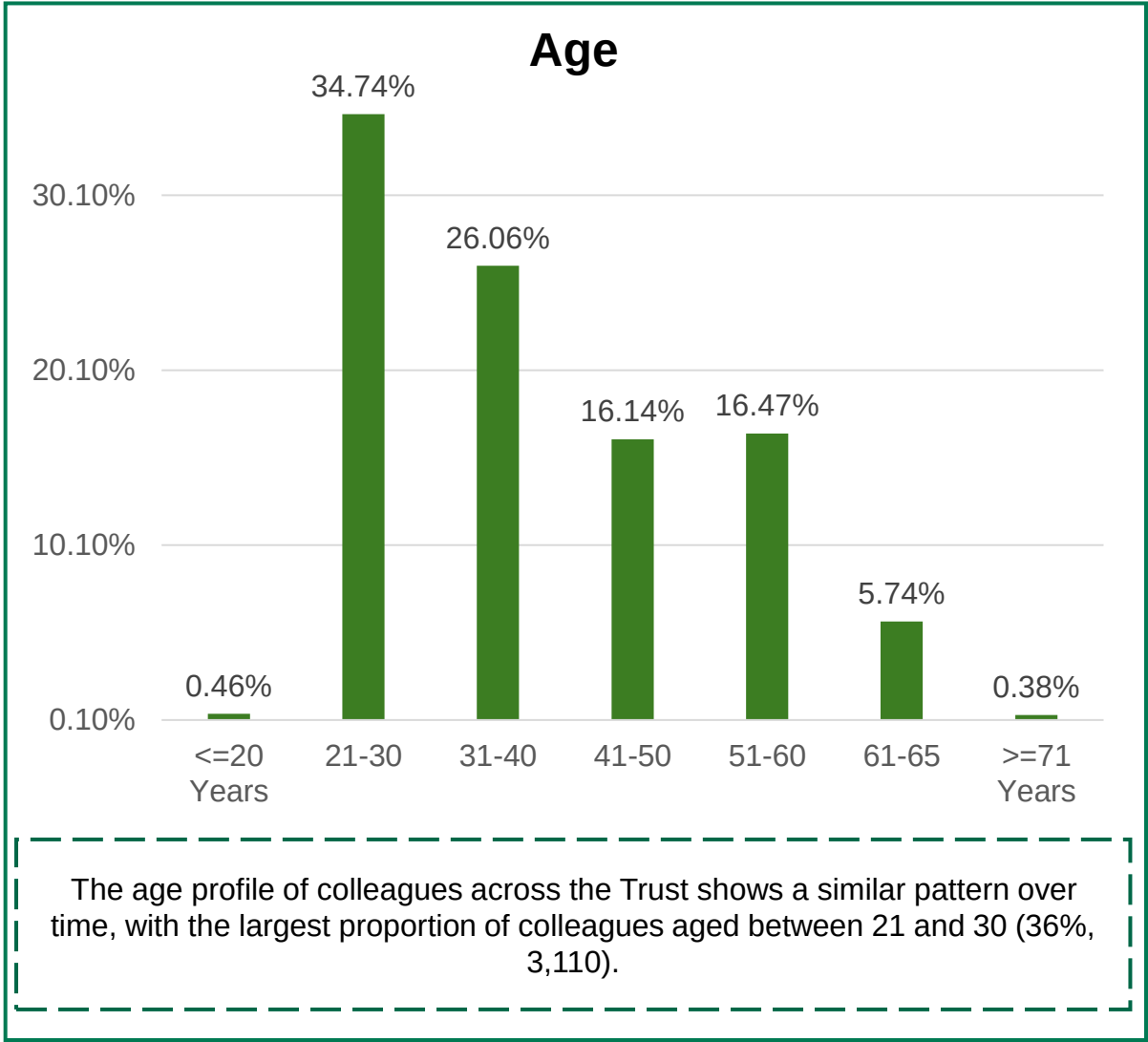
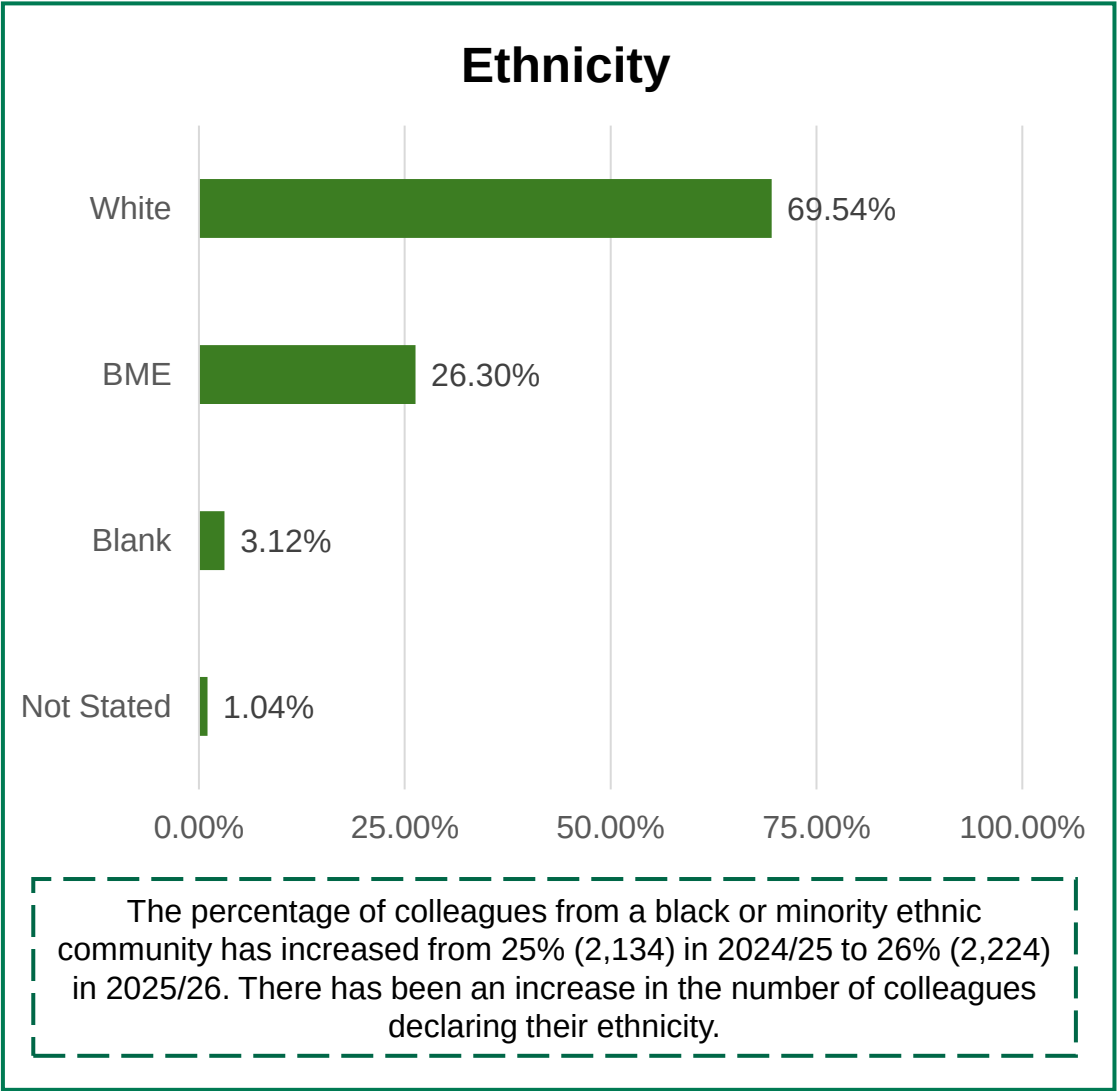
74%
Operational staff



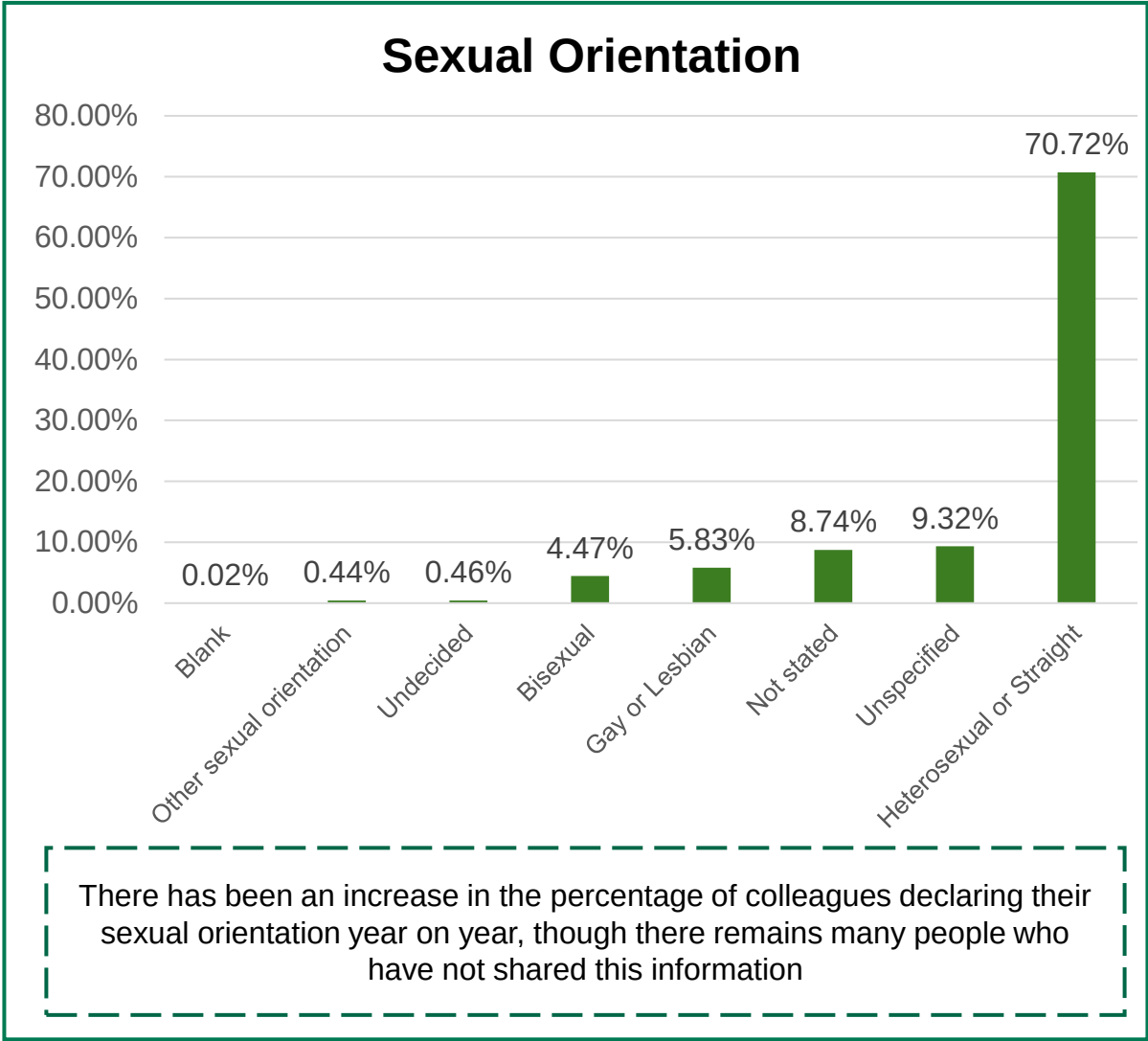
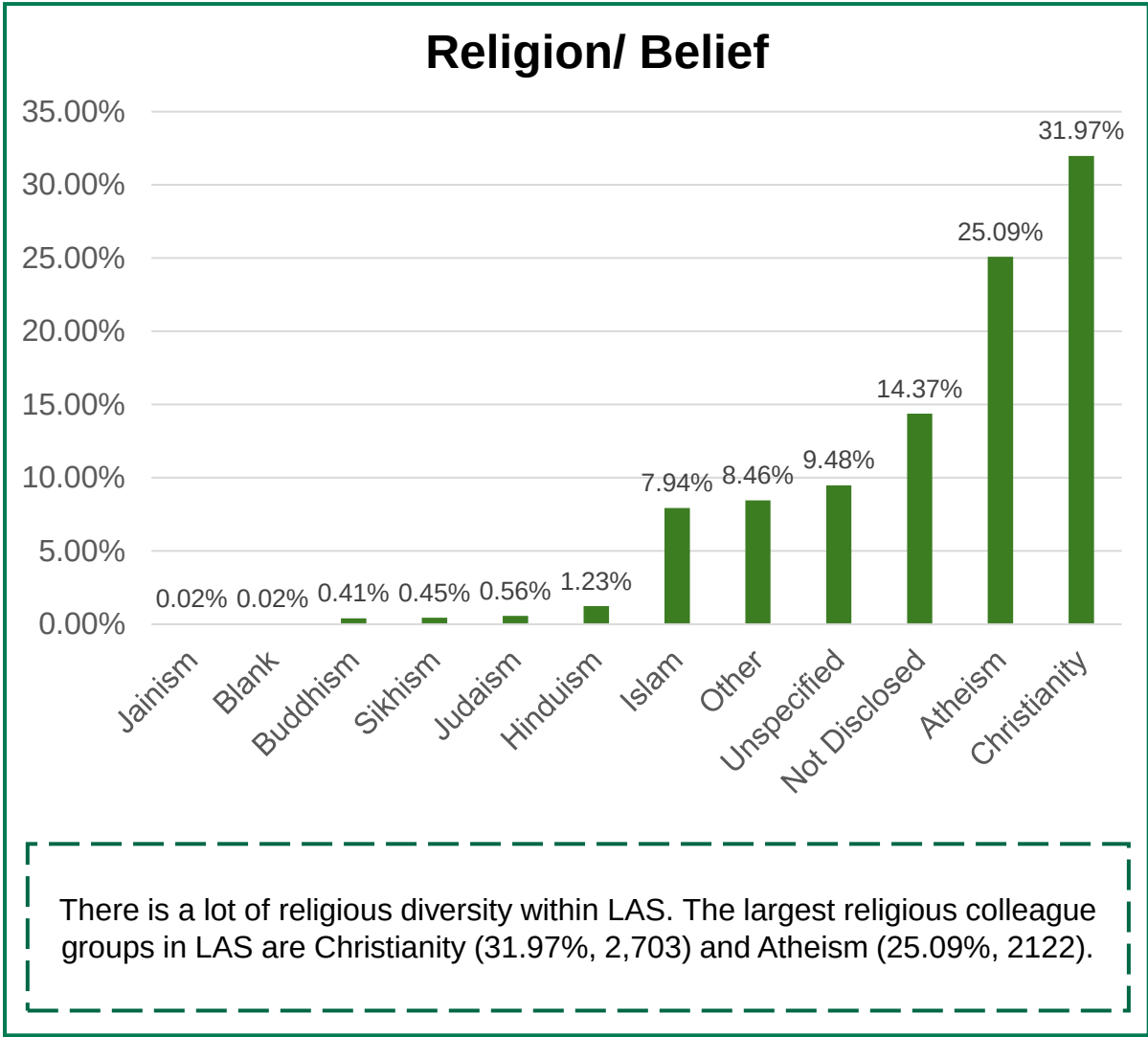
Our Workforce Equality Information

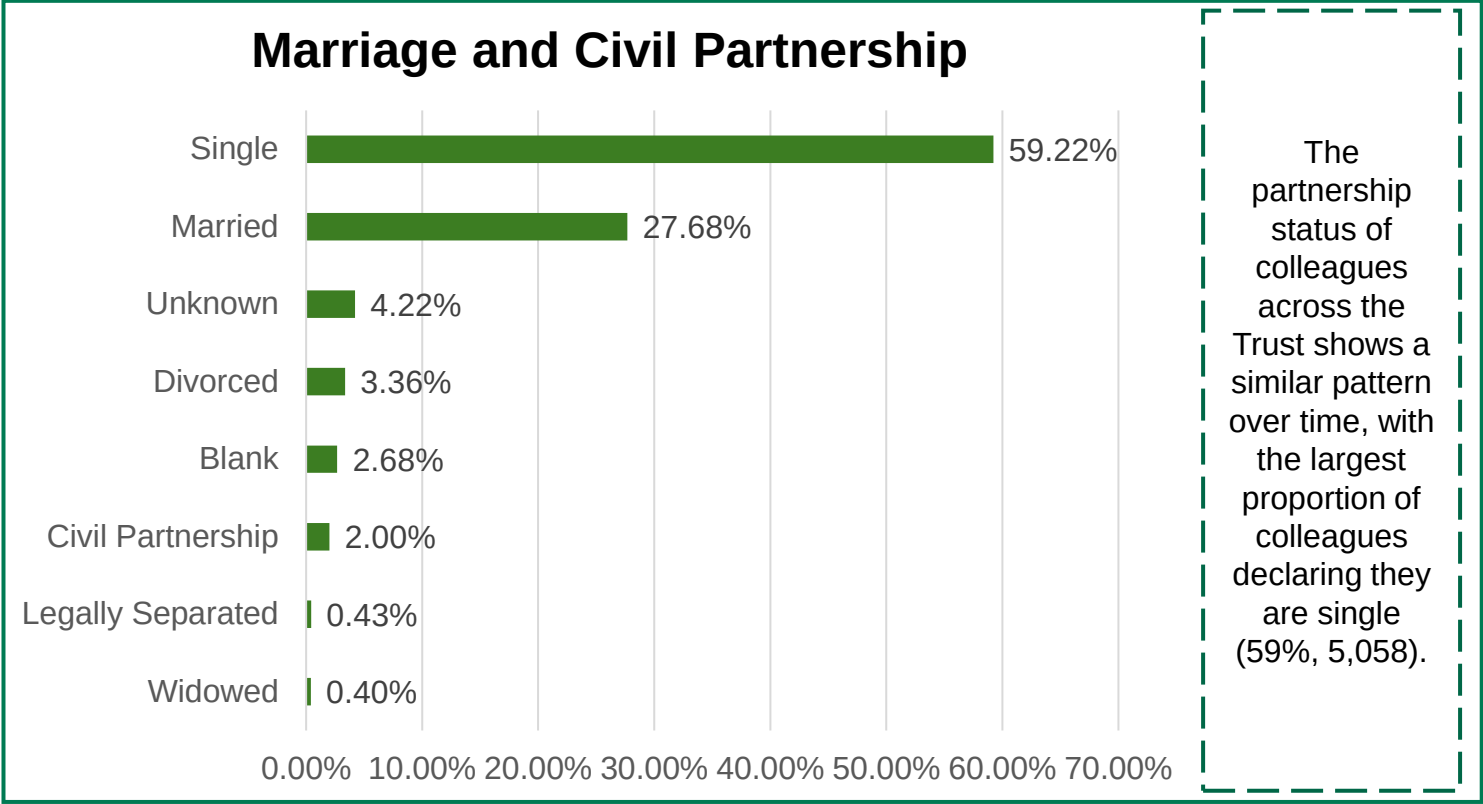


Our Workforce Equality Information



Our Workforce Equality Information





Legislative requirements and national standards

This report is published in line with the legislative requirements of the Equality Act 2010 and in support of the delivery of its general and specific duties under the Public Sector Equality Duty. This section provides a summary of the Trust's annual equality data reports, including:

**Workforce Race
Equality Standard
(WRES)**



**Workforce
Disability Equality
Standard (WDES)**



Ethnicity Pay Gap



Government
Equalities Office

Disability Pay Gap



Government
Equalities Office

Gender Pay Gap



Government
Equalities Office



We are the capital's emergency and urgent care responders

Workforce Race Equality Standard summary

- This report shows the progress we are making against the WRES, which focuses on the experiences of people from ethnic minority communities. It highlights where progress has been made, where stronger focus and interventions are needed and how we plan to drive the best outcomes and create a level playing field for ethnic minority staff.
- We have made **good improvements against four of the WRES indicators** in 2026, a **sustained the progress made for 3 indicators**, with **deterioration in two indicators**. Indicator 7 we were not able to report on this year as there was a change in the question's wording.
- We are making good progress overall but the WRES data has highlighted the key area of focus in WRES indicator 3.
- There are a range of initiatives that have been put in place already, including targeted training programmes, ensuring our new Anti-Racism Statement and Anti-Discrimination Charters are refreshed and strengthened to respond to policy, guidance and environment changes. This includes the 2026 Lord Mann Review on antisemitism and other forms of racism and new NHS Standards and additional and targeted focus will be given through the WIN DL equity programme
- It is positive to see the majority of the WRES indicators show a improved or sustained position and indicates the investment the Trust has made in this area is making a difference and we will work to sustain and build on this in 2026/2027.
- Whilst we are pleased to see the improvements, we recognise we still have a long way to go to ensure our BME staff are treated equally and have the same opportunities to progress as their white counterparts and we remain committed to this.

The priorities of the WRES action plan include:

- Deliver the culture priorities
- Introduce bold interventions to reduce the disparity between white and black and minority ethnic staff entering the disciplinary process
- Continue to close the gap between ethnic minority and white applicants in recruitment
- Embed Lord Mann's recommendations
- Deliver in-house training, CELC training, including a focus on key aspects of WRES
- Deliver transformation workshops to all key directorates using local data
- Continue with the Inclusion Board to ensure the voices of staff are heard at all levels



We are the capital's emergency and urgent care responders

1. Staff Representation



2. Shortlisting

White applicants are **1.3X** more likely to be appointed from shortlisting



3. Disciplinary

Ethnic minority colleagues are **2.2X** more likely to enter the formal disciplinary process



4. Training

White applicants are **0.98X** more likely to be access non-mandatory training and CPD



5. Bullying from public

45% of ethnic minority colleagues reported experiencing harassment, bullying or abuse from the public



6. Bullying from staff

23% of ethnic minority colleagues reported experiencing harassment, bullying or abuse from colleagues



7. Progression

Wording for this question has changed so no longer comparable to previous years

8. Discrimination

14.1% of ethnic minority colleagues experienced discrimination from their manager or colleagues



9. Trust Board

31% of our Trust Board (voting membership) are from an ethnic minority background



Workforce Disability Equality Standard summary

- The 2025/26 WDES results present a clear and challenging picture. At headline-indicator level, representation improved in the workforce and at Board level, and the recruitment relative likelihood was unchanged. However, five staff-experience indicators deteriorated, Indicator 3 became reportable for the first time and requires monitoring, and Indicator 5 cannot be compared directly with previous years because the question changed.
- The most important finding is the divergence between representation and experience. More colleagues are recorded as disabled, but disabled respondents remain more likely to experience harassment, bullying or abuse, more likely to feel pressure to work when unwell, and less likely to feel valued or engaged. The disability equality gap widened across several measures. The marginal fall in the reasonable-adjustments result also shows that stronger processes must now deliver more consistent and demonstrably effective outcomes.
- During 2025/26, LAS strengthened its infrastructure for disability inclusion through the Reasonable Adjustments Hub, improved tracking and governance, manager learning, supporting guidance and partnership with the EnAble network. These foundations are important, but the next phase must focus on implementation quality, local variation, lived experience and leadership accountability.

The priorities of the WDES action plan include:

- Identify and remove barriers in recruitment, selection and career progression.
- Improve disability-status data completeness, particularly for senior leaders and the Board, and report unknown/not stated data transparently.
- Review newly reportable capability data and strengthen compassionate, adjustment-aware attendance and performance management.
- Take targeted action to prevent and respond to harassment, bullying, abuse, violence and aggression affecting disabled colleagues.
- Increase confidence in reporting and speaking up by improving accessible routes, support and feedback after concerns are raised.
- Address the widening gap in feeling valued and the lower engagement of disabled colleagues through local leadership action and co-produced interventions.
- Measure the timeliness, implementation and effectiveness of reasonable adjustments, not only whether a request has been processed.

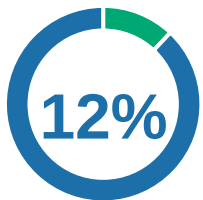


We are the capital's emergency and urgent care responders

Key findings

Metrics 1-3 and 10 are a snapshot of our **workforce data** from 31 March 2026, while Metrics 4-9 are taken from the **NHS Staff Survey**, conducted in Autumn 2025.

1. Staff Representation



● Disabled
● Non-disabled

2. Shortlisting

Non-disabled applicants are
1.30X
more likely to be appointed
from shortlisting



3. Capability

Relative likelihood for disabled
colleagues
1.10x
entering the formal capability
process



4a. i) Bullying from public

58.8%

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



4a. ii) From managers

17.3%

of disabled colleagues
experiencing harassment, bullying
or abuse from managers



4a. iii) From staff

22.4%

of disabled colleagues
experiencing harassment, bullying
or abuse from colleagues



4b. Bullying reported

45.5%

of disabled colleagues reported
experiencing harassment, bullying
or abuse



5. Progression

41.5%

of disabled colleagues
believe the Trust provides equal
opportunities for promotion



6. Presenteeism

31.4%

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



7. Feeling valued

20.2%

of disabled colleagues feel
valued by the organisation



8. Reasonable Adjustments 9. Staff Engagement

61.9%

of disabled colleagues say
reasonable adjustments were made



The 0-10 staff engagement
score for disabled
colleagues is

5.4



10. Trust Board

6.3%

of our Trust Board (voting
membership) are disabled



We are the capital's emergency and urgent care responders

Pay Gap Reporting summary

- The Trust has continued to proactively report on the ethnicity pay gap and disability pay gap alongside the gender pay gap, aligning with best practice and with our partners in the Greater London Authority.
- It is positive to report there has been significant changes in the pay relating to both gender and ethnicity, with the disabled pay gap continuing to remain low.

Pay gap type	Mean pay gap		Median pay gap	
	2024-25	2025-26	2024-25	2025-26
Gender	4.87%	2.46%	8.87%	2.66%
Ethnicity	14.3%	11.6%	20.8%	16.8%
Disability	0.9%	0.5%	2.0%	-0.4%

- The results of our pay gap report indicate the proactive initiatives the Trust has undertaken to reduce the pay gaps have had a positive influence on reducing pay gaps. Examples includes:
 - Independent Panel Members supporting recruitment rounds
 - Offering the Stepping Up Support package to BME colleagues
 - Targeted support in recruitment campaigns where there is underrepresentation

Examples of priorities in the pay gap action plan include:

- Continue with targeted EDI support for recruitment campaigns where representation is low.
- Deliver proactive actions on fairness initiatives - review, expose and change interview process where barriers identified
- Continue roll-out of Independent Panel Members, supporting recruitment and selection processes
- Drive ongoing improvements in data collection and quality of data
- Deliver the Women of Colour and Men of Colour programme
- Continue to offer Stepping Up Support Package for talent management and staff progression
- Work with the staff networks to identify insights and key support needed
- Create a reciprocal mentoring scheme to support BME colleagues.



Our EDI Objectives

To achieve the work set out in the LAS strategy, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028, showing our compliance with the Public Sector Equality Duty.

OBJECTIVE 1

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

OBJECTIVE 2

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

OBJECTIVE 3

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



We are the capital's emergency and urgent care responders

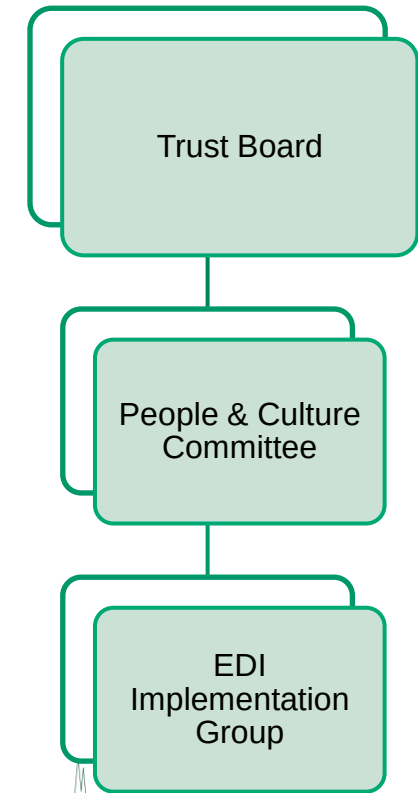
Our business plan deliverables 2025/26

LAS business plan deliverables 2025/26	What we did
1. Pilot an Inclusion Board for 12 months to strengthen the voice of all staff in decision making	- The Inclusion Board ran for 12 months and following a review it has been unanimously decided that the Inclusion Board will continue. - Feedback highlighted that the board provided insight from lived experience, allowed for the testing of inclusion-related priorities and beyond, and informed organisational decision-making.
2. Conduct a stocktake and review of the progress on the ambulance Equality Diversity and Inclusion action plan with outcomes and recommendations by Q2	- A maturity matrix has been developed and completed to support the stocktake and has been used to assess against the objectives of the national EDI plan for the Ambulance Sector. - The Maturity Matrix has been shared with ELT for comments and will be shared PCC for information in January 2026. This will inform business planning.
3. Increase the representation of underrepresented groups in the roles of Assistant Ambulance Practitioners, Incident Response Officers, Emergency Resource.	- Case study of Incident Response Officer (IRO) recruitment expanded on, on page 47. - Clinical Advisors recruitment campaign supported through Independent Panel Members and advised on using the stepping up support package. - Emergency Resource Dispatcher (ERD) recruitment campaign supported through Independent Panel Members and advised on using the stepping up support package. - Associate Ambulance Practitioner (AAP) recruitment is a combination of call handler to AAP, OLIR and an external recruitment campaign.
4. Complete 90% of all non-complex reasonable adjustment requests within 6 weeks of submission to the Reasonable Adjustments Hub	At this time 87% of all non-complex reasonable adjustment requests are completed within 6 weeks of submission to the reasonable adjustment's hub. The main reason for this is due to issues gathering the relevant data to make an informed decision following submission of the request.

EDI Governance and Delivery

Responsibility for the equality, diversity and inclusion programme is overseen by an EDI sub-board committee, which is responsible for ensuring the Trust is compliant and meeting all legislative and regulatory requirements, including the Public Sector Equality Duty, the publication of equalities information, compliance with mandatory reporting, CQC regulatory framework and national EDI standards.

- The People and Culture Committee holds the Trust to account on the delivery of the EDI objectives and improvement plan.
- The EDI Implementation Group is a cross-organisational group which brings together the managers responsible to implement the changes required across the organisation and enabling delivery against action plans to improve and embed EDI in their directorates.
- The EDI work is supported by a dedicated EDI team that is part of the People and Culture Directorate.



We are the capital's emergency and urgent care responders

Our work in 2025/26

Over the last year, LAS has continued to strengthen its approach to equality, diversity and inclusion by focusing on creating inclusive teams, reducing barriers and improving the experience of our people across the organisation. We are working to ensure inclusion is embedded into everyday practice, leadership and decision-making so that all colleagues feel respected, supported and able to contribute fully.

Our staff networks continue to play a vital role in shaping organisational culture, amplifying lived experience and supporting colleagues across the Trust. Over the past year, networks have led and contributed to engagement events, awareness campaigns, policy development and conversations with senior leaders, helping to ensure that the voices of our diverse workforce influence meaningful change across LAS.

We have continued to review and improve our recruitment, progression and development processes to support fairer and more inclusive outcomes. This has included strengthening approaches to reducing bias within recruitment and promotion processes, increasing leadership accountability, and creating clearer development pathways for colleagues interested in progressing into new roles. We have also continued to support learning and career development opportunities through apprenticeships, leadership programmes and targeted development initiatives.

A significant area of progress this year has been the implementation of our social model-aligned reasonable adjustments process. Through collaborative working across HR, Operations, IT, Estates, Finance, Trade Unions and Staff Networks, we have improved the consistency of support provided to staff, helping colleagues remain in and thrive at work.

The following slides set our progress against our three strategic EDI objectives.

Together, we put the values of caring, respect and teamwork at the heart of all we do for Londoners

Strategic Equality Objective 1

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



We are the capital's emergency and urgent care responders

Examples of action and fairness initiatives to drive an inclusive and safe culture

Training and wider support for our staff

We have put in place both mandatory and additional training for all staff and offer subject matter expert support and advice:

- Training has set the foundation for inclusive culture and expectations from staff.
- Targeted additional training for all senior leaders and middle managers relating to inclusion and fairness.
- Hands-on support and specialist advice on issues to all staff.
- Around 194 staff with line management responsibilities have completed reasonable adjustment training bringing the total to around 800 since the reasonable adjustment policy was introduced.
- TDPI Training phase 2.
- Centre of Excellence for Leadership and Culture pilot

Celebrating inclusion

We have continued to celebrate inclusion through targeted events, opportunities for engagement and awareness raising:

- Reaching staff through the Wellbeing Trucks and Wellbeing Cafés on key dates, for example, in Inclusion Week or during the heatwave period.
- Regular briefings on inclusion through the CEO bulletin, Huddles and LAS Connect.
- Staff Networks marking days of significance, events, blogs and vlogs across the Trust.
- Our communications, website, ambulance series all reflecting positive images of diversity and inclusion.



Tackling Discrimination & Promoting Inclusivity (TDPI) phase 2:

- Phase 2 was concluded in September with 6158 members of staff having completed it (67%).
- Going forward, training will be delivered in-house by the EDI Team as part of the internal Organisational Development and Talent Management (OD&TM) Team-led Centre of Excellence for Leadership and Culture (CELC) programme in a relevant, cost-effective and sustainable way.

Leading with Inclusion:

- All Extended Leadership Group members undertook TDPI and Trans Awareness training.
- Workshops delivered to key teams, using data relevant to them to create meaningful localised EDI action plans.

Induction, OLIR & wider teams:

- EDI training forms part of all induction training
- The OD&TM Team's Trust-wide Non-Clinical Learning Needs Analysis (LNA) was completed by over 1,047 colleagues. The results are being used to help the OD&TM Team to: 1) identify non-clinical learning and development priorities, 2) tailor specific learning opportunities to real needs, and 3) ensure that our opportunities are relevant, impactful, inclusive and meaningful.
- EDI team/staff networks deliver ad hoc bespoke training to teams that request it, for example Inclusive teams training



Objective 1

LAS Statements and Charters

LAS is committed to being a workplace that promotes equality, anti-discrimination, anti-racism, disability and neurodiversity, violence reduction and sexual safety. It has set out its expectation for the organisation and its workforce in three statements and charters and asserts discrimination or inappropriate behaviour in any form will not be tolerated.



London Ambulance Service NHS Trust

Anti-Discrimination STATEMENT

At London Ambulance Service NHS Trust, we are proud to serve one of the most diverse cities in the world. We are committed to treating everyone with dignity, compassion and fairness, aligned to our core values of caring, respect and teamwork and recognise and value people's different backgrounds, identities and experiences.

This commitment is underpinned by the Equality Act 2010:

- Eliminating unlawful discrimination, harassment and victimisation
- Advancing equality of opportunity and
- Fostering good relations between people who share protected characteristics and those who do not.

Discrimination, harassment, victimisation, bullying, harassment or retaliation of any kind will not be tolerated, regardless of a person's background or status, or how they identify. This includes the nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

We recognise that discrimination can be intentional or unintentional and may take place through behaviours, systems or actions. This statement therefore sets clear expectations for all those who work in, represent or engage with the Trust.

We expect everyone linked to LAS to:

- Speak up and challenge racism, discrimination and inappropriate behaviour.
- Be an active bystander and visible ally to tackle racism.
- Listen with openness when concerns or experiences are shared.
- Trust colleagues, partners and the public with fairness, dignity and respect.
- Commit to learning, reflection and inclusive behaviours.

The Trust commits to:

- Taking concerns related to racism seriously and respond fairly, promptly and with compassion.
- Creating a psychologically safe culture where people feel able to speak up without fear or detriment.
- Identifying, challenging and removing systemic and structural barriers that contribute to racial inequality.
- Engaging leaders and managers to model anti-discriminatory behaviours.
- Working with staff networks and communities to drive meaningful improvement.

Creating an anti-racist culture is everyone's responsibility. Together, we will continue building a fair, inclusive and respectful organisation for all.

If you are experiencing or witnessing racist behaviour – either yourself, towards a colleague or any person affiliated with the Trust – please speak to a manager or a Freedom to Speak Up Guardian via las@nhs.uk or [02030091111](tel:02030091111).

If you would like any advice and want to discuss any issue related to this in a safe space, contact the Equality Diversity and Inclusion (EDI) team via las@nhs.uk or [02030091111](tel:02030091111).

Andrew Trotter OBE QPM
Chair

Jason Kilian KAM
Chief Executive Officer

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

Anti-Discrimination Statement | Anti-Racism | Disability & Neurodiversity | Sexual Safety | Violence Reduction



London Ambulance Service NHS Trust

Anti-Racism CHARTER

At London Ambulance Service NHS Trust, we are proud to serve one of the most diverse cities in the world. We are committed to treating everyone with dignity, compassion and fairness. We recognise and value people's different backgrounds, identities and experiences and state firmly that racism, including anti-racism, victimisation or in any form will not be tolerated.

We are committed to creating an anti-racist organisation where everyone is treated with dignity and respect regardless of race, ethnicity, culture, nationality or heritage. We recognise that racism can be overt or subtle, intentional or unintentional, and can exist within behaviours, systems and decision-making. Regardless of intent, racism is harmful and unacceptable.

This commitment is underpinned by the Equality Act 2010 and our core values of 'Caring, Respect and Teamwork'.

We expect everyone linked to LAS to:

- Speak up and challenge racism, discrimination and inappropriate behaviour.
- Be an active bystander and visible ally to tackle racism.
- Listen with openness when concerns or experiences are shared.
- Trust colleagues, partners and the public with fairness, dignity and respect.
- Commit to learning, reflection and inclusive behaviours.

The Trust commits to:

- Taking concerns related to racism seriously and respond fairly, promptly and with compassion.
- Creating a psychologically safe culture where people feel able to speak up without fear or detriment.
- Identifying, challenging and removing systemic and structural barriers that contribute to racial inequality.
- Engaging leaders and managers to model anti-discriminatory behaviours.
- Working with staff networks and communities to drive meaningful improvement.

Creating an anti-racist culture is everyone's responsibility. Together, we will continue building a fair, inclusive and respectful organisation for all.

If you are experiencing or witnessing racist behaviour – either yourself, towards a colleague or any person affiliated with the Trust – please speak to a manager or a Freedom to Speak Up Guardian via las@nhs.uk or [02030091111](tel:02030091111).

If you would like any advice and want to discuss any issue related to this in a safe space, contact the Equality Diversity and Inclusion (EDI) team via las@nhs.uk or [02030091111](tel:02030091111).

Andrew Trotter OBE QPM
Chair

Jason Kilian KAM
Chief Executive Officer

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

Anti-Discrimination Statement | Anti-Racism | Disability & Neurodiversity | Sexual Safety | Violence Reduction



London Ambulance Service NHS Trust

Sexual Safety CHARTER

At London Ambulance Service NHS Trust, we are proud to serve one of the most diverse cities in the world. We are committed to treating everyone with dignity, respect and compassion. Every member of staff, student and volunteer has the right to feel safe at work. This includes being free from sexual harassment, sexual misconduct and any behaviour that causes harm, discomfort, fear or embarrassment.

In line with the UK Employment Rights Act 1996 we will not tolerate sexual harassment or harassment in any form – from patients, colleagues or anyone associated with our services.

We expect everyone linked to LAS to:

- Understand that sexual activity must always be based on clear, mutual and informed consent.
- Never pressure, coerce, manipulate or exploit another person into any form of sexual behaviour.
- Not engage in any form of sexual harassment, including unwanted comments, contact, or behaviour.
- Take responsibility for their actions and change behaviour immediately when it is found to cause harm or discomfort.
- Speak up and act if they witness or become aware of behaviour that may cause harm to others.
- Trust concerns raised by others seriously, respectfully and without judgement.

The Trust commits to:

- Taking a zero tolerance approach to all concerns of sexual harassment, with clear, timely and fair investigation and action.
- Acting promptly when behaviour falls below expected standards, including escalation where required.
- Creating a culture where people feel safe to speak up, are listened to, and are protected when they do.
- Providing timely, trauma informed support to anyone affected, recognising the impact sexual harm can have.
- Supporting staff to report incidents, including facilitating access to police reporting where appropriate.
- Helping individuals accountable for their behaviour regardless of role or seniority.

Our shared responsibility
Creating a safe workplace is not optional. It is a core part of how we work.

If you are experiencing or witnessing behaviour that makes you feel unsafe – either yourself, towards a colleague or any person affiliated with the Trust, please speak to a manager or contact Freedom to Speak Up via las@nhs.uk or [02030091111](tel:02030091111).

We all have a duty to uphold the standards – for ourselves, for our colleagues, and for the patients we serve.

This Charter is underpinned by the Equality Act 2010, aligns to the NHS England Sexual Safety Charter, and reflects our LAS values of Caring, Respect and Teamwork.

Together, we will build and maintain a workplace where people are safe, respected and able to do their best work.

Andrew Trotter OBE QPM
Chair

Jason Kilian KAM
Chief Executive Officer

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

Anti-Discrimination Statement | Anti-Racism | Disability & Neurodiversity | Sexual Safety | Violence Reduction



London Ambulance Service NHS Trust

Disability & Neurodiversity CHARTER

At London Ambulance Service NHS Trust, we are committed to creating an inclusive, equitable and compassionate workplace for disabled and neurodivergent people to support people to work, learn and succeed within the organisation.

Discrimination, harassment or exclusion related to disability, long term health conditions or neurodiversity will not be tolerated.

We recognise that disabilities, long term health conditions and neurodivergence can be visible or non-visible, temporary, fluctuating or permanent. We also recognise that people experience the world differently and that these differences bring valuable strengths, perspectives and ways of thinking.

We expect everyone linked to LAS to:

- Treat people with dignity, compassion and confidentiality.
- Avoid assumptions and recognise that everyone's needs are different.
- Listen when people share their experiences or support needs.
- Respond and request reasonable adjustments without judgement.
- Create an environment where everyone feels able to speak up and challenge discrimination, bullying or harmful behaviour.
- Recognise that a disability, long term condition or neurodivergence does not result in disadvantage or detriment.

The Trust commits to:

- Have awareness and understanding of the different types of disabilities.
- Talk concerns seriously and respond fairly and empathetically.
- Create a workplace environment where everyone feels comfortable and able to speak up about their situation and needs.
- Providing timely and effective reasonable adjustments.
- Remove systemic and structural barriers within policies, processes and workplace practice ensuring provision and awareness of accessible spaces and technologies.
- Engage leaders, managers and all employees to model inclusive and disability confident behaviours.
- Listening to lived experience and continuously improving.

Reasonable adjustments are a legal requirement and an important part of creating an inclusive workplace. This commitment is underpinned by the Equality Act 2010 and the LAS values of Caring, Respect and Teamwork.

Creating an inclusive culture is everyone's responsibility. Together, we will continue building a workplace where disabled and neurodivergent people feel safe, valued and able to thrive.

Andrew Trotter OBE QPM
Chair

Jason Kilian KAM
Chief Executive Officer

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

Anti-Discrimination Statement | Anti-Racism | Disability & Neurodiversity | Sexual Safety | Violence Reduction



London Ambulance Service NHS Trust

Violence Reduction CHARTER

Everyone at London Ambulance Service should have the right to work without the threat of violence or assault. This charter sets out the steps we will take to help protect our people, and hold those who harm us to account.

This charter applies to all colleagues, volunteers, students, contractors and anyone else working with London Ambulance Service.

You have the right to be protected from violence and abuse. You should never have to experience violence or the threat of violence, including verbal threats made in person or over the phone.

It is essential that we adopt a proactive approach to reducing violence. We will ensure that staff receive full support from the Trust in preventing, reducing, and responding to violence by providing support to all victims and working in partnership with the police to ensure possible relevant police referrals.

Our Trust commits to doing everything it can to deter violence. We will always take any concerns seriously. We will provide equipment, training and support and will work with the police and the Crown Prosecution Service (CPS) to ensure appropriate consequences to the fullest extent of the law.

We expect colleagues to:

- Ensure that the equipment and systems provided are robust, including body worn video cameras, crime safety systems and body armour.
- Report all instances of violence, aggression, and abuse, so we can prevent it reoccurring.
- Work with us to support prevention where appropriate.

The Trust commits to:

- Treat people with dignity, compassion and confidentiality.
- Take all instances of violence seriously and provide support to anyone on their local engagement team, including services and the dedicated violence reduction unit.
- Ensuring all staff have access to protective equipment and systems, including body worn video cameras, crime safety systems (including CCTV) depending on role and body armour.
- Work with the police on ensuring better protection for staff on dangerous situations.
- Provide a corporate impact statement to the police, signed by the Chief Executive, to ensure we provide the best possible protection for our staff.
- Continue to develop risk specific training for conflict de-escalation.
- Implement the 'Withcare from scene policy' to staff on safe dangerous situations.
- Collaborate with other NHS trusts, agencies and organisations to proactively prevent and reduce violence, aggression and abuse where possible.
- Sharing and reviewing the behaviour of those who want to intimidate, threaten or hurt our people and proactively encourage members of the public to report such acts with kindness and respect.

For any advice guidance and support related to incidents of violence, aggression, abuse, or police reporting and investigations, please contact the Violence Reduction Unit (VRU) via las@nhs.uk or [02030091111](tel:02030091111).

Andrew Trotter OBE QPM
Chair

Jason Kilian KAM
Chief Executive Officer

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

Anti-Discrimination Statement | Anti-Racism | Disability & Neurodiversity | Sexual Safety | Violence Reduction

We are the capital's emergency and urgent care responders

Objective 1

Sexual Safety

The Trust is committed to improving sexual safety at work and has developed an action plan and oversight through the sexual safety group to drive focus and improvements.

Key actions delivered in 2025/26 include:

- Sexual safety policy was updated and signed off December 2025
- Inclusion board launched
- New social media policy August 2025
- Training for hearings arranged by legal team, starting with managers 8d and above
- Support available for managers relating to hearings to be included in CELC
- Session on improving sexual safety in the workplace to be included in CELC

Education	Staff Survey	Reported Sexual Safety Allegations 2025/26
7573 (92%) staff have completed the Sexual Safety eLearning	35% of LAS respondents said that they has been the target of unwanted behaviour of a sexual nature in the previous 12 months from the public.	Total number of cases - 57
6158 (67.7%) staff have completed the Tacking Discrimination and Promoting Inclusivity Phase 2	When broken down by gender, women experienced it a more than twice the rate of men – 47% for women and 21% for men.	Of the 29 cases reported via the Resolution Framework Triage, 15 are closed and 14 are open.
	9% of LAS respondents said that they had been the target of unwanted behaviour of a sexual nature in the previous 12 months from staff/colleagues.	Outcomes for the 29 cases are 3 dismissed, 3 given a formal warning, 5 dealt with informally and 4 dealt with as 'other' (inc. formal case opened or no case to answer).
	When broken down by gender, women experienced it at a higher rate than men – 11% for women and 6% for men.	83% of perpetrators are male.

The health and wellbeing of our staff is of the highest importance to us and the Trust's Wellbeing Team in People & Culture supports them in multiple ways and below is a snapshot of 2025-26.

- The Wellbeing Hub gathers feedback on the support provided to them – 88% say it is excellent, with 11% good, making an overall 99% satisfaction rate.
- Over the last year we have increased support options available including rapid access GP and Physio services, additional debrief training and a more robust alternative duties process for colleagues unable to undertake their substantive roles.

Support

- Av Wellbeing Hub Contacts per Month
510
- Wellbeing Support Vehicle and Café Hours
4278
- Health Coaching Sessions
41
- Wellbeing Support Conversations
305

Training

- Stress Risk Assessment Training Sessions
12
- Wellbeing Conversation Training Session
64
- Wellbeing Team Attendance at Team Training Sessions
62

Vaccinations

- Central Flu Team Vaccinations Clinics
78
- Flu Vaccinations
5607

We are the capital's emergency and urgent care responders



Objective 1

Freedom to Speak Up

During 2025/26, the Freedom to Speak Up service continued to strengthen psychological safety across the Trust by increasing visibility, improving access to confidential support, and using staff concerns to identify learning and improvement opportunities. The team continued to support colleagues to raise concerns openly, confidentially or anonymously, while working with leaders, managers and staff networks to promote a culture where speaking up is welcomed, listened to and acted on.

Key highlights for 2025/26 include:

- 130 formal FTSU concerns raised in 2025/26, plus 660 confidential conversations via huddles, presentations and staff forums — reflecting growing service visibility.
- FTSU Policy refreshed to reflect national guidance and legislation, including stronger provisions on sexual harassment and workplace sexual safety.
- Sexual safety remains a priority, with trained ambassadors helping staff raise sensitive concerns confidentially.
- FTSU channels highlighted the need to review personal recording devices, leading to Executive-level action, new guidance, and policy updates for emerging technologies.
- Lead Guardian supporting managers through 1:1 coaching to strengthen psychological safety and confidence in handling concerns.
- Lead Guardian co-leading on Trust programme, Men of Colour building on four successful Women of Colour cohorts. Offers leadership development and career progression for underrepresented staff; strong Trust-wide interest, sponsored by CEO Jason Killens.
- Established a Women's Health Group as a dedicated subgroup of the Women's Network, creating a supportive forum to raise awareness, share experiences, and promote staff wellbeing.
- Partnering with CELC and managers to develop confident, compassionate leaders who create psychologically safe teams where staff feel heard and supported.



Our 22 Sexual Safety Ambassadors continue to play a vital role in raising awareness, providing support and driving positive cultural change across LAS.

660+ confidential conversations facilitated through staff engagement activities, including huddles, presentations and forums, helping to strengthen a culture of speaking up.

Key themes centred on Inappropriate Attitudes and Behaviours, Systems and Processes, and Worker Safety and Wellbeing.

We are the capital's emergency and urgent care responders

LAS Staff Networks

The London Ambulance Service is proud to have a range of Staff Networks that support and connect staff from different backgrounds and communities. These networks cover groups such as Armed Forces, Black and ethnic minority staff, disability, faith, LGBTQ+ and women. They offer a space where people can share experiences, find support and help make sure everyone's voice is heard within the organisation.

These networks play an important role in creating a more inclusive and welcoming workplace. They work alongside leadership to tackle challenges, promote wellbeing and help shape policies that benefit all staff. By being part of a network, employees have the chance to develop personally and professionally while helping LAS build a culture where everyone feels valued and respected.



Objective 1

Staff Networks

It has been a busy year for the staff networks. They have been involved in cultural events, socials, parades, information sharing and involvement in wider projects and initiatives that are making a difference to staff, and working to create a culture of inclusivity, care and safety. It is important to the Trust that we continue to support these Networks, enhance their capabilities, and drive their ongoing growth and reach. It is also important that we support them to flex and respond to the changing needs and demands they are encountering. Each network has an executive sponsor assigned to support them and they work together to agree plans and priorities.

The **BME Network** has continued to be a valued source of staff voice and engagement across the Trust. Throughout the year, the Network has supported EDI initiatives, promoted greater awareness of the experiences of BME colleagues, and contributed to discussions on improving inclusion, representation and progression. The Committee would like to thank the Network Executive, Chairs and Members for their commitment and looks forward to continuing to work collaboratively to drive meaningful and lasting change.



The **Armed Forces Network** recently lost its Chair, as such the EDI team is supporting the network by providing a recruitment process for a new Armed Forces Committee to support and re-launch the network.



Proudly
supporting
those
who serve



The **International Staff Network** remains the largest network in the LAS, with over 800 members. This year the network continued to support internationals employed by the trust to ensure their visa renewals and indefinite leave to remain applications were as stress free as possible. This included a project worked on with People and Culture to reduce the waiting times for reimbursement to within a pay cycle which goes towards reducing stress for staff. We had a successful end of year pan Africa dinner which saw members getting together to celebrate achievements and have a safe place for open discussions. We were able to represent the Australia and New Zealand contingent of the LAS by laying a wreath and the ANZAC day commemoration. The network continues to work with senior leadership members to ensure international staff concerns are heard and addressed.



We are the capital's emergency and urgent care responders

Objective 1

Staff Networks

Membership of the Trust's **Christian Fellowship** has been increasing over the last 12 months and now stands at 200 individuals, plus an additional 19 colleagues who are allied members. A network WhatsApp group has been active since February 2025 and currently has 50 members. The group is for members to share scripture or other faith-based resources, as well as requests for prayer, testimony and support for one another. Members also continue to receive a monthly email newsletter and have the opportunity to engage with an online prayer meeting every month. There have also been opportunities for members to meet in person, most recently with attendance at the Wintershall Passion in Trafalgar Square on Good Friday and the issuing of Palm Crosses at Barking and Croydon on Palm Sunday.

Throughout the year, the network Co-Chairs, have actively sought to raise awareness of the network through posts on LAS Connect raising awareness of key Christian festivals and have also engaged with other staff networks and the wider trust through their participation in a number of meetings and forums to ensure the voice of their membership is represented at all levels of the Trust. They will both have completed two years in post in November 2026, at which time they will be due to stand for re-election alongside any other members who wish to become part of the network's leadership team.



The **Muslim Staff Network** (MSN) has continued to make a strong contribution to LAS's commitment to inclusion, belonging and equality, while extending its influence across the wider ambulance sector.

The Network has provided 42 prayer boxes across LAS sites, meeting all requests received, with a further 13 available to meet future demand. It also distributed 37 Eid and Ramadan decoration packs across stations and corporate teams, supporting greater visibility, recognition and inclusion of Muslim colleagues. The Network's annual Open Iftar at Barking further supported connection and understanding.

The MSN strengthened its work to tackle Islamophobia by opening its annual Islamophobia webinar to the wider ambulance sector, attracting participation from seven organisations and supporting sector-wide learning and dialogue.

All this work received external recognition when the Chair was awarded the British Islamic Medical Association's Faith Inclusion Initiative of the Year.

Collectively, these achievements demonstrate the MSN's growing strategic contribution to improving staff experience, strengthening belonging and advancing faith inclusion both within LAS and across the wider ambulance sector.



Over the past year, the **Jewish Society** has continued to strengthen its partnerships with external stakeholders while raising awareness and understanding of Judaism and antisemitism across the organisation.

We have been proud to deliver educational training sessions to senior leaders, helping to promote greater awareness and support for our Jewish colleagues and communities. Looking ahead, we are planning another collaborative event with our external stakeholders and are delighted to continue our much-loved Hamantaschen and doughnut deliveries later this year.

We look forward to building on this progress and to another successful year of engagement, education, and collaboration.



We are the capital's emergency and urgent care responders

Objective 1

Staff Networks

Since the new committee formed in January, the network has been busy relaunching to increase reach across the trust with establishing co-opted members of committee to allow for more colleagues to get involved with the network and support with the network's activities. Despite the trust's positionality at pride, the **LGBT+ network** did have representation and had a good day representing the network. To date, there has been a lot of discussion around the EHRC guidance between the network and trust owing to the new code of practice that has been released. The network leads have been visible both in the trust and out the trust attending a number of national conferences to support with gauging how matters such as the EHRC guidance is affecting the public sector, as well as enabling networking links

The trans+ network has continued to focus on building a safe and welcoming environment for their trans staff and service users. This has included a service wide CSR on transgender awareness, assisting on policy improvement and safety measures and improvement to the trusts culture or facilities. This year, the trans+ lead presented a session on transgender awareness at the National LGBT+ conference in Brighton which was very well attended. Our goal for the next year is to continue the conversation to ensuring trans people are included and safe in the workplace.



The **Enabled Staff Network** remains committed to amplifying the voices of disabled and neurodivergent colleagues across London Ambulance Service. Our purpose is to help remove barriers, increase understanding of lived experience and ensure that disability inclusion is reflected in everyday decisions, behaviours, services and opportunities across the Trust.

We welcome the continued increase in recorded disabled representation across LAS and the first recorded disabled representation amongst voting Board members during the reporting period. We also recognise the progress made in strengthening reasonable adjustments, improving guidance, enhancing manager support, and increasing accountability. However, this year's WDES results show that significant barriers remain. Disabled colleagues continue to report poorer workplace experiences, and widening gaps highlight the need for sustained action that delivers measurable improvements in staff experience

The findings also highlight the need to strengthen staff voice, ensuring disabled and neurodivergent colleagues feel safe to speak up and confident their experiences will shape improvement and decision-making.

The Network continues to advocate for a dedicated LAS Neurodiversity Strategy, co-produced with neurodivergent colleagues and aligned with the Trust's wider workforce to inclusion and wellbeing ambitions improve accessibility, career development, manager capability and inclusion, helping neurodivergent staff to be able to contribute and thrive at every level of the organisation.

We will continue working with colleagues across LAS to share insight, raise awareness and co-produce practical solutions that deliver meaningful and lasting improvements for disabled and neurodivergent staff. Working with the EDI Team, senior leaders, managers and colleague to help LAS translate the findings of this report into meaningful, measurable and sustainable change, supporting the Trust's ambition to become a genuinely disability-inclusive organisation where disabled and neurodivergent colleagues are heard, valued and able to reach their full potential.



We are the capital's emergency and urgent care responders

LAS Staff networks



Time	Title	Presenter
1830	Arrival	
1835	Welcoming	Julianne Greenlee Chief Perinatal
1840	Managing the perinatal journey in a (post-operative) and non-operative setting (Key Story)	Aimee Perry Managing Director, Association of Ambulance Chief Executives (AAACE)
1900	Industry Strengths UK AS	Brenda Pugh CEO AS, Transport Support Group Lead
1910	First Time Responses to Enquiries (Leadership Women Talking & Differing)	Dr Christina Hyman Assistant Hospital Director
1915	Arrival	
1920	GIVING TO GAIN Leadership, Influence and Impact across the LAS	Cathy Brown Assistant Director of Ambulance Operations, Emergency Sally Stone Deputy Director of Strategic Assets & Property Sally Henson HR Business Partner Hannah Powell Clinical Practice Development Manager for Specialist Perinatal in Primary Care Jenna Owen Clinical Practice Manager for Emergency Obstetrics Unit
1930	Personal and Professional Experiences of both Adam & Sharon	Wendy King Head of Equality, Diversity and Inclusion
1940	Everyone has a part to play	Wendy King Head of Equality, Diversity and Inclusion
1950	Emotional through experience - reflection & insight	Rachel Wilson Head of Practice, Perinatal Support Group Lead
2000	Home, Work and Beyond: 10 years LAS Perinatal Support Unit	Angela Wilson Assistant Director, Support
2010	Designing the future: 10 years of Planning and Growth	Angela Wilson Assistant Director, Support
2020	Closing Remarks	

Earlier this year, the **Women's Network** has strengthened its focus on women's health through the introduction of the Women's Health Support Group, creating a dedicated space for colleagues to share experiences, access support and raise awareness of health conditions affecting women. As part of this commitment, London Ambulance Service became a registered Endometriosis Friendly Employer with Endometriosis UK, demonstrating the organisation's support for colleagues living with endometriosis and its commitment to improving understanding of women's health in the workplace.

Alongside this, the Perinatal Staff Support Group has continued to deliver meaningful improvements for expectant and new parents. This has included the rollout of Parent Packs, incorporating baseline and key touchpoint surveys to better understand staff experiences and measure improvement over time. The Group has also introduced the *Shine a Spotlight* series, providing practical information and support on topics most frequently identified by staff as requiring further guidance.

Through its various sub-groups, the Women's Network has continued to provide opportunities for learning, awareness and advocacy, supporting a more inclusive workplace where women feel heard, represented and empowered."

In March on International Women's Day the Women's Network hosted a flagship event bringing together women from across the Trust with an opportunity to hear from key women of influence, their journeys, stories, challenges and much more.



Strategic Equality Objective 2

Make measurable improvement in attracting and retaining a workforce that represents London, reaching out to relevant communities and helping staff to build great careers



We are the capital's emergency and urgent care responders

Recruitment Practices

During 25/26, we had a significant reduction in recruitment activity, particularly in roles where we would have focused our EDI campaigns. Here is some of the key activities that happened over the last year.

- Increased the number of trained Independent Panel Members to 67, ensuring there were more IPMs available to support with interviews, with a focus on Band 7 and above.
- We are currently supporting a Clinical Team Manager and Team Manager campaigns where positive action is being used to encourage applications from BME, females, and staff with disabilities.
- Increased overall % of BME starters from 38% to 43% across all roles during 25/26. We have included more monitoring of entry-level front-line roles to ascertain where we can improve recruitment, specifically in this area.
- Embedded the Call Handler to the AAP programme, providing an internal route for Call Handlers within our EOC and 111 Call centres to frontline operation roles. This provides a direct application route, with support for obtaining the required driving and qualification documents.



London Living Wage Employer

LAS is proud to be an accredited **London Living Wage Employer**, demonstrating our commitment to fair pay and reducing financial inequalities. By ensuring colleagues receive a wage that reflects the cost of living in London, we support staff wellbeing, promote inclusive employment practices and contribute to creating a workplace where everyone can thrive.



Anna and Jacky, London Ambulance Service



Anna said: “I’m so pleased that we are paid a real Living Wage as it really makes a difference to our quality of life living in London. Bringing our roles in-house and being paid the Living Wage makes us feel valued and recognised for the work we do to restock, re-fuel and clean our ambulances so our medics are ready to care for Londoners as soon as they start their shift.”

Jacky said: “We work around the clock to ensure our ambulances are in perfect condition and our crews can provide the best possible care for our communities. Being paid the Living Wage means I can enjoy the opportunities that come with living in London whilst training to be a social worker and help some of the most vulnerable people in the capital.”

We are the capital's emergency and urgent care responders



Disability Confident Employer – Level 2

London Ambulance Service is proud to be a **Disability Confident Employer (Level 2)**, demonstrating our ongoing commitment to attracting, recruiting, retaining and developing disabled colleagues. During 2025/26, we continued to strengthen the support available to staff through our reasonable adjustments programme, centralised reasonable adjustments budget, manager training, disability inclusion initiatives and wellbeing support. We also expanded access to workplace adjustment solutions and assistive technologies, helping to remove barriers and create a more inclusive working environment. Achieving and maintaining Disability Confident Employer status reflects our commitment to ensuring disabled colleagues can thrive, contribute fully and reach their potential at every stage of their career with LAS.



Objective 2

Recruitment Initiatives

Apprenticeship and Our LAS Inclusive Response (OLIR)

Throughout 2025/26, our Organisational Development and Talent Management (OD&TM) Team have been working on activities and actions which attract the best possible staff from diverse backgrounds.

- LAS ranked 9th in the 2026 Sunday Times Top 100 Apprenticeship employers – the highest-ranking NHS trust and top employer for diversity of apprentices.
- Our LAS Inclusive Response (OLIR) programme supported a further 76 unemployed Londoners to gain entry level roles with the LAS in 2025/26 – 61% from an ethnically diverse background, 13% with a disability and 53% female. 55% of participants have already secured employment.
- The types of roles participants progressed to:
 - Assistant Ambulance Practitioner
 - Non-Emergency Transport Services
 - Critical Care Transport Services
 - 999 and 111 call handler roles
 - Make Ready Operative roles
 - Logistics positions

Supporting
222
participants
across 21
cohorts

Achieving a
50%
employment
rate into
LAS roles

Maintaining
an
employment
retention rate
of more than
80%

Improving
workforce
diversity
across entry-
level roles

Strengthening
community
partnerships
and employer
reputation

Contributing to
successful Ofsted
outcomes, Matrix
accreditation and
national award
recognition

61%
of participants identify
as Black, Asian and
Minority Ethnic (BAME)

41%
of participants are
female

16%
of participants declared
a learning difficulty or
disability

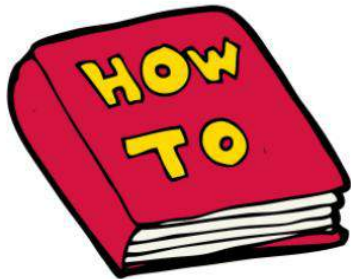


Members from our women of colour programme cohorts



NHS
London Ambulance Service
NHS Trust

Independent Panel Member Guidebook



Independent Panel Members

- We have recruited and trained 67 IPMs
- IPMs are integral to the recruitment process
- To date, we have received 61 declarations:
 - Nearly all interview observations (over 97%) were confirmed as fair and free from discrimination, indicating strong procedural rigour.
 - Bias was reported in only 2 cases; in both instances, the bias was challenged, but only one was escalated to the lead interviewer and EDI Team, suggesting that bias is rare and generally addressed when observed.
 - The overwhelming majority of responses to bias-related questions were 'no', reinforcing the perception of fairness and impartiality in the interview process.
- A total of 55 interviews have been recorded using an IPM for Corporate and Specialist roles.



Women of Colour and Men of Colour Programmes

The London Ambulance Service remains committed to creating inclusive leadership pathways through its Women of Colour and Men of Colour Leadership Programmes. The Women of Colour Support Group Programme launched in 2024 with support from the BME Network and sponsored by the Trust's Chief Executive Officer, has successfully grown to four cohorts. The six-month development programme provides participants with leadership development, coaching, networking opportunities, peer support and senior sponsorship, helping staff build confidence, resilience and leadership capability.

Feedback from participants has consistently highlighted the programme as inspiring, life-changing and highly supportive, with many describing increased self-confidence, greater visibility within the organisation and renewed belief in their leadership potential. The programme continues to provide a safe and empowering space where participants can address barriers to progression, develop meaningful networks and support one another's personal and professional growth.

Building on the success of the Women of Colour Programme, LAS launched the first cohort of its Men of Colour Support Group Programme in July 2026. Also supported through executive sponsorship from the Chief Executive Officer, the programme offers a structured six-month leadership journey combining expert facilitation, senior sponsorship, reflective practice, peer learning and professional networking. The programme aims to strengthen leadership capability, increase confidence and support the progression of talented colleagues into future leadership roles across the Trust.

Together, these programmes are helping to develop a more representative and inclusive leadership pipeline that reflects the diversity of our workforce and the communities we serve, while fostering a culture where colleagues feel valued, supported and empowered to achieve their full potential.



Incident Response Officer (IRO) recruitment case study:

The issue:

IRO team one of the least diverse in the Trust with the majority belonging to a white male demography. We undertook a range of positive action initiatives to support and encourage wider colleagues to apply and was available for all colleagues.

What we did:

- Series of 'show and tell' roadshows led by IROs to prepare and support
- EDI team attended all roadshows to encourage and offer support with an unbiased process.
- Shared the Stepping up Support Package, offered interview training, buddying, mentoring etc.
- Reasonable adjustments offered to all colleagues that requested this.
- Incident Delivery Managers offered direct feedback to unsuccessful applicants supporting with future pipelines.

Outcomes:

- 33% of all recruits were female
- 39% had a declared disability
- No black or Asian applicants were successful although 16% of any other mixed BME were successful
- Support was provided to all non-successful applicants to ensure they are in a better position to apply in future rounds



Strategic Equality Objective 3

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



We are the capital's emergency and urgent care responders

Inclusion Board

The Inclusion Board has run its pilot 12-month period and brought together colleagues, with Executive Team and Non-Executive Directors (NEDs) participation, to provide insight from lived experience, test inclusion-related priorities and beyond, and inform organisational decision-making.

A review was undertaken post the 12-month pilot to assess whether current arrangements are delivering the intended purpose and to identify improvements required to strengthen impact. The review comprised both qualitative and quantitative methodology, with a table discussion at the last Inclusion Board meeting and a questionnaire for all members to complete. Non-Executive Directors were also consulted on their views. The outcome of the review was that the board will continue to be held quarterly.

Topics discussed are aligned to key workforce and organisational themes, including safety, violence reduction, progression and flexible working

Members value direct engagement with Executive Team colleagues and NEDs, which supports access to senior decision-makers and strengthens understanding of lived experience at the top of the organisation.

Feedback indicates that members are able to contribute and feel heard, providing a credible forum for candid discussion.



are responders

Transformation workshops delivered to all key directorates

During 2025/26, the EDI team continued to deliver its EDI Transformation Workshops across directorates and services to support leaders and teams in understanding their local equality data, identifying inequalities and developing targeted actions to improve inclusion. Using workforce data, staff survey findings, WRES and WDES indicators, the workshops provided opportunities for teams to reflect on their performance, discuss barriers to inclusion and create practical improvement plans tailored to their area. The workshops have helped strengthen local ownership of equality objectives, increase accountability for tackling inequalities and embed EDI into everyday business planning and decision-making across the Trust.

Examples of outcomes from EDI Transformation Workshops included:

- Development of local EDI action plans aligned to workforce equality data and organisational priorities.
- Increased focus on targeted recruitment campaigns and positive action initiatives to improve representation of underrepresented groups.
- Expansion of the Independent Panel Member programme to support fair and inclusive recruitment processes.
- Greater use of WRES and WDES data to inform directorate-level improvement actions and performance discussions.
- Increased awareness and uptake of initiatives supporting career development and progression for underrepresented staff groups.
- Strengthened local leadership accountability for delivering equality, diversity and inclusion outcomes.





Equality Impact Assessment Template			
Title of policy/programme/project			
Author		Role or Title	
Directorate		Service Area	
Senior Responsible Officer		Date	
Main purpose and aims of the document and how it fits in with the wider strategic aims and objectives of the Trust			
Who will benefit from the policy/programme/project?			
What previous or planned consultation or research on this proposal has taken place with groups from different sections of the community?			
	Please provide list of groups consulted.	Summary of consultation / research carried out or planned. If already carried out, what does it tell you about the impact (positive/negative)?	
Group(s), Community, service user, stakeholders or carers			
Staff Group (s)			

Equality Impact Assessments

Equality Impact Assessments (EIAs) remain a key mechanism for ensuring that equality, diversity and inclusion considerations are embedded within decision-making across the Trust. During 2025/26, LAS continued to strengthen its approach to EIAs, supporting services to identify, understand and mitigate potential impacts on staff, patients and communities with protected characteristics.

The EIA process provides assurance that policies, service changes, organisational developments and strategic decisions are considered through an equality lens before implementation.

This helps ensure compliance with the Public Sector Equality Duty while promoting fair and equitable outcomes for all. The Trust has continued to provide guidance, scrutiny and support to managers and policy leads, reinforcing the importance of equality considerations being integrated into everyday business planning and governance arrangements.

The organisation has completed around 15 EIAs throughout 2025/26 which have been signed off by the EDI Team and Unions.

Reasonable Adjustments

The Reasonable Adjustments Workstream has made significant strides in improving awareness, policy implementation and developing a process. So far in 2026, 172-line managers, including the HR advisory team, have attended 10 sessions, with an additional 5 sessions planned for the remainder of the year. Approximately 800 staff have completed the reasonable adjustments training to date.

The reasonable adjustments policy and guidance have been reviewed and updated to reflect best practice, and learning specific to the Trust. The policy is going through the governance review at this moment in time, but it provides:

- Clarity on the criteria for disability leave
- Clarity between the workplace and reasonable adjustments
- Clarity on the role of the line manager
- Establish an approach to record, manage and monitor reasonable adjustments
- Revise and strengthen the purpose and running of the complex case panel

We have provided a Neurodiversity Toolkit (on LAS Connect), Dyslexia Screening, support from the Business Disability Forum, and individual support via the Reasonable Adjustment inbox.

Reasonable Adjustments figures

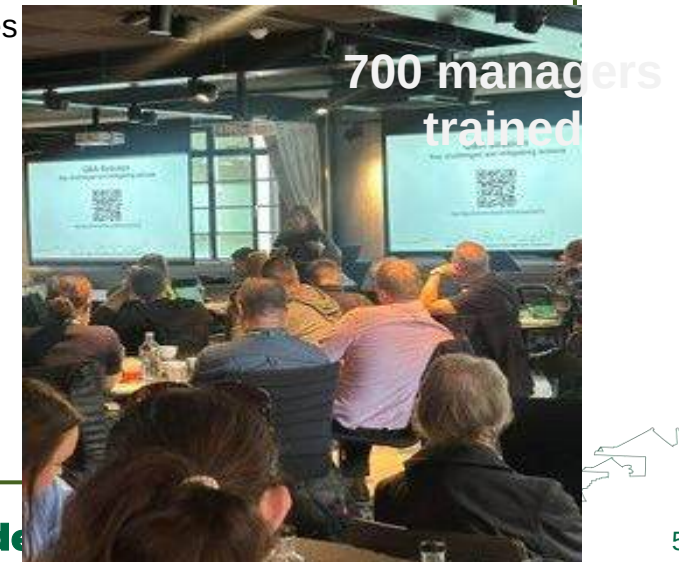
- Reasonable adjustment forms received in the last financial year – 242
- Ratio of non-complex to complex – 3.7-1
- Percentage of non-complex cases completed within 6 weeks – 87%
- Non-complex cases (average) – 29 days (4.2 weeks) (190 cases)
- Complex cases – 55 days (7.8 weeks) (52 cases)

Themes include:

- Equipment – 162 cases
- Working pattern/employment changes – 38 cases
- Licensing and software – 42 cases

Top 3 Demand Department

- EOC – 28%
- IUC – 18%
- Operational – 8%



Maturity Matrix

During 2025/26, LAS continued to play a leading role in developing and analysing the Ambulance Sector Equality, Diversity and Inclusion (EDI) Maturity Matrix. The Maturity Matrix is a strategic benchmarking tool used across ambulance trusts to assess organisational progress in embedding equality, diversity and inclusion across key areas, including board leadership, workforce representation, staff networks, leadership development and staff support. The framework enables organisations to identify strengths, understand areas for improvement and share good practice across the sector.

The sector-wide analysis demonstrated that many ambulance trusts, including LAS, have established strong foundations for EDI, with evidence of growing board-level commitment, integration of Equality Impact Assessments into governance processes, investment in staff support mechanisms, and the delivery of targeted leadership and anti-discrimination training. Participation in collaborative initiatives through national networks has also strengthened opportunities for shared learning and improvement.

The assessment also highlighted opportunities for further development, particularly in improving workforce representation, strengthening engagement with staff networks and patient voices, enhancing evaluation of positive action initiatives, and increasing consistency in leadership accountability and reporting arrangements. These findings will continue to inform LAS's EDI priorities and improvement plans, supporting our ambition to build a more inclusive organisation that reflects and serves the diverse communities of London

LAS achieved predominantly **Level 3 (established)** ratings for areas including Board accountability for EDI, integration of Equality Impact Assessments into governance processes, use of WRES and WDES data to inform decision-making, sector-wide EDI leadership through the National Ambulance Diversity and Inclusion Forum (NADIF), pay gap reporting, positive action programmes, reasonable adjustments, and leadership training on inclusion, discrimination and sexual safety.

The assessment also identified opportunities for further development, with several areas rated **Level 2 (developing)**. These include strengthening executive engagement with staff networks, increasing staff and patient voice within governance structures, enhancing inclusive recruitment and outreach activity, improving digital accessibility, expanding support for staff network leaders, and further embedding Board development on inclusive culture. These findings have been incorporated into LAS's ongoing EDI improvement programme and has shaped priorities for 2026/27.

Objective 3

EDI Maturity Matrix

EDI Objective	High Impact Action	Alignment Description	Maturity Level 1	Maturity Level 2	Maturity Level 3
Demonstrating Trust Board Commitment	HIA 1: Measurable objectives on EDI for Chairs, Chief Executives and Board members	Ensures Boards actively champion and scrutinise EDI progress.	No clear leadership commitment to EDI. Limited recognition and accountability.	EDI is a regular item at Board level, with some leadership champions for the agenda.	EDI is fully integrated into core leadership activities; actively monitored and reported.
Demonstrating Sector-Wide Leadership Commitment(Maybe worth considering how each Trust contributes to the agenda at sector level)	HIA 1: Measurable objectives on EDI for Chairs, Chief Executives and Board members	Promotes visible sector leadership and shared learning across systems.	No cross-sector EDI leadership; isolated actions.	Some engagement in cross-sector conversations and external leadership initiatives.	Proactive sector-wide leadership on EDI, with shared learning and transparent monitoring.
Improve the Diversity of the Ambulance Leadership Community	HIA 2: Overhaul recruitment processes and embed talent management processes. HIA 3: Eliminate total pay gaps with respect to race, disability and gender	Directly aligned with improving diversity across leadership levels.	No data or action on leadership diversity; gaps in representation not acknowledged.	Leadership diversity data collected and gaps acknowledged, but no formal action.	Leadership community reflects diverse demographics at all levels, with ongoing monitoring.
Reflect the Diversity of Local Population	HIA 2: Overhaul recruitment processes and embed talent management processes HIA 5: Comprehensive induction and on-boarding programmes for international recruited staff	Encourages representation across roles to reflect community demographics.	No data or action comparing workforce demographics to local population.	Workforce data is compared to local population data; some action to address gaps.	Workforce diversity is actively monitored and reflects the local population across all levels.
Provide Support for the Wider Needs of Staff	HIA 4: Address Health Inequalities within the workforce	Supports tailored wellbeing and inclusive environments.	Limited support for staff needs, with focus on basic employment terms.	Some staff wellbeing support exists, but not yet tailored to diverse needs.	Holistic, tailored support for diverse needs, co-designed with staff and regularly evaluated.
Continue to develop Vibrant and Proactive Staff Networks	HIA 4: Address Health Inequalities within the workforce HIA 6: Eliminate conditions and environment in which bullying, harassment and physical violence occurs	Networks as core to amplifying underrepresented voices and influencing change.	Networks are informal and lack structure or impact.	Some networks exist, with limited leadership support and influence on policies.	Fully resourced networks with influence across policy, training, and strategy.
Leadership Training on Discrimination, Bullying & Harassment	HIA 4: Address Health Inequalities within the workforce HIA 6: Eliminate conditions and environment in which bullying, harassment and physical violence occurs	Builds leadership capability to proactively address workplace harm.	No formal training; leaders lack capability to address issues consistently.	Some training in place; leaders are expected to respond to issues but lack proactive tools.	Leaders are highly skilled and accountable for creating safe, inclusive environments.



Looking ahead to 2026/27



We are the capital's emergency and urgent care responders

Business Plan Objective for 2026/27

LAS Strategic mission	Strategic commitment from LAS five-year strategy	Actions for 2025/26 business plan to deliver five-year strategy
1	Continue to build a Just Culture	• Develop tools to support and enable managers to deal with discrimination and poor behaviour at a local level
2	Show a sustained improvement in the workforce race equality standard and workforce disability equality standard indicators	• Sustain and enhance improvements in WRES and WDES indicators, focussing on recruitment, disciplinaries, career progression and bullying and harassment.
		• Meet target for 90% of all non-complex reasonable adjustments within 6 weeks as achieved in 2025/26
	Ensure that all our people have a strong voice through their line manager, strengthened staff networks and trade unions	• Strengthen processes to support effective management of reasonable adjustments including systems for recording requests and managing complex cases • Refresh Trust approach supporting staff networks
3	Build inclusive and compassionate leadership capability	• Embed EDI objectives for leaders as part of the appraisal system and establish a process to monitor the impact • Conduct a series of follow-up transformation workshops and use EDI data to drive improvement at a local level on specific EDI KPIs



Conclusion

The progress made during 2025/26 reflects our continued commitment to embedding equality, diversity and inclusion across every part of the London Ambulance Service. Throughout this report, we have highlighted the steps taken to improve equity for our patients, strengthen the experiences of our workforce and ensure that inclusion remains central to the way we lead, make decisions and deliver services to Londoners.

We are proud of the foundations we have strengthened this year. These include improving our approach to reasonable adjustments, developing more inclusive recruitment and progression practices, increasing leadership accountability, and creating further opportunities for staff, patients and communities to influence organisational change. Our work with staff networks, trade unions, partners and colleagues with lived experience has continued to provide valuable insight, challenge and support.

However, we recognise that meaningful and lasting change requires sustained focus. Inequalities and barriers remain, and we must continue to use our data, listen to people's experiences and evaluate the impact of our actions. Progress must be demonstrated through fairer outcomes and through the everyday experiences of those who work for, receive care from and engage with LAS.

As we look ahead to 2026/27, we will build on the progress made, strengthen accountability and continue taking targeted action where improvement is needed. By working together, we aim to create a fairer, more accessible and compassionate organisation where everyone feels valued, respected and able to thrive.



We are the capital's emergency and urgent care responders

Produced by the LAS Equality, Diversity and Inclusion Team

For further information and/or request in an alternative format,
please contact: londamb.edimailbox@nhs.net

For more information visit
londonambulance.nhs.uk

London Ambulance Service NHS Trust
Headquarters
220 Waterloo Road
London. SE1 8SD

 londonambulance.nhs.uk
 [@ldn_ambulance](https://twitter.com/ldn_ambulance)
 [/LondonAmbulance](https://www.facebook.com/LondonAmbulance)
 [@ldn_ambulance](https://www.instagram.com/ldn_ambulance)
 [youtube.com/londonambulance](https://www.youtube.com/londonambulance)





Trust Board of Directors Declaration of Interests

Name & Role	Description of Interest	From	To
Andrew Trotter Chairman	Trustee – NHS Providers Board	Jul 2024	Jun 2027
Robert Alexander Non-Executive Director	Non-Executive Director at South West London ICB	Apr 2025	Present
	Non-Executive Director Imperial College Healthcare NHS Trust	Apr 2021	Present
	Non-Executive Director, London North West University Healthcare NHS Trust	Sep 2022	Present
	Advisor Health Spaces Ltd	Mar 2025	Present
	Advisor - CHKS Ltd	Nov 2018	Present
	Trustee Chair LAS Charity	Sept 2021	Present
Rommel Pereira Non-Executive Director	Senior Independent Director, Deputy Chair, Chair of Audit Committee LAS		Present
	Trustee London Ambulance Charity		Present
	HM Land Registry Non-Executive Board Member, Chair of ARC, Rem & NomCo member	Feb 2025	Jan 2028
	NHS Supply Chain- Non-Executive Director, Chair of ARC, Change Committee member	Jan 2023	Jan 2029
	Holding Director, LAS Dormant Companies, London Emergency Care ltd, London Urgent Care Ltd		Present
	The National Archives Non Executive Board Member, Chair of ARC, Finance & Performance Committee member, May	May 2021	Apr 2028
Anne Rainsberry Non-Executive Director	Non-Executive Director at SWL ICB	Jan 2025	Present
Karim Brohi Non-Executive Director	Professor of Trauma Sciences, Queen Mary University of London. Honorary Consultant Trauma Surgeon, Barts Health NHS Trust	Mar 2008	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

Name & Role	Description of Interest	From	To
	Trustee at London Air Ambulance Charity (LAAC)	Sept 2026	Present
Shera Chok Non-Executive Director	The Shuri Network GP - Chair of national network for women from minority ethnic groups in digital health and data.		Present
	NIHR National Lead for Community Settings	Apr 2024	Present
	Barts Charity Grants Committee – Member	Jan 2026	Present
Martin Machray Non-Executive Director	Director of Machray Consultancy Services Ltd	Aug 2024	Present
	Director/Member of Portman Group Independent Complaints Panel	Dec 2024	Present
	Oxleas NHS Foundation Trust – Non-Executive Director	May 2025	Present
	Independent Chair of North East London Training Hub Oversight Committee – Pro-bono work to support primary care training in North East London		Present
Gaurav Kumar Non-Executive Director	Global Chief Information Officer – Assa Abloy Entrance Systems	2014	Present
Tammarrian Rogers Associate Non-Executive Director	100% shareholder of Sarell LTD	Apr 2024	Present
Jason Killens Chief Executive Officer	Honorary Professor – Swansea University (School of Medicine)	2018	Present
	Chair/Director – Association of Ambulance Chief Executives (AACE)	2024	Present
	Officer – Most Venerable Order of the Hospital of St John of Jerusalem (Order of St John)	2024	Present
	London Urgent Care Ltd, Holding Director Dormant Company	2025	Present
	Director – LAS Ltd (LAS dormant company)	2025	Present
	London Emergency Care Ltd, Holding Director Dormant Company	2025	Present
	Board Member – EMS Europe	Sept 2026	Present
Fenella Wrigley Deputy Chief Executive and Chief Medical Officer	Royal London Hospital, Barts Health Emergency Medicine Consultant – Financial – Substantive NHS Consultant	Jul 2008	Present
	St John Ambulance London Region Regional Professional lead for Specialist Events	Aug 2012	Present
	All England Lawn Tennis Club – Chief Medical Officer – Financial	Sept 2018	Present
	Clinical Ambulance Advisor – NHSE London Region	Jan 2022	Present

Name & Role	Description of Interest	From	To
	National Medical Advisor (Ambulance) – NHSE (seconded as part of LAS role)	Oct 2023	Present
Rakesh Patel Deputy Chief Executive and Chief Finance Officer	Independent Governor and Member of the Finance Committee Greenwich University	Sept 2023	Present
Craig Harman Chief Operating Officer	100% Shareholder of Harman Solutions Limited	Nov 2025	Present
Pauline Cranmer Chief Paramedic Officer	NIL	N/A	N/A
Roger Davidson Chief Strategy and Transformation Officer	NIL	N/A	N/A
Carl Kneeshaw Chief People Officer	NIL	N/A	N/A
Clare McMillan Chief Digital Officer	NIL	N/A	N/A
Jo Cripps Director of Corporate Affairs	Trustee of Lime Academy Trust (education)	Dec 2025	Present



Trust Board Meeting in Public
Held at 1.15pm on Thursday 18th June 2026 at HQ Boardroom, Waterloo

Present		
Andy Trotter	AT	Chairman
Rommel Pereira	RP	Deputy Chair and Non-Executive Director
Martin Machray	MM	Non-Executive Director
Guarav Kumar	GK	Non-Executive Director
Karim Brohi	KB	Non-Executive Director – <i>via MS Teams</i>
Anne Rainsberry	AR	Non-Executive Director
Bob Alexander	BA	Non-Executive Director
Tammarrian Rogers	TR	Associate Non-Executive Director
Jason Killens	JK	Chief Executive Officer
Rakesh Patel	RPa	Joint Deputy Chief Executive and Chief Finance Officer
Fenella Wrigley	FW	Joint Deputy Chief Executive and Chief Medical Officer
Pauline Cranmer	PC	Chief Paramedic Officer
Craig Harman	CH	Chief Operating Officer
Simon Stewart	SS	Acting Chief People Officer
Roger Davidson	RD	Chief Strategy and Transformation Officer
Clare McMillan	CM	Chief Digital Officer
In Attendance		
Nora Hussein	NH	Head of Corporate Affairs
Lisa Smith	LS	Consultant Midwife- Maternity Care item
Mary Emery	EM	Consultant Paramedic – Maternity Care item
Apology for Absence		
Shera Chok	SC	Non-Executive Director
Jo Cripps	JC	Director of Corporate Affairs

1. Opening Matters		Action Owner
1.1	Welcome and Apologies The Chair welcomed CH Chief Operating Officer and Tammarrian Rogers Associate NED to their first Public Trust Board.	





1.2	Declarations of Interest There were no new declarations.	
1.3	Minutes of the previous meeting The Minutes of the previous public meeting of the Board held on 5 March 2026 were approved as a correct record.	
1.4	Action log/Matters arising The Board noted that there were no open actions.	
2. Patient Story		
2.1	Maternity Care <i>Lisa Smith, Consultant Midwife, and Mary Emery, Consultant Paramedic, presented the maternity patient story.</i> The Board received a presentation on maternity care and health inequalities, including the lived experience of a patient and the work undertaken with community organisations to understand barriers to accessing appropriate maternity services. Members heard that clinical audit, staff engagement and patient feedback had been used to identify opportunities to improve knowledge, confidence and care. The programme had engaged almost 200 women through community organisations and had resulted in co-produced information for women on accessing antenatal care and when to contact 111 or 999. The information had been translated into the ten most commonly spoken languages in London. Discussion took place regarding women presenting to the Service without previous antenatal care and the particular needs of people experiencing homelessness, asylum seeking or other difficult social circumstances. Members noted the importance of making every contact count and ensuring clinicians had the tools and information required to support patients into appropriate care pathways. The Board thanked the patient and representatives involved for sharing their experiences and welcomed the work underway to reduce maternity health inequalities.	
3. Chair and Chief Executive Report		
3.1	Report from the Chair The Chair reflected positively on the Trust's year-end financial and operational position and thanked the Executive Team and staff for the progress made. The Board noted continued progress across the estates and capital programmes and improvements in patient care, including response performance, hear-and-treat and the development of alternative care pathways.	





	The Chair recognised that significant operational, financial and governance challenges remained and that further strategic work would be required during 2026/27.	
3.2	Report from the Chief Executive JK presented the Chief Executive Report The Board noted that the Trust had delivered its fastest response times since the height of the Covid-19 pandemic and had ended 2025/26 in a strong position against the operating plan. Themes from the Chief Executive roadshows were being reviewed and actions would be developed, with relevant workforce matters expected to be considered through the People and Culture Committee. The Board noted the support provided to Hatzola following the arson attack on four vehicles in North London and the Trust's response to the subsequent terrorist incident in Golders Green. Members welcomed progress across the estates programme, including refurbishment of existing sites, development of the East London facility and planned developments in South London. The Board also noted changes to the Executive Team and the forthcoming appointment of the Chief People Officer. The Board noted the outcome of the stakeholder perception audit and that an action plan would be developed to strengthen the Trust's influence and engagement across the wider system. The Board also congratulated the Trust on recognition received through the HSJ Digital Awards for My Clinical Feedback. The Board noted the report.	
4. Running the Organisation (Safe, Stable, Reliable)		
Performance		
4.1	Integrated Performance Report JK introduced the first iteration of the revised Integrated Performance Report. The Board noted that the report represented the initial high-level Tier 1 view and would continue to develop through input from Board Committees. A live Power BI version was being developed and the intention was for the September Board to receive the next iteration, supported by more detailed Committee-level information. Members noted that the new approach should improve the timeliness of information available to the Board and reduce duplication across reports. The Board noted the Integrated Performance Report.	





Director and Board Committee Reports

4.2 Operational Performance Report

PC presented the Operational Performance Report.

The Board noted the strong 2025/26 year-end position. Category 1 mean performance was 6 minutes 57 seconds against a seven-minute target, Category 2 mean performance was 30 minutes 17 seconds against the commissioned target of 32 minutes 30 seconds, and Category 3 90th centile performance was 119 minutes 54 seconds against a 120-minute target.

Members heard that April had also started strongly, with Category 1 performance at 6 minutes 45 seconds and Category 2 at 24 minutes 52 seconds. Hear-and-treat performance continued to exceed plan.

Hospital handover delays remained a significant external pressure, with the 2025/26 average 2 minutes 53 seconds above plan. The Board noted that performance varied significantly between hospital sites and that the Trust continued to raise concerns through local, regional and system routes.

The Board discussed how the Service could further develop its response model. Members supported continued investment in advanced and specialist paramedic practice, alternative care pathways and greater integration between 999, 111 and urgent and emergency care. It was noted that simply increasing the number of double-crewed ambulances would not address wider system pressures.

Members also discussed the need to consider patient outcomes alongside time-based measures and to develop more sophisticated approaches to job cycle time and patient segmentation.

The Board received assurance from the report.

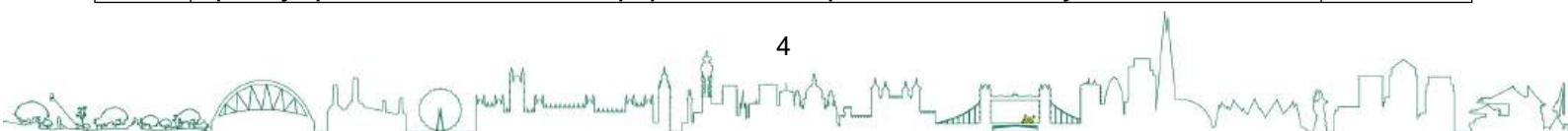
4.3 Chief Medical Officer Report- Quality

FW presented the Quality Report.

The Board noted a strong reporting culture, with a high number of incidents reported but the majority resulting in no or low harm. Work continued on learning from incidents, equipment availability, dispatch delays and cross-organisational quality alerts.

Members noted safeguarding, violence reduction and infection prevention activity. Vehicle deep-clean compliance was reported at 73% and had been identified as a quality priority for improvement towards 90%.

The Board also noted continued work on cardiac arrest outcomes, stroke and STEMI care, health inequalities and alternative care pathways. The 2026/27 quality priorities included equipment and pouch availability, cardiac arrest





	improvement, vehicle deep cleaning and increased Pharmacy First referrals from Integrated Urgent Care. The Board received assurance from the report.	
4.4	Quality Assurance Committee Report KB presented the report from the Quality Assurance Committee. The Committee had received assurance across a wide range of quality and performance measures but highlighted two areas for Board awareness: overdue incident investigations and complaints performance. The Board noted the significant workload associated with incident management and that the Committee had requested further detail on the age of overdue cases and the recovery plan. The Board also noted the data quality incident affecting approximately 84,000 electronic patient care records. The issue related to data availability and timestamp discrepancies. An action plan had been substantially implemented and the Committee continued to monitor the position.	
4.5	Chief People Officer SS presented the report. The Board noted continued strong recruitment, with a 96% fill rate across key workforce groups and a healthy recruitment pipeline. Turnover had stabilised at just over 9%. Members noted continued work to improve employee relations, including a review of the resolution framework, with increased emphasis on consistency, timeliness, mediation and earlier resolution. Workforce planning continued to mature through closer working between People, Finance and Operations. The Board noted progress in reducing long-term sickness absence, leadership development and apprenticeship programmes. The Board thanked SS for his contribution during his period as Acting Chief People Officer.	
4.6	People and Culture Committee Report AR presented the Committee report. The Board noted continued Committee focus on violence, aggression and sexual safety, including work on body-worn cameras and the support available to staff.	





	The Committee had also considered workforce culture, inclusion and EDI and agreed that a half-day session should be arranged following the arrival of the new Chief People Officer to review progress and agree future priorities. Members discussed the national Transforming People Services programme and the potential implications of increased regional and shared HR services. The Board received assurance from the Committee.	
4.7	Chief Finance Officer Report RPa presented the Finance Report. The Board noted that the Trust had delivered its Month 1 income and expenditure plan and continued to progress a significant capital programme, including estates developments, electric vehicle infrastructure, solar generation and fleet investment. The Board noted that 37 fully electric double-crewed ambulances were planned and that real-time RFID technology had been introduced across a significant proportion of the fleet. The Board received assurance from the report.	
4.8	Finance and Investment Committee Report BA presented the Committee report. The Committee was assured that the Trust had started 2026/27 in a stable financial position and that the capital programme and Cost Improvement Programme remained on track. The Board noted that the Committee had supported progression of an AI-enabled language translation solution, subject to the appropriate legal, clinical safety, information governance and cybersecurity assurance processes. Members discussed future productivity, funding and payment models for ambulance services and the importance of aligning incentives with new models of care. The Board received assurance from the Committee.	
4.9	Audit Committee Report RP presented the Audit Committee report. The Board noted the Committee's continued focus on organisational resilience, including geopolitical risk, cyber security, business continuity and third-party risks.	





	The Committee had also considered the Korn Ferry review of salary overpayments and the need to strengthen integration between ESR and GRS, improve accountability and implement an appropriate KPI framework. The Committee had requested continued oversight through the People and Culture Committee and inclusion in relevant Internal Audit and Counter Fraud plans. The Board also noted discussion on corporate services transformation, automation and AI, and the importance of maintaining appropriate governance and assurance as these technologies developed. The Board received assurance from the Committee.	
4.10	Report from LAS Charity Committee BA presented the Charitable Funds Committee report. The Board noted that there were no matters requiring immediate escalation. The Committee continued to oversee the charity's sustainability, fundraising strategy and diversification of income. Members discussed the longer-term strategic direction of the Charity and agreed that this would require a future discussion by the Board acting as Corporate Trustee. Further work was underway to ensure that the strategy had a clearly defined purpose, priorities and actions. The Board received assurance from the Committee.	
4.11	Chief Digital Officer Report CM presented the Director's Report. The Board noted progress with the Digital and Data operating model, including recruitment activity ahead of implementation of the new operating model. Members also noted progress with the electronic controlled drug record and ambient voice technology, with further work continuing to assess benefits and potential wider use. The Board noted that an external assurance review had been commissioned in relation to data definition issues, with the outcome to be reported through the Digital and Data Committee and escalated to the Board where required. The Board also noted that the Trust had submitted a bid for national funding to further accelerate delivery of the Digital Strategy.	
4.12	Digital and Data Committee Report MM presented the report from the Digital and Data Committee. The Board noted that the Committee had reviewed the recent significant data incidents and had received assurance that actions were in place and learning	





	had been identified. Members noted that no serious patient harm had been identified as a result of the incidents. The Committee had also considered governance arrangements for the escalation and management of data incidents and the importance of ensuring consistent processes were in place. The Board congratulated the team on the recognition received for My Clinical Feedback, which had won the HSJ Digital Award for Driving Change Through Data and Analytics and had been highly commended in the Improving Urgent and Emergency Care Through Digital category. The application was also being developed as a national tool through the Federated Data Platform. The Board received assurance from the Committee.	
4.13	Director of Corporate Affairs Report JK presented the report on behalf of JC. The Board noted deterioration in complaints response performance against the 35-day standard. Additional short-term capacity had been introduced and early improvement had been seen, with performance increasing to 49% in May. Recovery was expected towards the end of October. Members noted that approximately 104 complaints and 170 compliments were received each month. The Board also noted the increasing volume and complexity of Subject Access Requests and pressures within Freedom of Information handling. The Board discussed the need to ensure that complex complaints were appropriately triangulated with patient safety, legal and other internal processes. The Board noted the report.	
5. Transforming the Organisation		
5.1	Annual strategic in year priorities for 2026/27, proposed governance framework and delivery report on LAS annual business plan 2025/26 RD presented the report. The Board noted the final position against the 2025/26 Business Plan. Of 68 areas, 50 had been fully delivered, 17 partially delivered and one not delivered. Outstanding areas had been incorporated into the 2026/27 strategic priorities or directorate business planning. The Board noted the seven strategic in-year priorities for 2026/27 and the proposed governance framework, including oversight through the Executive Transformation Board, Board Committees and the Trust Board.	





	Members discussed the importance of avoiding duplication between Committees and ensuring that the priorities remained connected to the Trust's overarching strategy and operational delivery. The Executive Transformation Board would provide the principal mechanism for resolving barriers to delivery and maintaining momentum. The Board: • accepted the Annual Delivery Report for the 2025/26 Business Plan; • noted the strategic in-year priorities for 2026/27; and • noted the proposed governance and reporting arrangements for delivery of the priorities.	
6. Risk and Assurance		
6.1	Board Assurance Framework 1. 25/26 BAF - Closing position 2. 2026/27 BAF - High level strategic risks 3. 2026/27 Risk Appetite statement The Board considered the 2025/26 BAF close-down position, the high-level strategic risks for 2026/27 and the 2026/27 Risk Appetite Statement. The Board noted that the 2025/26 BAF had been considered by the relevant Committees and Audit Committee and was presented for formal close-down. Members noted that the 2026/27 BAF had been streamlined to provide clearer strategic focus, executive accountability and Committee oversight. Further detail on controls, assurances and mitigating actions would be developed and scrutinised through the relevant Committees. The Board: • approved the close-down position of the 2025/26 BAF; • approved the high-level strategic risks and opening risk scores for the 2026/27 BAF; and • approved the 2026/27 Risk Appetite Statement. The Board welcomed the clearer wording used within the Risk Appetite Statement.	
7. Concluding Matters		
7.1	Any Other Business No other business.	
7.2	Date of next meeting; Thursday 10 September 2026.	



Meeting Date: 10 September 2026

Off trajectory -
The action is
behind schedule

Due date passed
and action not
complete

Action complete/
propose for closure

Action not yet due

Meeting Date	Subject	Action	Action Due Date	Owner	Current position	Status
		No actions				



London Ambulance Service NHS Trust

Meeting of the Trust Board on 10 September 2026

Report from the Chief Executive Officer

Introduction

1. The summer period has demonstrated, once again, the exceptional resilience, professionalism and commitment of our people across the London Ambulance Service (LAS). Throughout a sustained period of high demand, multiple heatwaves and major national and international sporting fixtures, our people have continued to provide outstanding care to patients across the capital while responding to an increasingly complex and challenging operating environment.
2. This period has also been marked by several important developments for the organisation and the country nationally. These include a new UK Prime Minister and Government, welcoming a new executive leader at LAS in the role of Chief People Officer, and continued progress against our strategic priorities. Together, these developments create opportunities for LAS to strengthen the service we provide, raise our profile and influence the health and care system.

Operational Update

3. A combination of prolonged hot weather, increased demand and pressures associated with major events resulted in unprecedented activity levels across our services over the Summer. The week of 22 June was the busiest in our history, with the Service receiving 53,342 999 calls and our crews attending their highest number of patients in a week (24,607). This is 13% more patients than the number we attended in the week before the first Covid lockdown on 23 March 2020. The extreme heat also saw us attend our highest number of Category 1 incidents – our most seriously ill patients – in a week. On Friday 26 June we treated more patients over the phone on a single day than ever before, with around 30% of 999 calls being managed remotely without the need to send a physical response to the scene. 111 services were also busy during this period, with a 10% increase in activity compared to an average week.
4. In preparation for the heatwaves, we deployed an additional 400 ambulance crews, increased the checks on patients waiting for help and issued a series of public messages urging Londoners to take steps to protect their health. Throughout the heatwaves, our media team identified new and timely stories to demonstrate the scale of pressure we faced and how we were responding to it, while reinforcing public health advice. No other NHS trust achieved comparable national reach during this period,



and our regional, national and international coverage reflected consistent, purposeful messaging sustained across this period of intense operational pressure.

5. During the summer, the Trust moved to Resource Escalation Action Plan (REAP) Level 4 on a number of occasions as colleagues worked tirelessly to meet demand while maintaining patient safety. I place on record my sincere thanks to everyone across our organisation whose professionalism, flexibility and dedication enabled us to respond effectively during this unprecedentedly challenging period.
6. Major events, including the FIFA World Cup and periods of extreme weather and wildfires, required a coordinated organisational response involving operational, clinical and support service teams. These occasions once again demonstrated the strength of our planning arrangements and the ability of colleagues across the organisation to work together under exceptional pressure.
7. The exceptional levels of demand experienced by LAS during this reporting period were reflected across ambulance services nationally. Many trusts faced similar operational pressures and heightened demand, while also responding to high-profile incidents. This was particularly evident for some of our neighbouring services.
8. A national learning event to be hosted next month will explore approaches to these challenges across the country to strengthen our planning for next year and future scenarios.

Trust Operations

9. One of the most significant developments during this reporting period has been the launch of the consultation to restructure Trust Operations, led by Craig Harman, our Chief Operating Officer. Our aim is to create an operational senior leadership team that delivers outstanding patient care, sets the standard for clinical and operational excellence, and provides clear, intentional and visible leadership for our people, enabling us to deliver high-quality, responsive services for London's communities while remaining effective, resilient, and financially sustainable. I am clear that the intention is to develop a structure that is fit for purpose for today's needs and those into the future, in line with the Trust aspiration of being the best ambulance service globally.
10. Shaped through listening events with operational leadership teams, informal consultation with colleagues in the current structures, and support from a cross-organisational Steering Group, the proposals seek to create a more integrated operating model by bringing together key operational functions under a single structure. The proposed model also has been benchmarked against other ambulance services to ensure it reflects wider sector best practice.



11. The restructure of Trust Operations represents the next phase of our journey to ensure that our organisational structures reflect the increasingly complex environment in which ambulance services operate. By bringing together Ambulance Operations, 999 Operations, the Clinical Hub, Resilience and Specialist Assets, and Performance and Forecasting, we are seeking to create a more coordinated approach to operational leadership.
12. At a time of continued operational pressure and increasing demand, it is vital that we continue to evolve as an organisation. The consultation reflects our commitment to involving colleagues in shaping the future direction of the Service and ensuring that change is informed by the expertise and experience of those delivering and supporting care every day. I have been encouraged by the level of engagement seen across the organisation to date and I am grateful to colleagues who have taken the time to contribute constructive feedback as part of this important programme of change.

Engagement with External Stakeholders

13. We continue to attract significant interest from senior stakeholders and decision-makers. This has included engagement across UK Government and system partners. We welcomed James Frith MP, Minister for Health Innovation, Department of Health and Social Care (DHSC) to LAS HQ on 19 August. Minister Frith chose LAS as his first ministerial visit since joining DHSC. LAS also welcomed a large number of civil servants, NHS stakeholders and an MP during the reporting period.
14. We continue to engage with the UK Government as we work to share best practice stemming from our role as a modern ambulance service and system leader.

Workforce and Recognition

15. I am pleased to confirm that Carl Kneeshaw has now joined LAS as Chief People Officer. As I have previously mentioned, Carl brings significant experience from across the ambulance sector and joins the organisation at an important time as we continue our work to strengthen culture, support staff experience and deliver our people priorities.
16. LAS has received significant external recognition for our work during this reporting period, with teams and initiatives shortlisted for prestigious national awards. Our innovative model enabling Advanced Paramedic Practitioners to prescribe medicines in the community with electronic prescriptions transmitted directly to community pharmacies has been shortlisted in the Medicines, Pharmacy and Prescribing Initiative of the Year category of the prestigious HSJ Awards 2026. A project to ensure that sickle cell patients receive faster care by being taken directly to specialist units has been shortlisted in the category of Excellence in Narrowing the Health Inequalities Gap at the same awards. These nominations reflect the innovation, professionalism and commitment demonstrated by colleagues across the Service and provide valuable external recognition of the work taking place to improve patient care, develop our



workforce and strengthen organisational performance. I congratulate all those involved and thank them for their continued dedication to serving Londoners.

17. Separately, LAS Advanced Paramedic Practitioner Peter Kingsley was recognised by the National Ambulance LGBT Network's Gold Star of Life Award in recognition of his outstanding contribution to LGBT+ inclusion. Peter's work, particularly in raising awareness and understanding of the risks associated with Chemsex, has been widely recognised both within LAS and across the wider ambulance sector. This award is a fitting recognition of Peter's commitment to improving outcomes for patients and supporting colleagues, and I extend my congratulations to him on this well-deserved achievement.

People and Culture

18. The Board will be aware of developments relating to the Equality and Human Rights Commission code of practice and its implications across the NHS. We continue to monitor national developments closely and will ensure that our approach reflects both our statutory responsibilities and our commitment to fostering a respectful, inclusive and supportive working environment for all colleagues.
19. Our staff were represented at the Pride in London event, wearing t-shirts designed by our LGBT network and funded by UNISON. Our charity also funded a float, which was one of our Wellbeing Vehicles decorated in Pride and Progress colours. LAS operational teams were also on duty throughout the London event, responding to anyone who needed our help. Working on foot, by bike and in ambulances alongside our partners, our teams were present to provide emergency care wherever it was needed.
20. I was also pleased to spend time with colleagues from the LGBT network during this reporting period and attend the sectors national LGBT network conference, which provided an important opportunity to listen, learn and engage directly with members of the community. These conversations reinforced the importance of a workplace where colleagues feel valued, respected and able to be themselves at work. I remain grateful to our staff networks and colleagues who continue to champion equality, diversity and inclusion throughout the organisation, and LAS remains committed to promoting an inclusive environment for our staff and the communities we serve while meeting our statutory duties as a public sector organisation.
21. During this reporting period, we have continued to reinforce expectations regarding the appropriate access and use of patient information. As an organisation entrusted with vast amounts of sensitive personal data, it is essential that all colleagues adhere to the highest standards of information governance and only access records where there is a legitimate business or clinical need to do so. Maintaining confidentiality,



protecting patient privacy and safeguarding public trust remain fundamental responsibilities for everyone working within LAS.

22. Given the importance of this issue, I took the unusual step of writing to all staff on 8 July setting out our expectations in regards the use, safe storage and access to patient information where I was also clear with colleagues about the risk, implications and consequences of failing to protect and respect the confidentiality of this information.
23. I was delighted to see LAS receive further national recognition for its apprenticeship and workforce development programmes. Ofsted praised the quality and impact of our training provision during a planned inspection, describing the opportunities available through LAS as "life-changing", while the organisation was also recognised as one of the UK's leading apprenticeship employers. This recognition reflects the dedication of colleagues across our education, learning and operational teams, who continue to create outstanding opportunities for people to begin, develop and progress their careers within the ambulance service.
24. I have continued to spend time with colleagues across the Service, frequently observing shifts, visiting ambulance stations and spending time with operational teams across LAS locations to better understand the realities of delivery on the ground. These conversations provide an important opportunity to hear directly from colleagues about the issues that matter most to them, gain insight into the challenges and opportunities they face, and ensure that the experiences of our workforce continue to inform decision-making across the organisation.
25. Maintaining strong connections with colleagues remains a priority. Alongside regular operational visits, I continue to engage with staff through our monthly Team Talk Live sessions and look forward to the next round of LAS Roadshows, which will provide further opportunities for open dialogue, discussion and feedback from colleagues across London.

Quality Improvement and Partnerships

26. Alongside managing operational demand, we have continued to focus on understanding and improving the experiences of the patients and communities we serve. The launch of our new 999 patient experience survey on 1 July represents an important opportunity to strengthen our understanding of what matters most to patients and to use those insights to enhance our care. We have already received a large number of valuable responses, which will be reflected in future service and operational improvements. We are currently developing the next phase of our promotional campaign for the survey. In the meantime, the survey remains open and I would encourage Board members to help raise awareness and support participation wherever possible.



27. I was also pleased to announce that the Executive Leadership team have committed to sending a team to compete in the EMS Championships in May 2027, taking place in Ireland. This prestigious competition is all about teamwork, expertise, and finding fast, innovative solutions in high-pressure situations. Clinical teams from around the globe compete in scenario-based events, facing real-world challenges that emergency services professionals encounter daily. We are proud of our people and want to showcase their skills and professionalism on an international stage. It will be an opportunity to benchmark our ambulance practice against our peers, observe different approaches to leadership, communication, and clinical prioritisation, and bring learning and best practice back for local training, simulation design, and operational improvement. We will be running an internal clinical competition to find an appropriate team to represent us next year.
28. I spent 10 days in Australia on behalf of the Association of Ambulance Chief Executives engaging with ambulance leaders and colleagues from across the sector to discuss the challenges and opportunities facing emergency medical services globally. As part of this, I attended the Council of Ambulance Authorities Congress 2026, where I delivered presentations and participated in panel discussions on key issues facing ambulance services. The event provided an invaluable opportunity to share learning and innovation taking place at LAS and more widely across the UK. Following the Congress, I spent two days with colleagues from Ambulance Victoria seeing their service delivery model and hearing about the approaches they are taking to challenges similar to ours.
29. August saw the successful delivery of another Notting Hill Carnival, Europe's largest public event and an important fixture in London's cultural calendar. Planning for the event involved extensive collaboration with emergency service partners, local authorities, transport providers and event organisers, reflecting the strong relationships that underpin our response to major events across the capital. I was pleased to be able to thank the hundreds of LAS colleagues who supported Carnival, helping to keep attendees safe and healthy while ensuring we maintained effective emergency care services for Londoners, having personally been on duty with our colleagues for both days of Carnival. The event once again demonstrated the professionalism of our people and the strength of partnership working across London's public services.





London Ambulance Service

NHS Trust

Meeting:	Trust Board
Meeting Date:	10 th September 2026
Report Title:	Integrated Performance Report
Agenda Item:	
Document Status	Public

Lead Executive:	Jason Killens
Report Author:	Nic Daw
Lead Committee:	
Purpose:	Information
Strategic Mission	Delete as appropriate: 1: Our Care 2: Our Organisation 3: Our London
Strategic Priority (26/27)	1. Achieve Advanced Foundation Trust Status 2. New Clinical and Operational Model
BAF Reference:	

Executive Summary

The Trust Board IPR includes data up to and including 31 July 2026. It shows key metrics associated with:

- The LAS Operating Plan
- Strategic Priorities
- NHSE Oversight Framework
- Balanced Scorecard
 - People
 - Performance
 - Quality
 - Finance

The report can be navigated via this link: [Integrated Performance Report](#)

Recommendation(s)

The Trust Board are asked to note this report.

Paper previously considered by: Committee/Group	Date: 1 st September 2026 Committee name: Executive Leadership Team Outcome:
--	---

Impact Assessment (tick all that apply or N/A; note where the assessment has been signed off)	
Quality & Patient Safety	N/A
Equality & Health Inequality	N/A
People	N/A
Data Privacy	N/A
Regulatory	N/A
Other	N/A

Routing of Paper – Impact of recommendations considered and reviewed by:					
	Agreed				Reviewer Name or N/A
Quality & Patient Safety	Yes		No		
Strategic Assets & Property	Yes		No		
Chief Paramedic	Yes		No		
Trust Operations	Yes		No		
Strategy & Transformation	Yes		No		
Corporate Affairs	Yes		No		
People & Culture	Yes		No		
Digital & Data	Yes		No		
ELT	Yes	X	No		



Meeting:	Trust Board
Meeting Date:	10 th September 2026
Report Title:	Chief Operating Officer Report
Agenda Item:	4.2
Document Status	Public
If private, rationale:	

Lead Executive:	Craig Harman, Chief Operating Officer
Report Author:	Craig Harman, Chief Operating Officer
Lead Committee:	
Purpose:	Assurance
Strategic Mission:	1. Our Care 2. Our Organisation 3. Our London
Strategic Priority (26/27)	1. New Clinical Operating Model
BAF Reference:	

Executive Summary

This is my first report to the Trust Board as Chief Operating Officer since commencing the role on 18 May 2026. It covers the period from 1 May to 31 July 2026 and summarises the operational context, outturn performance, my reflections after 11 weeks in post, and the work undertaken to prepare Trust Operations for winter and shape our emerging plans for the future.

Recommendation(s)

The Trust Board are asked to note this assurance report.

Paper previously considered by: Committee/Group	Date: 1 st September 2026
	Committee name: Executive Leadership Team
	Outcome:

Impact Assessment (tick all that apply or N/A; note where the assessment has been signed off)	
Quality & Patient Safety	N/A
Equality & Health Inequality	N/A
People	N/A
Data Privacy	N/A
Regulatory	N/A
Other	N/A

Routing of Paper – Impact of recommendations considered and reviewed by:					
	Agreed				Reviewer Name or N/A
Quality & Patient Safety	Yes		No		
Strategic Assets & Property	Yes		No		
Chief Paramedic	Yes		No		
Trust Operations	Yes		No		
Strategy & Transformation	Yes		No		
Corporate Affairs	Yes		No		
People & Culture	Yes		No		
Digital & Data	Yes		No		
ELT	Yes	✗	No		

Report of the Chief Operating Officer

Introduction

This is my first report to Trust Board since commencing my role on 18th May 2026 and creating Trust Operations which brings together Ambulance Operations, 999 Operations, the Clinical Hub, Resilience and Specialist Assets and our Data and Insight team under a single leadership umbrella.

This report provides an overview of operational performance and service delivery across Trust Operations during the period 1 May to 31 July 2026. It sets out Trust's performance against key operational and national oversight measures, highlights the principal challenges experienced during the period, and outlines the actions being taken to sustain improvement and support delivery of the Trust's strategic objectives.

The reporting period was characterised by continued high demand for our services, ongoing system pressures across the wider NHS and increasing demand for ambulance responses during the summer months. Against this backdrop, the Trust maintained its focus on improving patient outcomes, maintaining patient safety, enhancing productivity and preparing for Winter.

Whilst challenges remain, particularly in relation to response time performance and the impact of wider system pressures, the period has also seen evidence of improving operational grip, strengthened recovery planning and continued progress against a number of areas within the Trust's direct control.

The Trust remains focused on delivering safe, effective and timely care for Londoners whilst supporting the longer-term ambition of achieving sustained improved national performance and organisational assurance.

I have been impressed by how the organisation has come together to respond to increased demand and I would like to place on record my thanks to everyone who has shown determination and professionalism during this period.

This report should be read alongside the Trust's Integrated Performance Report and accompanying performance dashboards, which provide detailed information on performance, quality, workforce and financial metrics for the period.

Chief Operating Officer Listening Events

Ahead of me starting as Chief Operating Officer and in the few weeks that followed, I undertook a series of listening events and engagement sessions with colleagues across Trust Operations. The overwhelming feedback was positive, with staff welcoming the opportunity to speak openly and feeling that their views were being heard. There was a strong sense of pride in the improvement achieved over recent years, particularly in relation to reducing sickness absence, improving productivity, strengthening performance management and delivering operational improvements. Colleagues were particularly supportive of the principles of Team Based Working, highlighting stronger team identity, improved visibility of local leadership and greater clinical engagement.

The listening events also identified several opportunities for improvement. Staff described frustrations with aspects of operational decision-making, highlighting a perceived disconnect between strategic decisions and operational reality. Concerns were raised regarding the consistency of Team Based Working implementation, administrative burden of frontline managers, ageing systems and technology, estates quality and capacity in some areas and engagement in local change programmes. There was also a consistent call for clearer accountability, improved communication, better access to operational

information and greater involvement of staff and volunteers in decisions that affect their working environment. These themes have directly informed the development of Trust Operations priorities, in an evolving programme of work called "We are Trust Operations".

Leadership Arrangement for Trust Operations

During the reporting period the Trust undertook a formal consultation on the future Trust Operations senior leadership structure. The consultation was informed by extensive engagement with staff and leaders, which identified a need for clearer accountability, stronger leadership alignment and improved decision-making in response to increasing complexity. Feedback highlighted concerns regarding overlapping responsibilities, inconsistent implementation of strategic priorities and stretched management capacity, whilst also recognising the significant progress achieved in recent years. The consultation process enabled colleagues to contribute directly to the proposed changes through individual and group engagement opportunities, helping to shape a revised leadership model designed to strengthen operational delivery, enhance local ownership, improve clinical leadership and ensure the Trust is better positioned to sustain performance improvements and meet future challenges.

I am now supporting colleagues affected by change and will begin to recruit to the new leadership structure in line with our Management of Change process. I expect recruitment to have concluded before Christmas with all posts filled by the end of the financial year.

Operational Context

This reporting period marks one of the most operationally demanding summers the Trust has experienced. Temperatures have been above seasonal norms, with five recorded heat waves, one of which being the 'Red' extreme heat warning in June. Friday 26 June was the Trust's busiest day on record with 8,869,999 calls received, of which 688 were Category 1 – immediately life threatening calls, including a 35% increase in calls to patients in cardiac arrest.

The Capital has hosted a range of major cultural, sporting, and protest-related activities, including Pride in London which had a record 1.8 million people attend this year, music festivals, the World Cup and coordinated demonstrations across multiple Boroughs. The concentration of high-impact activity, and the heat across the city brings with it elevated risks around public safety which requires an unprecedented level of joint working and strategic oversight, as well as additional pressure on our staff and volunteers who have continued to work tirelessly in difficult conditions.

During the period there were 6 significant incidents and 3 declared business continuity incidents.

On the evening of Friday 8th May, the LAS were called by the Metropolitan Police Service to a property in Marylebone, NW1 where several people were suffering the effects of a pepper spray attack. 22 patients were assessed at scene, one of whom was conveyed to hospital.

During the evening of Tuesday 19th May, following their Premier League title win, around 15,000 Arsenal FC fans gathered outside the Emirates Stadium to celebrate and a number of casualties presented. In total 12 patients were treated, 8 of whom were conveyed to hospital.

During the evening of Friday 22nd May, during a large scale, unauthorised gathering of teenagers on Clapham Common, SW4, which was promoted on the social media platform, TikTok, there was a public order incident from which 5 patients were treated and conveyed to hospital.

During the evening of Sunday 24th May, following their final match, Arsenal fans gathered around the

Emirates Stadium for a spontaneous celebration, during which crowd activity included scaling street furniture and the use of flares. In total 12 patients were treated, 9 of whom were conveyed to hospital.

During the evening of Saturday 20th June, we responded to a fire in a disused property in White City, W12. In total 8 patients were treated, 2 were declared deceased at scene and 3 were conveyed to hospital, with the remaining 3 discharged from scene.

On the afternoon of Friday 24th July we responded to a Metropolitan Police Service (MPS) boat that collided with a pillar of Westminster bridge, throwing MPS officers into the water. In total 5 patients were treated and conveyed to hospital.

On Friday 29th May, there was a loss of water at our Dockside Emergency Operations Centre (EOC) building. Improvements made to our business continuity plan following the previous loss of power/water in December 2024 meant mitigations were implemented and service delivery was unaffected, with some additional lessons identified and added to the BC plan.

On Thursday 18th June, there was a loss of telephony and internet at our Waterloo Emergency Operations Centre. The Business Continuity Plan was followed and fall-back arrangements commenced, however the issue was resolved within 30 minutes prior to single site working being initiated.

And during the evening of Friday 26th June, the Trust declared a critical BC incident, due to the increase in temperature and demand. A cold debrief for the heatwave period in late May was conducted on 19th June 2026, with a number of recommendations identified.

Operational Performance

The Trust continues to be held accountable for those measures which were signed off by the Trust Board as part of the 3 year medium planning process. These metrics can be seen for the period 1 April 2026 to 31 July 2026 within the Trust Board IPR, which can be accessed [here](#).

As highlighted the operational context has been challenging due to the ongoing series of heatwaves which has produced an increase in category 1 patients as well as putting extended pressure on our service particularly late into the evenings.

There has been a 3.0% increase in incidents compared to plan, and for Category 1 patients an increase of 7.8% compared to the same period last year (+ 27% in June), and 4.8% for Category 2. The increase in Category 1 activity has resulted in a [C1 mean response](#) of 7 minutes 11 seconds in July 2026 although year to date remains at the national standard of 7 minutes. This is shown within the IPR.

Hot weather will have been partly responsible for annual leave take up being maximised, sickness absence increasing by circa 3% and low overtime take up, with only 47.89% of hours available taken up.

To overcome these challenges, we have used our clinical and operational escalation plans; introduced limited and targeted incentives and utilised 2,000 additional hours of support from St John Ambulance. Our actions meant that we limited the effect on the [Category 2 mean](#), as demonstrated in figure 1, where our response average could have been as high as circa 58 minutes.

	May Heatwave C2 Mean DCA Hours		June Heatwave C2 Mean DCA Hours	
Non-Overtime Hours <i>Pessimistic prediction</i>	00:50:35	5758	00:58:57	5816
With Overtime DCA shifts	00:42:29	6313	00:41:17	6652

Figure 1: Effect of heatwave actions on C2 mean.

Year to date, the Trust has continued to deliver ahead of plan for three of the 4 metrics within the Trusts control. These are highlighted in the figure 2.



Figure 2: NHSE Monitoring waterfall of measured metrics

The above shows that the 999 service continues to come under pressure from external factors.

Incidents remain 3% above plan, although accounting for the growth baked into the plan of 5%, the increase since last year is running at over 8%.

Hospital handovers have continued to be over plan and is now 2 minutes 37 seconds behind.

Production of Double Crewed Ambulances has become more challenged during the summer period as annual leave has been maximised and we have seen a circa 3% increase in sickness absence across frontline staffing.

The Trust has therefore instigated a plan to recover these hours with an expectation to meet plan expectations by end of October 2026. The plan goes further with a view to improve:

- Number of double crewed ambulances
- Reducing unavailable time
- Increasing Emergency Call Handling staffing and hours
- Maximise the effectiveness of the CHUB and increase hear and treat.

This is to ensure that we are on track to meet the operating plan (or better) ahead of the winter period.

The reduced number of DCAs has meant that availability has reduced and is now 1.2% behind plan with the effect that our C2 mean was 31 minutes 10 seconds at the end of July 2026; 4 minutes 22 seconds behind expectations.

The recovery plan will look to deliver the national standard for category 1 patients and a year outturn position of 25 minutes by the end of the financial year in line with the agreed operating plan.

Craig Harman
Chief Operating Officer

28 August 2026



Meeting:	Trust Board
Meeting Date:	10 th September 2026
Report Title:	Chief Paramedic Officer Report
Agenda Item:	4.3
Document Status	Public
If private, rationale:	

Lead Executive:	Pauline Cranmer, Chief Paramedic Officer
Report Author:	Pauline Cranmer, Chief Paramedic Officer
Lead Committee:	
Purpose:	Assurance
Strategic Mission	1. Our Care 2. Organisation 3. Our London
Strategic Priority (26/27)	1. Collaborations & Partnerships strategy 2. New Clinical Operating model 3. What is the Culture we want? 4. Patient Care strategy
BAF Reference:	

Executive Summary

The report provides an overview of performance and developments across the Chief Paramedic Officer portfolio for the period from 1 May to 31 July 2026. Overall delivery remains positive, with continued development of specialist and advanced practice, education and workforce pipelines, professional standards arrangements, safeguarding assurance, national emergency capabilities and digital clinical leadership.

Clinical Education and Standards remains on track to deliver planned activity for 2026/27. Training was delivered to 185 people across induction programmes during the reporting period, with a further 47 staff commencing programmes. Additional recruitment requirements and programme growth are, however, increasing pressure on educator capacity, driving provision and training facilities.

Specialist and advanced practice services continue to expand. Ten Specialist Paramedics in Primary Care have completed induction and are operating independently, with a further four due to qualify. The prescribing pilot is progressing, and early findings from Specialist Paramedic deployment within the Integrated Clinical Care Hub are positive. The advanced practice urgent care prescribing programme has been shortlisted for an HSJ Award, while pilots relating to dispatch and station-based clinical development are under way. Critical care developments include the introduction of video laryngoscopy, intra-arterial blood pressure monitoring and preparatory work relating to drug-assisted intubation.

Professional Standards reviewed 12 cases during the reporting period, of which eight were referred to the Health and Care Professions Council. Conduct was the principal theme identified. The Head of Professional Standards continues to support managers with case management, panel processes and professional behaviour education.

Safeguarding training compliance is above the commissioned 85% target at Trust-wide Levels 1, 2 and 3. Trust Board compliance is currently 78.57%, attributed in the report to new membership. The safeguarding team continues to progress improvements to referral quality and is exploring digitally supported information capture.

The Chief Clinical Information Officer function transferred into the Chief Paramedic Officer portfolio in June 2026, with the handover completed in early August. Work is progressing to establish a consistent Trust-wide digital clinical safety system, strengthen the Clinical Safety Officer network and provide clinical leadership for digital innovation and artificial intelligence initiatives.

The Emergency Capabilities Unit remains operationally and financially on track, with national capability governance, casualty management models and approved codes of practice continuing to progress. Within ECU Education, 14 courses had been delivered by the end of July, supporting 170 learner completions. Workforce vacancies, curriculum development, accreditation, quality assurance and increased accommodation costs continue to require active management.

Key achievements

- Continued expansion of the Specialist Paramedic workforce and progress with prescribing in primary care settings.
- The advanced practice urgent care non-medical prescribing programme was shortlisted for an HSJ Award.
- Successful introduction of video laryngoscopy and progression of further critical care developments.
- Safeguarding training compliance is above the commissioned target across Trust-wide Levels 1, 2 and 3.
- Continued progress in simulation-based education, digital portfolios and immersive learning technology.
- Progress with national emergency capability governance, approved codes of practice and casualty management models.
- Delivery of 14 national education courses supporting 170 successful learner completions.
- Completion of the CCIO portfolio handover and development of a Trust-wide digital clinical safety approach.

Recommendation(s)

The Trust Board are requested to note the information detailed above and in the attached document.

Paper previously considered by:
Committee/Group

Date: 1st September 2026
Committee name: Executive Leadership Team

Impact Assessment (tick all that apply or N/A; note where the assessment has been signed off)

Quality & Patient Safety	N/A
Equality & Health Inequality	N/A
People	N/A
Data Privacy	N/A
Regulatory	N/A
Other	N/A

Routing of Paper – Impact of recommendations considered and reviewed by:					
	Agreed				Reviewer Name or N/A
Quality & Patient Safety	Yes		No		
Strategic Assets & Property	Yes		No		
Chief Paramedic	Yes		No		
Trust Operations	Yes		No		
Strategy & Transformation	Yes		No		
Corporate Affairs	Yes		No		
People & Culture	Yes		No		
Digital & Data	Yes		No		
ELT	Yes		No		



London Ambulance Service

NHS Trust

Meeting:	Trust Board
Meeting Date:	10 September 2026
Report Title:	Trust Quality Report
Agenda Item:	4.4.1
Document Status	Public
If private, rationale:	

Lead Executive:	Dr Fenella Wrigley
Report Author:	Dr Fenella Wrigley
Lead Committee:	Quality Assurance Committee
Purpose:	Information
Strategic Mission	1: Our Care 2: Our organisation 3: Our London
Strategic Priority (26/27)	Volunteer & Charity Strategy Patient Care Strategy
BAF Reference:	

Executive Summary

This report covers the quality of care delivered by the London Ambulance Service (LAS) during June 2026 and Quarter 1 of 2026/27, setting out performance, risks, learning and quality improvement activity across the four quality domains of Safe, Effective, Caring and Well-Led.

Overall, LAS continues to deliver good care within a challenging operational environment, with strong evidence of a positive patient safety culture, effective clinical outcomes and active organisational learning.

Performance within the Effective domain remains strong. National Ambulance Quality Indicator benchmarking places LAS amongst the top-performing ambulance services in England, including second nationally for Return of Spontaneous Circulation (ROSC) and second nationally for call-to-angiography times for patients with ST-elevation myocardial infarction (STEMI). Clinical audit, research activity and community resuscitation initiatives continue to support improvements in patient outcomes, while volunteer and public-access

defibrillator programmes are strengthening community response to cardiac arrest across London.

Within the Caring domain, the Trust continues to advance its health inequalities agenda, including targeted work relating to maternity services, mental health, learning disabilities, autism, cardiovascular disease and sickle cell disease. Demand within mental health services continues to rise and remains an area of focus, alongside ongoing work to improve equitable access to specialist pathways and reduce unnecessary emergency department attendance.

Progress has also been made in strengthening patient engagement through the launch of a new patient feedback programme and expanded patient experience initiatives.

The Well-Led domain demonstrates continued focus on governance, risk management and regulatory assurance arrangements. Constructive engagement with the Care Quality Commission continues.

Recommendation(s)

The Trust Board is asked to:
1 Discuss the assurance and note

Paper previously considered by:
Committee/Group

Date: 1 September 2026
Committee name: Executive Leadership Team

Impact Assessment (tick all that apply or N/A; note where the assessment has been signed off)

Quality & Patient Safety	N/A
Equality & Health Inequality	N/A
People	N/A
Data Privacy	N/A
Regulatory	N/A
Other	N/A

Routing of Paper – Impact of recommendations considered and reviewed by:

	Agreed				Reviewer Name or N/A
Quality & Patient Safety	Yes	X	No		
Strategic Assets & Property	Yes	X	No		
Chief Paramedic	Yes	X	No		
Trust Operations	Yes	X	No		

Strategy & Transformation	Yes	X	No		
Corporate Affairs	Yes	X	No		
People & Culture	Yes	X	No		
Digital & Data	Yes	X	No		
ELT	Yes	X	No		



Meeting in Public of The Board of Directors – 10 September 2026

Trust Quality Report – Reporting on April – June 2026 data

This report focuses on the quality of care provided by the London Ambulance Service (LAS). The Trust's Quality Assurance and Improvement Dashboard report contains the June 2026 data and provides an overview of the quality performance through relevant key performance indicators (KPIs) and information including the quality improvement agenda across the organisation.

The report covers four domains:

- Safe
- Effective
- Caring
- Well-Led; Quality Improvement

1.0 Safe

This section reviews the areas which are under the safe domain and how patients are protected from abuse and avoidable harm.

1.1 Quality and Patient Safety

During the first quarter of 2026/27, the Trust reported 2,830 patient safety incidents, representing a reporting rate of 5.3 incidents per 1,000 patient contacts. The volume of reporting continues to demonstrate a positive patient safety culture with incident numbers reflecting operational demand and the increased number of patient contacts within the reporting period. The most frequently reported themes related to external providers, medical equipment, dispatch and call handling, clinical treatment and communication and consent.

The Trust's learning systems continue to mature through the Patient Safety Incident Response Framework. The time to complete patient safety investigations and patient safety responses is monitored – **IPR 3.58 – 3.59 and 3.62 – 3.63**. In this period, 17 incidents have required learning reviews, which have focused on clinical assessment, access to care, transfer and handover processes and operational decision-making. Learning from deaths reviews continue to identify recurring themes associated with recognition of deterioration, oxygen administration, defibrillation, sepsis recognition, airway management and clinical documentation. The Trust has responded through case-based discussions, themed reviews, human factors education and organisational learning initiatives. Duty of Candour remains above 90% - **IPR 3.66**.



Despite these improvements, triangulation of patient safety incidents, complaints, legal claims, coronial findings and clinical audit data demonstrates that opportunities remain to continue to improve the consistency of initial clinical decision-making and documentation. There are agreed actions underway which are being monitored through the Clinical Oversight Group and into the Quality Assurance Committee.

1.2 Learning from Deaths

Structured Judgement Reviews continue to provide valuable opportunities for organisational learning. Themes identified during quarter one included recognition of shockable cardiac rhythms, timely defibrillation, management of hypoxia, airway assessment, recognition of sepsis, quality of documentation and resource allocation.

Positive practice was also identified, including effective neonatal resuscitation, collaborative management of complex trauma incidents and proactive management of equipment failures.

Learning continues to be disseminated through Insight Magazine, case-based discussions, clinical governance forums and a programme of human factors learning sessions.

1.3 Integrated Urgent Care

During the first quarter of 2026/27, there was a continued downward trend in the number of incidents reported within Integrated Urgent Care, with a total of 561 incidents recorded – **IPR 3.29**. Other quality indicators provide no evidence that this reduction has impacted on the identification or management of patient safety risks.

1.4 Clinical Equipment

Equipment reliability and availability remain an area of focus. Medical equipment incidents continue to be one of the most frequently reported patient safety themes. Good progress has been made in reducing equipment failures, equipment unavailability and end-tidal carbon dioxide device issues.

A Trust-wide Quality Priority has been established to improve equipment pouch availability. Early improvement activity has demonstrated positive trends, including increased returns of clinical pouches, improved stock visibility and strengthened asset-tracking arrangements.

1.5 Safeguarding

The Trust continues to demonstrate a strong safeguarding culture, with over 15,600 safeguarding referrals completed during quarter one and safeguarding training compliance achieving required standards across all levels. Attendance at statutory safeguarding meetings remains good and safeguarding activity continues to demonstrate appropriate professional vigilance.



Level 1, Level 2 and Level 3 safeguarding training are now all above the compliance level of 85%. **IPR 3.13 – 3.15.**

Focus is being given to learning from cases involving children, mental health presentations and vulnerable adults.

Additional work is underway to strengthen learning disability and autism training and ensure learning is disseminated beyond specialist safeguarding teams into operational services.

1.6 Medicines Management

Medicines governance remains positive. Further progress has been seen in controlled drug audit compliance and improvements in medication governance reporting processes with areas where incidents are being reported being monitored through the medicines management group and clinical quality oversight group.

Ongoing review of policies, patient group directions and prescribing practice has strengthened oversight arrangements.

1.7 Infection Prevention and Control

The Director of Infection Prevention and Control Annual Report was presented to the Quality Assurance Committee and provides assurance that the Trust remains compliant with its statutory infection prevention responsibilities.

Hand hygiene and station environmental cleaning standards remain consistently above target, whilst body fluid exposure and sharps incidents have reduced by 18% compared with the previous year.

Staff vaccination uptake increased significantly, placing the Trust third amongst London NHS organisations.

Vehicle deep-cleaning compliance remains an area of focus as one of the LAS Quality Priorities for 2026/27 – **IPR 3.37**. Recruitment to the team, revised operational processes and strengthened monitoring arrangements are being implemented to support sustained improvement.

Hand Hygiene and Premises Cleaning compliance is consistently above target - **IPR 3.40 and 3.41**



1.8 Health, Safety and Security

Health, Safety and Security reported 746 incidents in June 2026, including 96 physical assaults and 12 incidents reportable to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Across quarter one, 50 RIDDOR incidents were reported. Violence, aggression, physical assault and manual-handling risks remain prominent themes. **IPR 3.42 and 3.43.**

This is being addressed through safety training, safety alerts, the Stress Assessment Toolkit, dynamic risk assessment training, musculoskeletal injury work, track-chair improvement activity, expansion of the Violence Reduction Unit and support to use the body-worn video cameras.

1.9 Inquests and Legal Services

The Trust continues to participate in coronial and legal activity. Themes emerging from inquests and claims are aligned to those identified elsewhere within the quality governance framework.

A recent Prevention of Future Death report highlighted concerns regarding assessment and management of cardiac symptoms following a non-conveyance decision. LAS accepted the recommendations of the coroner which identified some areas of learning and actions are underway to share the learning through education, audit and clinical governance processes.

2.0 Effective

This section focusses on the areas under the effective domain, including the provision of appropriate clinical care.

2.1 Clinical Ambulance Quality Indicators

National Ambulance Quality Indicator data published in July 2026 for February 2026 continues to demonstrate strong performance overall.

LAS ranked second nationally for sustained Return of Spontaneous Circulation (ROSC), achieving 30.3%, above the national average of 28.2%. Utstein ROSC was 44.4%, compared with a national average of 45.9%. The Utstein Comparator Group (UCG) is a standardised subset of out-of-hospital cardiac arrest patients who are bystander-witnessed, the cardiac arrest is of presumed cardiac origin, and present with a shockable rhythm,

For suspected ST-elevation myocardial infarction, LAS ranked second nationally with a median call-to-angiography time of 2 hours 13 minutes, 16 minutes faster than the national average.



National benchmarking data continues to demonstrate strong clinical performance, particularly in cardiac arrest care and STEMI pathways.

2.2 Clinical Audit and Research

Clinical audit continues to provide important assurance regarding the effectiveness and safety of patient care. Since the last report an internal clinical audit has been published examining overdose and poisoning in children which identified strong compliance with standard clinical assessments and mental health review processes. This was presented to the Quality Assurance Committee along with the learning opportunities which have been developed and incorporated into education, guidance and digital workstreams.

Research activity remains active, including continued recruitment to the CRASH-4 trial and development of future research opportunities being explored.

2.3 Community Resuscitation and Volunteers

Survival from out-of-hospital cardiac arrests (OHCA) improve significantly when the “chain of survival” is activated early, through rapid recognition of cardiac arrest, early cardiopulmonary resuscitation (CPR) and prompt defibrillation. High-quality CPR and reduced time to first shock are critical to improving outcomes.

The London Ambulance service continues to make significant efforts in improving survival from OHCA through community engagement, education and targeted intervention.

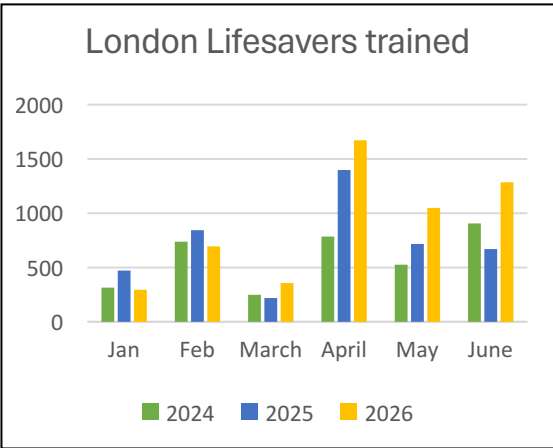
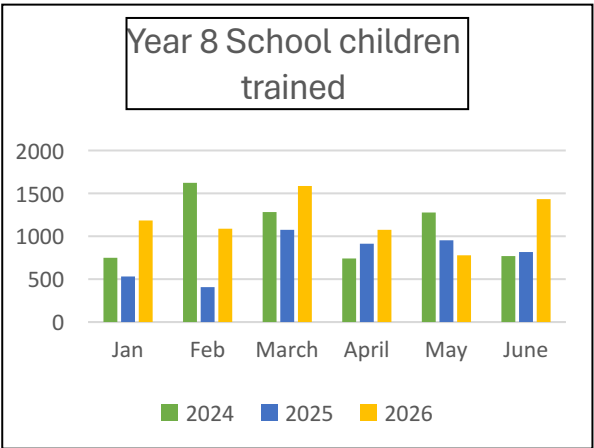
Programmes such as London Lifesavers, London Lifesavers schools programme and London Heart Starters are equipping Londoners with the skills to provide immediate basic life support care, and our primary focus is targeting areas with less access to defibs . Our volunteers continue to be an integral part of everything we are doing to improve OHCA survival.

2.31 London Lifesavers

In October 2023 we launched the London Lifesavers Schools programme, aimed at providing all year 8 pupils in London with the knowledge and skills to respond to a cardiac arrest. Evidence from countries where CPR is taught in schools shows that survival rates are nearly double compared to those without such education.

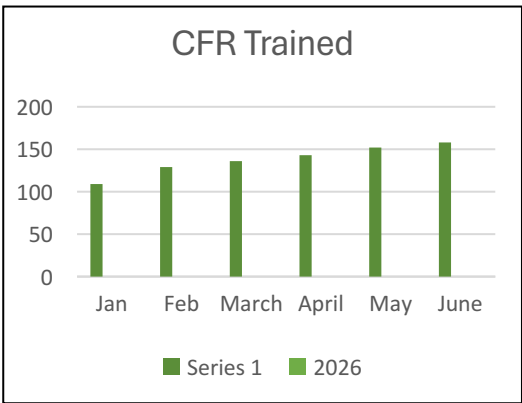
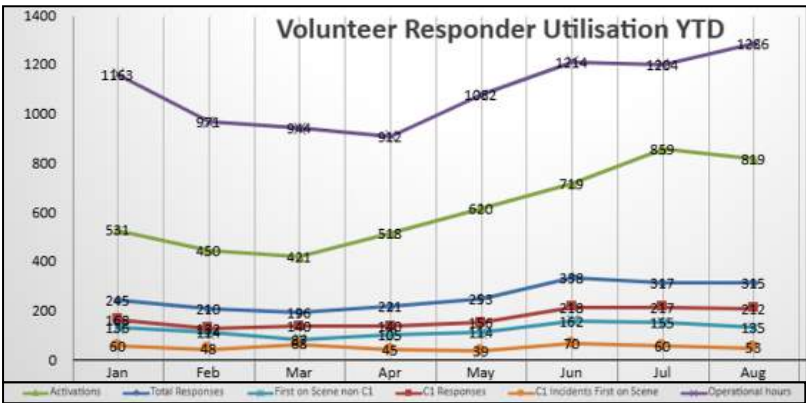
This quarter, we have trained more London Life Savers than ever before, with more than 4,000 people trained, e, with events occurring across London throughout the summer months, including the LAS Summer Open Day, held at the London Eye.





2.32 Volunteers

The LAS Community First Responder (CFR) scheme, designed to improve outcomes for our most critically ill patients by ensuring trained volunteer responders arrive ahead of an ambulance when possible and appropriate, continues to grow with 158 Community First Responders now trained. These volunteers are primarily tasked to attend cardiac arrests. Each CFR is equipped with essential life-saving equipment, including a defibrillator, oxygen, airway management tools and basic observation kits. Responders are dispatched via a mobile device using NMA technology.

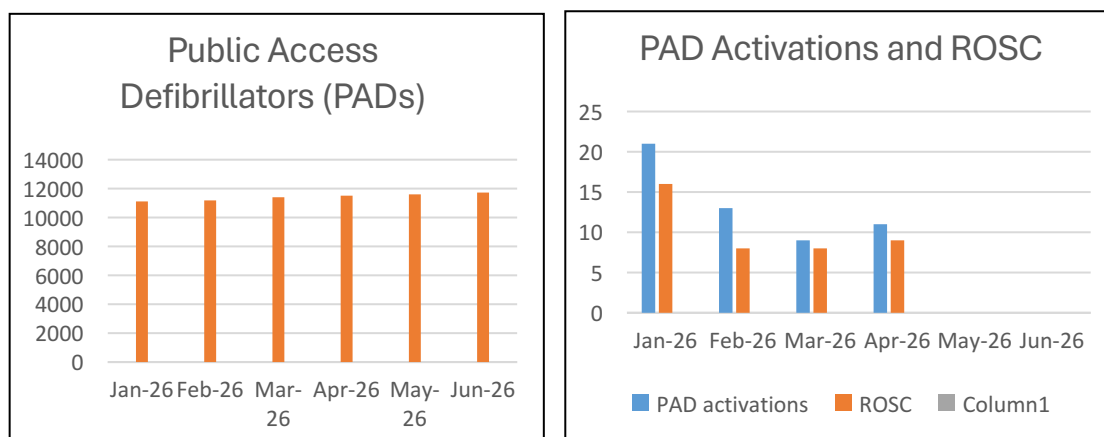


The second Volunteer Conference took place on 5th September providing the opportunity for volunteers to engage in talks and skills stations whilst celebrating the contribution they make to the LAS.

2.33 Public Access Defibrillators

An additional 324 public access defibrillators have been placed across London between April and June 2026.





The London Heart Starters campaign continues to raise awareness of the need for Public Access Defibrillators, with the London Ambulance Charity London Life Hike 2026 raising funds to support the continuing installation of defibrillations across the 47 remaining neighbourhoods across London boroughs.

3.0 Caring

This section reviews the areas within the caring domain and the work being undertaken to improve patient experience, reduce health inequalities and ensure care is tailored to the needs of the diverse communities we serve.

3.1 Health Inequalities

The Trust continues to progress its health inequalities programme with focused work on maternal health, sickle cell disease, learning disability and autism, and cardiovascular disease. Improvements are being delivered through patient engagement, education, pathway development and targeted clinical audit programmes.

3.2 Maternity Services

The publication of several national maternity reviews during 2026 has created an important opportunity to review ambulance service contributions to maternity safety. A gap analysis has confirmed that whilst many recommendations relate directly to maternity providers, a number have been identified as relevant to LAS, particularly around communication, escalation, health inequalities, patient experience and governance.

The Trust has already initiated work through the Maternity Health Inequalities Programme, development of maternity dashboards, enhanced patient engagement, closer working with maternity providers and improvements in maternity education and clinical governance.



On-going focus and priorities include better use of maternity outcome data, learning from lived experience and improved interoperability between ambulance and maternity information systems.

3.3 Mental Health Care

Mental health demand continues to increase and accounts for approximately 8% of LAS calls. Based on activity to date, 2026 is projected to exceed 145,000 mental health-related calls.

The Trust continues to provide specialist support through Mental Health Specialist Practitioners, Mental Health Joint Response Cars, Mental Health Transport Ambulances and alternative crisis pathways.

Variability in access to specialist pathways presents a continuing risk relating to equality of access and avoidable emergency department attendance. Work continues with commissioners and system partners to seek sustainable arrangements for patients requiring mental health care.

3.4 End of Life Care

The Trust has expanded their support to patients nearing the end of their lives, with the launch of the London Wish Ambulance. This is a charitable initiative, funded by donations made to the London Ambulance Service Charity, where an ambulance staffed by volunteer crews from within the LAS support palliative and end of life care patients to fulfil a meaningful wish or undertake a special journey that may otherwise not be possible due to their illness.

3.4 Patient Experience and Complaints

The Patient Experience Team continues to manage significant demand relating to complaints and subject access requests. A complaints recovery plan has commenced, supported by a Rapid Process Improvement Workshop focused on reducing delays, simplifying the process, strengthening communication and improving organisational learning. Recovery to the target of responding to 75% of complaints within 35 working days is anticipated by the end of October 2026. **IPR 3.12.**

During the reporting period the Trust successfully launched its new patient experience and feedback programme, including the introduction of a 999-patient survey, expanded community engagement and enhanced approaches to gathering patient insight. These developments support the Trust's ambition to understand not only what happened during care, but how care was experienced by patients and families.



4.0 Well-Led

This section focuses on the areas within the well-led domain, including organisational assurance, regulation, governance and quality improvement activity to support the delivery of high-quality care across the Trust.

4.1 Risk Management

The Quality Assurance Committee currently oversees two principal Board Assurance Framework risks relating to patient harm and operational performance. Both risks remain within the Board's risk appetite and continue to receive active oversight given ongoing operational pressures.

Governance performance has improved during the reporting period but remains a significant focus. The number of overdue incident review workflows continues to reduce; however, the volume remains above the level required to provide full assurance regarding the timeliness of learning and action implementation.

Risk management arrangements have continued to strengthen, with reductions in overdue risk reviews and improved oversight through the Risk and Controls Assurance Group. There is focus on ensuring that actions implemented prevent recurrence of identified issues.

4.2 Quality Governance and Regulatory Assurance

The Trust has completed extensive work following the January 2026 ePCR time-synchronisation incident, which was a technical issue that has since been resolved and did not result in patient harm. System remediation has been completed for identified records, clinical safety and governance documentation has been updated, and technical monitoring and server-build controls are being strengthened to reduce the likelihood of recurrence.

The Trust remains engaged with the Care Quality Commission, with a strong relationship of information sharing. The focus within the Trust remains on maintaining standards and demonstrating effective local ownership.





Alert – Advise – Assure Committee Board Report

Assurance report:	Quality & Assurance Committee	Date:	26/05/2026
Summary report to:	Trust Board	Date of meeting:	10/09/2026
Presented by:	Martin Machray	Prepared by:	Fenella Wrigley

Alert

Issues that require Board attention:

- Operational demand remains volatile and significantly above planned levels, increasing pressure on service delivery and organisational resilience.
- The number of overdue complaint responses remains above the expected target – the recovery plan has been supported by a cross directorate Rapid Process Improvement Workshop
- The Committee reviewed a recent Prevention of Future Deaths notice and highlighted the continuing challenge of increasingly complex clinical decision-making in the pre-hospital environment.

Advise

Items where Board input or awareness is needed:

- Learning from national maternity reviews, Prevention of Future Deaths notices and complaints intelligence should continue to inform organisational strategy, governance and service improvement.
- The Board should be aware that, whilst reducing the number of overdue local review workflows remains above the target but actions are in place to reduce this further.
- The Board should maintain oversight of mental health demand and associated health inequalities
- The Board should maintain oversight of operational resilience as the demand increases post Winter
- The Board should be aware of the 2026 NHS England Quality Strategy.



Assure:

Positive assurances for the Board to note:

The Committee is able to provide the following assurances:

- The IPR was reviewed with supporting narrative
- Quality, safeguarding and patient safety arrangements remain effective, with positive progress reported in safeguarding, infection prevention and control, complaints improvement and delivery of quality priorities.
- Assurance was received that actions are in place to support recovery from recent periods of exceptional demand and to prepare for winter pressures.
- The after-action review (AAR) relating to the service time synchronisation issue was presented along with the actions and learning

Risks:

BAF Risks

The Committee reviewed relevant strategic risks for 2026/2027.

- The Committee agreed the quality-related risks within the Board Assurance Framework for submission to the Board.

Decisions & Recommendations

Decisions Made by the Committee

- Approval of the annual Infection Prevention and Control report and annual Safeguarding report

Recommendations to the Board The Board is asked to:

Take Moderate Assurance from the work of the Committee and the progress made in operational performance, quality improvement and clinical governance arrangements, whilst recognising that overdue patient safety investigations and complaints performance, and clinical equipment availability and maintenance remain areas requiring continued Board oversight and executive focus.



London Ambulance Service

NHS Trust

Meeting:	Trust Board
Meeting Date:	10 September 2026
Report Title:	Chief People Officer Report
Agenda Item:	4.5.1
Document Status	Public
If private, rationale:	

Lead Executive:	Carl Kneeshaw, Chief People Officer
Report Authors:	Carl Kneeshaw, Chief People Officer
Lead Committee:	People & Culture
Purpose:	Assurance
Strategic Mission	2: Our Organisation
Strategic Priority (26/27)	Priority 7: Culture Development
BAF Reference:	LAS5: There is a risk that if LAS does not create an inclusive environment and look after its people's wellbeing, safety and development (staff and volunteers), then it will be unable to attract, retain and maximise the potential of its workforce for the benefit of patients.

Executive Summary

The Trust continues to demonstrate strong workforce performance across recruitment, retention, wellbeing, leadership development and inclusion. Recruitment pipelines remain robust, supported by 253 active offers across key workforce groups, while retention remains a significant strength with turnover at 9%, voluntary turnover at 7% and workforce stability at 92%. Workforce plans through to 2028/29 have been submitted to NHS England and continue to be monitored through established governance arrangements.

Progress continues across employee relations, health and wellbeing, organisational development and EDI programmes. Requests for Resolution have reduced by 21% since 2024, sickness absence performance is improved compared with the previous year, and significant progress has been made in implementing leadership, career development and culture initiatives under the We Are LAS Culture Improvement Programme.

Key areas of focus remain specialist workforce supply, ER investigation capacity and the increasing volume of Employment Tribunal activity. The Trust also continues to progress

actions arising from the Lord Mann Review and evolving national equality requirements, with no red-rated areas identified through self-assessment.

Key Messages for the Board

- Recruitment pipelines remain strong, with 253 active offers supporting workforce supply.
- Workforce turnover remains low at 9%, with workforce stability at 92%.
- Sickness absence continues to improve compared with the same period last year.
- Requests for Resolution have reduced by 21% since 2024.
- Employment Tribunal activity has increased to 69 live cases and remains under close oversight.
- Lord Mann Review self-assessment identified no red-rated areas.
- Leadership, appraisal, apprenticeship and talent programmes continue to deliver positive organisational outcomes.

Recommendation(s)

The Board is asked to:

1. **Note** the contents of this report.
2. **Take assurance** from progress against the Trust's workforce, wellbeing, culture, leadership and inclusion priorities.
3. **Note** the key workforce and employee relations risks and the mitigating actions in place.

Paper previously considered by:
Committee/Group

Date: 1 September 2026
Committee name: ELT
Outcome:

Impact Assessment (tick all that apply or N/A; note where the assessment has been signed off)

Quality & Patient Safety	
Equality & Health Inequality	
People	
Data Privacy	
Regulatory	
Other	

Routing of Paper – Impact of recommendations considered and reviewed by:

	Agreed				Reviewer Name or N/A
Quality & Patient Safety	Yes		No		
Strategic Assets & Property	Yes		No		
Chief Paramedic	Yes		No		
Trust Operations	Yes		No		

Strategy & Transformation	Yes		No		
Corporate Affairs	Yes		No		
People & Culture	Yes	X	No		SLT
Digital & Data	Yes		No		
ELT	Yes	X	No		

London Ambulance Service NHS Trust Board Meeting September 2026 (July 26 data)

Report from the Chief People Officer

1. Workforce Performance

Recruitment and Workforce Planning

Recruitment performance remains strong and continues to support delivery of the Trust's workforce plan. There are currently 253 active offers across operational, specialist and corporate staff groups. Workforce plans covering 2026/27 to 2028/29 have been submitted to NHS England and are supported through integrated workforce and financial planning arrangements. Regular review mechanisms provide visibility of workforce risks and opportunities and support informed recruitment decision-making.

Key workforce challenges remain:

- Maintaining Newly Qualified Paramedic (NQP) pipeline occupancy.
- Recruitment to Clinical Advisor roles.
- Delivery of revised Integrated Urgent Care workforce plans.

The implementation of the Oleo recruitment platform has commenced and will strengthen recruitment reporting, automation, workforce intelligence and candidate experience.

Retention

Retention performance remains a significant organisational strength.

- Workforce turnover: **9%**
- Voluntary turnover: **7%**
- Workforce stability: **92%**

Retention initiatives continue to support workforce sustainability. The strengthened Pensions Team has processed more than 100 flexible retirement applications and Pension Hub membership is approaching 8,000 colleagues. The revised Flexible Working Policy has also supported approximately 900 flexible working requests over the last 12 months.

2. Employee Relations and Wellbeing

Employee Relations

The Trust continues to strengthen its employee relations framework, focusing on early intervention, informal resolution and improving colleague experience.

Key improvements include:

- Enhanced digital oversight of resolution activity.
- Greater use of independent panels.
- Expansion of Resolution Advocate and Mediator capacity.
- Targeted management development programmes to support effective handling of employee relations matters.

These interventions are contributing to improved outcomes, with Requests for Resolution reducing by 21% since 2024.

The main challenges remain ER investigation capacity and case timeliness. Employment Tribunal activity has increased significantly and currently stands at 69 live cases, requiring continued executive oversight and organisational learning.

Health and Wellbeing

The Health and Wellbeing Team continues to deliver the Sickness Transformation Programme, with both overall and long-term sickness absence lower than the comparable period last year.

Key developments include:

- Pilot implementation of a new absence management platform.
- Organisation-wide rollout of the Alternative Duties Hub.
- Additional guidance supporting managers in managing mental health-related absence.
- Introduction of Perkbox services providing rapid access GP and physiotherapy support.
- Development of a trauma-informed workforce framework.
- Continued rollout of the Beyond Stop wellbeing and debrief programme.
- Planning for delivery of the 2026/27 flu vaccination programme.

These initiatives support the Trust's commitment to improving colleague wellbeing, reducing absence and strengthening workforce resilience.

3. Equality, Diversity and Inclusion

The Trust continues to make positive progress across its EDI priorities while responding to emerging legislative requirements and national best practice.

Key achievements during the reporting period include:

- Exceeding the target for completing 90% of non-complex reasonable adjustment requests within six weeks.
- Completion and approval of all statutory EDI reporting requirements, including WRES, WDES and Pay Gap reporting.
- Participation in the Mayor of London's Workforce Integration Network programme to address workforce race disparities.
- Continued strengthening of support arrangements through staff networks, Freedom to Speak Up, wellbeing services and HR support.

The Trust has also undertaken significant work to respond to Equality Act and EHRC guidance, including the establishment of a dedicated working group, manager briefings,

colleague engagement activity, organisational risk assessments and ongoing engagement with staff networks and trade unions.

Lord Mann Review

The Trust has completed its self-assessment against the Lord Mann Review recommendations and assessed itself as substantially aligned with national expectations, with no red-rated areas identified. An implementation plan has been approved to achieve full compliance by June 2027.

Key actions include:

- Refreshing the Anti-Racism and Anti-Discrimination Charter.
- Strengthening references to antisemitism, Islamophobia and wider forms of racism.
- Developing new charters covering disability, neurodiversity and violence reduction.
- Strengthening governance and oversight arrangements through the Inclusion Board and associated programmes.

4. Leadership, Talent and Culture

The Organisational Development and Talent Management Team continues to support delivery of the We Are LAS Culture Improvement Programme, strengthening leadership capability, organisational culture, talent management and career development.

Leadership and Culture

Significant developments include:

- Launch of the Trust-wide electronic appraisal system.
- Introduction of a single annual appraisal cycle.
- Implementation of the NHS Leadership and Management Framework.
- Delivery of targeted team effectiveness interventions informed by workforce intelligence and NHS Staff Survey findings.
- Progress against the Living Our Values programme.

The Centre of Excellence for Leadership and Culture has now been fully launched, with 232 participants enrolled, representing 35% of the eligible population.

Talent and Learning

Career Pathways and Career Clinics have been launched across operational services, improving visibility of development opportunities and supporting internal career progression. A new learning and development offer has also been introduced following completion of the Trust-wide non-clinical Learning Needs Analysis.

Statutory and Mandatory Training compliance remains strong at 91%, while new internal coaching programmes are supporting leadership and professional development across the organisation.

Apprenticeships

The Trust continues to receive national recognition for its apprenticeship programme, including:

- Positive Ofsted outcomes across all assessed areas.

- Ranking as the highest-placed NHS organisation in the Sunday Times Top 100 Apprenticeship Employers 2026.
- First place nationally for apprentice diversity.
- 113 apprenticeship starts during 2026/27 to date.

These achievements demonstrate continued success in developing future workforce capability and supporting social mobility.

Principal Risks and Mitigations

The key workforce-related risks currently being managed are:

- Specialist workforce supply challenges, particularly within Clinical Advisor and NQP pipelines.
- Increasing Employment Tribunal activity.
- Investigation capacity affecting case timeliness.
- Continued focus on reducing sickness absence
- Delivery of actions associated with the Lord Mann Review and emerging national requirements.

Mitigating actions include targeted and increased recruitment activity, strengthened workforce planning arrangements, enhanced employee relations capacity, increased mental health/trauma support and formal governance oversight and dedicated implementation programmes.



Alert – Advise – Assure Committee Board Report

Assurance
report:

People & Culture
Committee

Date:

26/09/2026

Summary report Trust Board
to:

Date of meeting: 10/09/2026

Presented by: Anne Rainsberry

Prepared by: Frances Field

Alert

Issues that require Board attention:

- **Staff safety and sexual safety:** Significant levels of violence, aggression and sexual incidents from members of the public continue, with an increasing trend in these incidents and further assurance required on the effectiveness of prevention and staff protection measures.
- **Sickness absence: Moderate assurance;** further evidence is required on the impact of interventions and the trajectory towards the 6% planning assumption.

Advise

Items where Board input or awareness is needed:

- **EDI:** Significant activity is underway, but the Committee is not yet assured that this is translating into sufficiently rapid improvement in staff experience and equality outcomes. The Committee is arranging a half-day session to take stock of progress to date and focus on the actions that will have the most significant impact going forward.
- **Recruitment:** Recruitment pressures remain, particularly for NQPs and winter requirements, but strengthened oversight and mitigating actions are in place.
- **Organisational change:** The scale of concurrent change requires careful prioritisation and management of workforce impacts and interdependencies.

Assure:

Positive assurances for the Board to note:

- **Retention** remains strong and recruitment pressures are being actively managed.
- **Freedom to Speak Up** remains well utilised, with over 850 confidential conversations and zero detriment cases.

	• Reasonable adjustments performance remains positive, with 92% completed within six weeks. • Overpayments are showing an improving trajectory, with strengthened controls and recovery arrangements.
Risks:	BAF Risks • BAF Risk 5 – People: Remains at 16 and above appetite, with mitigations in place but sustained improvement not yet evidenced.
Decisions & Recommendations	• Recruitment and retention: Agreed that current pressures do not require escalation as a separate BAF risk at this stage, given strengthened oversight and mitigating actions. • Staff safety: Recommend the Board note the Committee’s moderate assurance and continued oversight of violence, aggression and sexual safety, with further assurance required on the effectiveness of controls. • Sickness absence: Recommend the Board note the Committee’s moderate assurance, pending further evidence on the impact of interventions and the trajectory towards planned sickness levels. • EDI: Recommend the Board note that further assurance is required on whether EDI activity is delivering sufficiently rapid and measurable improvement in staff experience and equality outcomes. • Overpayments: Agreed that regular reporting should continue until sustained improvement provides sufficient assurance.



London Ambulance Service

NHS Trust

Meeting:	Trust Board
Meeting Date:	10 th September 2026
Report Title:	Chief Financial Officer Trust Board Report
Agenda Item:	4.6.1
Document Status	Public
If private, rationale:	

Lead Executive:	Rakesh Patel
Report Author:	Rakesh Patel
Lead Committee:	Finance, Infrastructure and Productivity Committee
Purpose:	Information
Strategic Mission	1: Our Care 2: Our organisation 3: Our London
Strategic Priority (26/27)	
BAF Reference:	LAS2

Executive Summary

The Trust reported a £0.8m surplus for the four months to 31 July 2026, with income of £264.6m and expenditure of £263.8m. Additional costs arising from increased activity levels and staff sickness during the summer heatwaves have been managed through non-recurrent measures. The Trust continues to forecast a breakeven position for 2026/27.

The £61.5m Capital Programme remains on track, with £7.4m invested to date across Fleet, Estates, Digital and Medical Equipment programmes. The Trust also maintains a strong cash position, with a closing balance of £61.8m at the end of July 2026.

Progress continues across key strategic programmes, including the development of the Croydon and Brixton sites, refurbishment of 14 Make Ready Hubs, expansion of EV and Solar infrastructure, Fleet investment, and improvements to estate facilities and asset management.

Recommendation(s)

The Committee/Board is asked to:

1. The Trust Board is asked to note the financial position at the end of July 2026
2. Note the progress made across the Trust's Capital Estates, Fleet and other programmes

Paper previously considered by:
Committee/Group

Date: 1 September 2026
Committee name: Executive Leadership Team

Impact Assessment (tick all that apply or N/A; note where the assessment has been signed off)

Quality & Patient Safety	
Equality & Health Inequality	
People	
Data Privacy	
Regulatory	
Other	

Routing of Paper – Impact of recommendations considered and reviewed by:

	Agreed				Reviewer Name or N/A
Quality & Patient Safety	Yes		No		
Strategic Assets & Property	Yes		No		
Chief Paramedic	Yes		No		
Trust Operations	Yes		No		
Strategy & Transformation	Yes		No		
Corporate Affairs	Yes		No		
People & Culture	Yes		No		
Digital & Data	Yes		No		
ELT	Yes		No		



London Ambulance Service NHS Trust Board meeting

Report from the Chief Finance Officer

Financial Position at the end of July 2026

Income and Expenditure Plan

For the four months to end of July 2026, the Trust received income of £264.6m and incurred costs of £263.8m, resulting in a surplus of £0.8m. Over this period, the Trust has incurred additional costs from higher activity levels and higher staff sickness due to the summer heatwaves. These costs have been covered on a non-recurrent basis within the reported position.

The Trust is forecasting to deliver a breakeven Income and Expenditure position for the full financial year.

Capital Programme

The Trust has a planned Capital Investment Programme of £61.5m for 2026/27 across Fleet, Estates, Digital and Medical Equipment. For the four months to end of July 2026, the Trust has incurred capital costs of £7.4m and is forecasting to deliver the overall capital programme within resources for the full financial year.

Cash Balance

The Trust had a closing cash balance of £61.8m at end of July 2026

Strategic Assets and Property

Capital Programmes and Estate Development

Following the successful acquisition of sites in Croydon and Brixton, detailed design work has been completed in collaboration with local stakeholders. The designs have now been formally frozen, enabling progression into the next phase of delivery. Constructive and positive feedback has been received through the pre-application planning process, providing assurance that the proposals are progressing as expected. The programme remains on schedule, with completion anticipated by the end of the 2027/28 financial year.

Work is underway to develop future estate plans across East London to ensure estate provision aligns with operational demand and future service requirements. This includes evaluating opportunities to optimise the estate footprint and support long-term operational effectiveness.

The Trust has developed a scheme funded by NHS England for the refurbishment of 14 Make Ready Hubs. The development will improve configuration and layout within the hubs, enabling more productive use of space, enhanced functionality and improved operational efficiency.

The Trust has identified funding to continue its programme of work across the estate with a particular focus on staff facilities including refurbishment of kitchen, mess room, improvement of shower and changing facilities and general refreshments of sites across the Trust. These investments should support staff wellbeing, retention and workplace experience.

EV infrastructure and Sustainability

EV capability is now established across 13 ambulance stations, enabling progression towards a fully electrified fleet in line with the NHS Net Zero target of 2040. EV and renewable energy infrastructure will continue to be expanded across existing sites with solar panels now fitted at 10 additional sites. There will be a total of 15 solar sites across the estate by the end of FY26.27

Fleet

The department continues its programme of rolling out new vehicles. The frontline ambulance fleet now comprises 600 Double Crewed Ambulances (DCAs), with 225 fast response vehicles (FRV) in operation, in 2026/27 the Trust intends to purchase 70 additional ambulances.

Supply and Distribution

The Supply and Distribution team continues to strengthen asset management through the implementation of tracking systems, with approximately 85,000 assets now tagged. This supports improved visibility of asset location, utilisation, and demand, and enhances the Trust's ability to manage losses and maintain operational readiness.

The Supply and Distribution team are working closely on their joint initiative with the quality directorate, and several new posts have been introduced in both teams to provide assurance and support to their team around their compliance with CQC.

General Directorate Updates

The Make Ready team will be implementing a new pilot looking at different models to evaluate which model aligns with Operations and strengthens the relationship between Make Ready and local operational groups.

Rakesh Patel

Chief Finance Officer, London Ambulance service NHS Trust.



Alert – Advise – Assure Committee Board Report

Assurance report: **Finance Investment and Productivity Committee** **Date:** **27/08/26**

Summary report to: **Trust Board** **Date of meeting:** **10/09/2026**
Presented by: **Bob Alexander** **Prepared by:** **Nora Hussein**

Alert

Issues that require Board attention:

- The Committee noted that recovery action was required against some operational performance measures. A written recovery plan and progress update will be presented to the Committee at its September meeting.
- The Committee noted changes to the capital programme and will continue to monitor delivery and the utilisation of available capital resources.
- The Committee supported two business cases for onward consideration by the Board, noting that their future financial implications would need to be managed through the Trust's financial planning arrangements.

Advise

Items where Board input or awareness is needed:

- The Committee reviewed the Trust's full-year financial forecast. The forecast assumes delivery of the operational plan, Cost Improvement Programme and planned winter resource requirements.
- The Committee supported the early renewal of the Trust's urgent care clinical platform for onward approval by the Board, noting its importance to service continuity and the associated financial implications.
- The Committee supported the Body Worn Camera replacement business case for onward consideration by the Board, noting its importance in supporting staff safety and the need to consider usability and take-up.
- The Committee received an update on progress against its assigned strategic priorities relating to Advanced Foundation Trust status and commercial development. Progress towards Advanced Foundation Trust status remains dependent on sustained achievement of the relevant NHS Oversight Framework requirements.

Assure:

Positive assurances for the Board to note:

- The Committee received assurance that the Trust's financial position remained favourable to plan at Month 4.

	• The Committee noted that delivery of the Cost Improvement Programme was ahead of plan and that the Trust continued to forecast delivery of its full-year programme. • The Committee received assurance that the Trust continued to forecast full utilisation of its available capital resources. • The Committee received assurance that the full-year financial forecast had been developed through a robust process, including technical forecasting and review with budget managers. • The Committee noted that the operational recovery plan was subject to regular executive oversight, with progress to be reported to the Committee. • The Committee received assurance regarding the continued stability and resilience of the Trust's urgent care clinical platform.
Risks:	Risks • Delivery of the operational recovery plan. • The potential impact of increased winter pressures on operational and financial performance. • Delivery of the Cost Improvement Programme during periods of increased operational pressure. • Achievement of the relevant NHS Oversight Framework requirements. • The future financial implications of the business cases supported by the Committee.
Decisions & Recommendations	• Supported the urgent care clinical platform renewal business case for onward approval by the Trust Board. • Supported the Body Worn Camera replacement business case for onward consideration by the Trust Board. • Requested that the operational recovery plan, including expected progress against each action, be presented to the September Committee meeting. • Received assurance on the Month 4 financial position, capital programme, Cost Improvement Programme and full-year forecast. • Noted progress against the Committee's assigned strategic priorities.



Alert – Advise – Assure Committee Board Report

**Assurance
report:**

Audit Committee

Date: 02/09/2026

**Summary
report to:**

Trust Board

**Date of
meeting: 10/09/2026**

**Presented
by:**

Rommel Pereira

**Prepared
by: Nora Hussein**

Alert

Issues that require Board attention:

- The Committee noted a breach of Standing Financial Instructions in relation to retrospective single tender waivers. The CFO agreed to consider issuing a further reminder regarding the requirement for appropriate approval before commitments are made.

Advise

Items where Board input or awareness is needed:

- The Committee held a horizon-scanning discussion, which informed its review of the Board Assurance Framework (BAF). The Executive will take forward points arising from the discussion, with further consideration through the planned Board risk session.
- The Committee considered sensitive information access and the steps being taken by the Executive to strengthen assurance arrangements. Regular updates will be provided to the Audit Committee on progress in addressing identified gaps.
- The Committee reviewed and recommended the Provider Capability Self-Assessment for onward consideration by the Board, subject to comments raised by the Committee being reflected in the final submission.
- The Committee approved the 2026/27 Internal Audit Plan. A number of points were considered during the discussion but did not result in changes to the plan.
- The Committee received the Counter Fraud update, noting the management actions underway and the expectation that continued improvement will be demonstrated.
- The Committee reviewed its annual effectiveness assessment and will consider actions to strengthen triangulation between audit, risk and performance information, provide appropriate time for strategic risk deep-dives and ensure sufficient time for scrutiny of complex assurance matters.

Assure:	Positive assurances for the Board to note: The Committee received assurance that the Trust had successfully submitted its Data Security and Protection Toolkit (DSPT) return with Standards Met, with a number of evidence requirements exceeding this year's requirements.
Risks:	Risks - The Committee reviewed the BAF risks within its remit relating to legislative and regulatory compliance, prevention of cyber-attack, and recovery from a major operational or resilience incident, and supported their onward recommendation to the Board. - To support the Committee's focus on Resilience in London, as a major world capital, a "spotlight" session on LAS's approach to multi-agency planning and exercising will be arranged.
Decisions & Recommendations	- Recommended the 2026/27 BAF to the Trust Board for approval, following review of the risks within the Committee's remit. - Recommended the Provider Capability Self-Assessment to the Trust Board, subject to the Committee's comments being reflected in the final submission. - The Committee approved the 2026/27 Internal Audit Plan presented by the Trust's new Internal Audit provider, RSM UK. - Recommended the revised Standing Financial Instructions and Scheme of Delegation to the Board, subject to the agreed reasonableness/benchmarking check and actions. - Approved the Land and Building Accounting Policy.



London Ambulance Service

NHS Trust

Meeting:	London Ambulance Service NHS Trust Board Meeting
Meeting Date:	10 th September 2026
Report Title:	Report from the Chief Digital Officer following the Digital & Data Quality Committee
Agenda Item:	4.8.1
Document Status	Public
If private, rationale:	Not applicable

Lead Executive:	Chief Digital Officer
Report Author:	Clare McMillan, Chief Digital Officer
Lead Committee:	Digital & Data Quality Committee
Purpose:	Assurance and discussion/information
Strategic Mission	Our Care; Our Organisation; Our London
Strategic Priority (26/27)	Safe, effective and digitally enabled care; organisational resilience and transformation
BAF Reference:	BAF Risk 11 – availability of accurate, timely and accessible data

Executive Summary

The Digital & Data Quality Committee met on 2 July 2026 and received positive assurance on the stability of critical digital services, progress in data quality, implementation of the new operating model and the Trust's contribution to digital innovation. The Committee also identified areas where assurance must mature, particularly the prioritisation and trajectory of digital and data risks, recovery plans for higher-risk projects, and oversight of externally managed critical services. Further reporting and interim assurance have been commissioned, with significant findings to be escalated outside the normal quarterly cycle.

Recommendation(s)

The Board is asked to:

1. Note the assurance received by the Digital & Data Quality Committee; and
2. Note the areas of further assurance commissioned by the Committee.

Committee/Group:	Date: July 2026
Date:	Committee name: Digital & Data Quality Committee
Outcome:	Outcome: Assurance received; further reporting and interim updates commissioned.

Impact Assessment (tick all that apply or N/A; note where the assessment has been signed off)

Quality & Patient Safety	N/A
Equality & Health Inequality	N/A
People	N/A
Data Privacy	N/A
Regulatory	N/A
Other	N/A

Routing of Paper – Impact of recommendations considered and reviewed by:

	Agreed				Reviewer Name or N/A
Quality & Patient Safety					N/A
Strategic Assets & Property					N/A
Chief Paramedic					N/A
Trust Operations					N/A
Strategy & Transformation					N/A
Corporate Affairs					N/A
People & Culture					N/A
Digital & Data	✓				Clare McMillan, Chief Digital Officer
ELT					N/A

London Ambulance Service NHS Trust Board Meeting
September 2026
Report from the Chief Digital Officer

Introduction

This report provides an update to the Board following the Digital & Data Quality Committee meeting held on 2 July 2026. It summarises the Committee's consideration of digital and data risk, operational service performance, data quality, the transformation portfolio, implementation of the new Digital & Data operating model and the Trust's wider innovation agenda.

Overall, the Committee received assurance that critical digital services remain stable and that the Directorate continues to make good progress in modernising services and strengthening accountability. The Committee also identified areas where reporting and assurance need to mature further, particularly in relation to the relative severity of digital risks, the trajectory of the data risk on the Board Assurance Framework, recovery plans for higher-risk projects and assurance over externally managed services.

Digital and Data Risk and Assurance

The Committee reviewed, for the first time, a consolidated summary of the Directorate's corporate risk register. There are currently 20 open risks, principally relating to cyber security, privileged access, critical vulnerabilities, legacy technology, patching, network resilience, operational technology, data quality and the transition of digital projects into operational services.

The Committee welcomed the improved visibility but concluded that further development is required to provide sufficiently robust assurance. Future reports will show the ranking and severity of risks, material changes during the reporting period, overdue or incomplete mitigating actions and any risks that are escalating or are not being effectively controlled. A thematic approach is also being developed so that the Committee can consider related risks across cyber security, clinical safety, information governance, technology lifecycle management and artificial intelligence without duplicating detailed operational oversight.

The Committee also reviewed Board Assurance Framework Risk 11, relating to the availability of accurate, timely and accessible data to support safe care and effective decision-making. The current report provides an initial view of controls and assurance, but requires a clearer quarterly trajectory towards the target score and prioritisation of the actions most likely to reduce the risk. An independent review by PA Consulting is under way and will inform a prioritised improvement plan. Any significant findings will

be escalated to the Board and Audit Committee without waiting for the next quarterly Committee meeting.

Operational Digital Services

The Committee received the first integrated performance report covering the Trust's five most critical digital services: telephony, computer-aided dispatch, the NHS 111 clinical system, electronic patient records and control-room communications. Availability across these services remained high, with improved stability and a marked reduction in major incidents compared with previous years. No clinical safety incidents required escalation during the reporting period.

Investment in enhanced monitoring and alerting is continuing and is expected to improve proactive detection and response before issues affect operational services. The Committee requested that future reporting provide greater trend information and bring together technical performance with the clinical and patient impact of incidents, cyber resilience, Priority 1 incident learning and corrective action.

Some long-standing issues remain dependent on external suppliers, including nationally managed services. Although these are not currently affecting clinical care, the Committee has requested clearer assurance on supplier performance, service-level agreements and escalation arrangements for externally hosted critical services.

Data Quality

The Committee reviewed a redesigned data quality assurance report, structured around a recognised public-sector data assurance framework. Progress includes a pilot to strengthen data stewardship within existing information asset roles, evaluation of a data catalogue tool and implementation of new NHS England reporting requirements for Hear and Treat and NHS 111 activity. The Committee was assured that the new submissions had been developed through appropriate clinical validation and governance processes.

Mandatory data quality training has reached 95% completion across relevant functions and the revised Data Quality Policy has been approved. Work continues to extend training to paramedic staff and to strengthen arrangements for retrospective correction of data.

The Committee recognised this progress while noting that data assurance must extend beyond national reporting compliance to the quality and safety of information shared across the wider care system. Further updates will cover the outcome of the data stewardship pilot, the data catalogue proof of concept and the Trust's contribution to safe use of clinical data across patient pathways.

Digital Transformation Portfolio

The digital transformation portfolio comprises more than 50 projects and was reported as green overall, although trending towards amber due to four extreme risks and two projects rated red. Current areas requiring closer management include support and governance for Power Platform applications, operational dependencies associated

with the CAD Web migration, external dependencies affecting Electronic Transfer of Care and delays in replacing legacy fax technology.

The Committee requested clearer recovery timelines for projects rated red, defined mitigation dates for extreme risks and greater visibility of the financial and delivery consequences of delay. An interim update on the four extreme risks and their mitigation plans will be provided to Committee members outside the normal quarterly cycle. This will strengthen oversight and enable emerging concerns to be escalated promptly.

Digital & Data Operating Model

The Committee reviewed the Directorate's new operating model, which moves from technology-based teams to service-aligned product teams with clearer end-to-end accountability. The model is supported by dedicated functions for cyber security and assurance, information governance, data and insights, portfolio delivery, clinical leadership, business management and innovation.

A central feature is the creation of a 24-hour, seven-day IT Operations Centre to improve monitoring, incident response, out-of-hours change delivery and operational resilience. A Digital Innovation Hub will provide a structured route for testing and evaluating new solutions before successful pilots transfer into formal delivery and ongoing service ownership.

Implementation is targeted from 1 September 2026 and affects approximately 75 staff. Key transition risks include workforce uncertainty, loss of organisational knowledge, recruitment and capability gaps, and continuity of critical services. These are being managed through a formal risk assessment, knowledge-transfer activity, targeted training and post-implementation review. The Committee will receive further assurance on transition risks, measurable benefits and performance against the Directorate budget.

Innovation and National Leadership

The Committee recognised the Trust's national success at the 2026 HSJ Digital Awards, where My Clinical Feedback won the Driving Change Through Data and Analytics category and received Highly Commended recognition for Improving Urgent and Emergency Care Through Digital. My Clinical Feedback is now being developed as a national product, reflecting the Trust's continuing leadership in digital innovation across the ambulance sector.

The Digital Innovation Hub will create a formal pipeline for innovation, with initial priorities including artificial intelligence-enabled patient triage, language translation, automation and improvements to call-handling technology. Clinical safety, information governance, cyber security, data protection and ethical assurance will be embedded throughout the innovation lifecycle.

LAS has also volunteered to become one of the first London organisations to pursue accreditation under the Towards Excellence in Digital Standards framework. This will

provide an independent assessment of digital leadership, workforce capability and organisational maturity, and will help identify priorities for further improvement.

Conclusion

The Digital & Data Quality Committee received positive assurance on the stability of critical services, progress in data quality, implementation of the new operating model and the Trust's national contribution to digital innovation. It also set clear expectations for strengthened reporting on digital risk, data assurance, higher-risk projects and externally managed services.

The Board is asked to note the contents of this report and the areas of further assurance commissioned by the Committee.



Alert – Advise – Assure Committee Board Report

Assurance report:	Digital & Data Quality	Date:	02/072026
Summary report to:	Trust Board	Date of meeting:	10/09/2026
Presented by:	Gaurav Kumar	Prepared by:	Frances Field

Alert

Issues that require Board attention:

- The Committee reviewed the Digital and Data risk position and concluded that further development of risk reporting is required to provide robust assurance. Particular focus is required on the severity and ranking of the 20 open risks, overdue mitigating actions and escalating or poorly controlled risks. BAF Risk 11 (Data) remains a work in progress pending the outcome of the independent review and development of a prioritised action plan and quarterly trajectory towards the target risk score. Significant findings will be escalated promptly to the Board and Audit Committee.
- The digital transformation portfolio remains rated green but is trending towards amber, with four extreme risks and two projects rated red. The Committee has requested clearer mitigation and recovery timelines, financial impacts and an interim update on the four extreme risks.

Advise

Items where Board input or awareness is needed:

- The Committee welcomed the new Digital and Data operating model, including the introduction of a 24/7 IT Operations Centre and Digital Innovation Hub. Implementation is planned from 1 September, with transition risks around organisational knowledge, workforce uncertainty and capability gaps being actively managed. The Committee has requested ongoing assurance on implementation risks, benefits and financial performance.
- The Committee also requested strengthened future assurance reporting across digital operations, including clinical and patient-safety impacts, cyber resilience and supplier management for externally hosted critical services.

Assure:

Positive assurances for the Board to note:

- Critical digital services continue to demonstrate strong availability, with improved stability and a marked reduction in major incidents. No new clinical safety incidents or risks currently require escalation.
- The Committee noted good progress in data quality governance, including 95% completion of mandatory data quality training and approval of the revised Data Quality Policy, while recognising that further maturity is required around the quality and safe use of information across the wider care system.
- The Committee also welcomed national recognition of the Trust's digital and data work, including an HSJ Digital Award for driving change through data and analytics and a high commendation for work supporting urgent and emergency care.
- The Board is asked to note the Committee's assurance, the matters highlighted for continued oversight and the arrangements for prompt escalation where significant concerns arise.

Risks:

BAF Risks

The Committee reviewed relevant strategic risks for 2026/27.

- The Committee reviewed BAF Risk 11 – Data and noted that assurance remains under development. The new reporting template provides an initial view of controls and assurance, but further work is required to demonstrate the trajectory towards the target risk score.
- An independent review is underway to identify gaps in controls and assurance related to the implementation of data definitions. The Committee requested a prioritised mitigation plan and quarterly risk trajectory, with any significant concerns arising from the review to be escalated promptly to the Board and Audit Committee

Decisions & Recommendations

Recommendations made by the Committee

- Note the current digital and data risk position, including the need for strengthened reporting and oversight of high-scoring, escalating and poorly controlled risks.
- Note that BAF Risk 11 (Data) requires further assurance, pending completion of the independent PA Consulting review,



prioritisation of mitigating actions and development of a quarterly trajectory towards the target risk score. Any significant findings will be escalated promptly.

- Note the digital transformation portfolio position, currently green but trending towards amber, with four extreme risks and two red-rated projects subject to enhanced oversight and mitigation.
- Note implementation of the new Digital and Data operating model, including the 24/7 IT Operations Centre and Digital Innovation Hub, and the associated transition risks and mitigations.
- Take assurance on the performance of critical digital services, which continue to demonstrate strong availability and improved stability, with no new clinical safety incidents or risks requiring escalation.
- Endorse the Committee's continued focus on strengthened assurance, particularly across cyber resilience, clinical safety, data quality, supplier management and emerging AI-related risks.



London Ambulance Service

NHS Trust

Meeting:	Trust Board
Meeting Date:	10 September 2026
Report Title:	Director of Corporate Affairs Report
Agenda Item:	4.9
Document Status:	Public
If private, rationale:	

Lead Executive:	Jo Cripps, Director of Corporate Affairs
Report Author:	Jo Cripps, Director of Corporate Affairs
Lead Committee:	Trust Board
Purpose:	Assurance
Strategic Mission	1: Our Care 2: Our organisation 3: Our London
Strategic Priority (26/27)	All
BAF Reference:	LAS7 – Legislative/Regulatory Standards

Executive Summary

This report provides an update on Corporate Affairs activity since the last Board meeting.

Recommendation(s)

The Board is asked to note the report.

Paper previously considered by: <i>Committee/Group</i>	ELT 2/9/26
---	---------------

Impact Assessment (tick all that apply or N/A; note where the assessment has been signed off)

Quality & Patient Safety	N/A
Equality & Health Inequality	N/A
People	N/A
Data Privacy	N/A

Regulatory	N/A
Other	N/A

Routing of Paper – Impact of recommendations considered and reviewed by:					
	Agreed				Reviewer Name or N/A
Quality & Patient Safety	Yes		No		
Strategic Assets & Property	Yes		No		
Chief Paramedic	Yes		No		
Trust Operations	Yes		No		
Strategy & Transformation	Yes		No		
Corporate Affairs	Yes		No		
People & Culture	Yes		No		
Digital & Data	Yes		No		
ELT	Yes	x	No		

Director of Corporate Affairs Report

1. Executive Summary

This report provides an overview of Corporate Affairs activity since the last Trust Board meeting. It is provided for information and assurance.

2. Key Corporate Updates

2.1 Annual Report & Accounts

The Annual Report and Accounts were prepared and shared with the Audit Committee in June 2026. These will be presented to Board on 10th September for approval and onward publication.

2.2 Fit & Proper Persons Assessment

The Fit and Proper Person assessment submission was made to NHS England in line with the Trust's provider license.

Trust Board member appraisals are underway and will be completed by end of September, in line with NHS England requirements.

2.3 Board Assurance Framework

The Trust's Board Assurance Framework (BAF) has been fully reviewed and updated and is presented on the agenda for this meeting. Each BAF risk has been aligned to one Committee and one Executive Lead to enable clear accountability and reporting. Risks scoring >15 on the corporate or Trust-wide risk register will be reported to the relevant Committee.

2.4 Committee Effectiveness Reviews

Each Committee has undertaken an effectiveness review, the results of which will be discussed within the Committee and actions taken to continually improve governance arrangements.

2.5 Board assurance/well-led review

The Board assurance/well-led review is underway and will report later in the year.

2.6 Board Effect

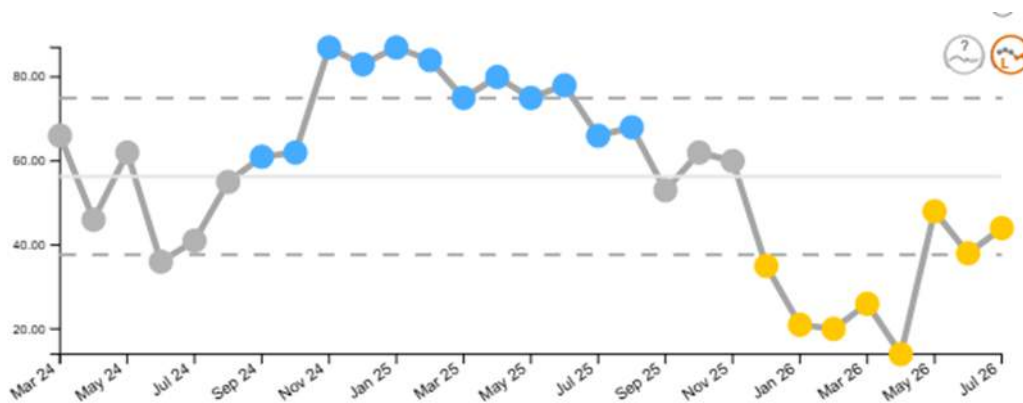
A new Board and Committee portal has been implemented, replacing the previous system.

3. Patient Experience

The Trust receives on average 102 complaints per month and 150 compliments.

The Trust has not met the target of closing 75% of complaints within 35 working days. A recovery plan is in place, which is focussed on reducing the number of longest waiting complaints while ensuring systems and processes are in place to respond to new complaints in a timely manner.

The chart below shows delivery against the recovery plan, towards reaching a sustainable position by the end of October 2026.



At the time of writing, the Trust had 299 complaints open, with 142 outside of the response time. Year to date performance sits at 36% against the 75% target, with an in-month performance for July at 48%

Importantly, the longest waiting complaints are reducing. The number of overdue complaints dropped from 211 in April to 147 in July. The longest waiting complaint responses (those >6 months) reduced from a high of 20 in April, to 9 in July. Similarly, the number of complaints waiting over 3 months has dropped from 155 in April to 101 in July.

In support of the recovery plan, we have undertaken a Rapid Process Improvement Workshop as the initial part of a dedicated quality improvement programme to improve the way we handle complaints and learn from patient experience. A number of actions have been identified as a result and a full report will be presented to the Quality Assurance Committee in due course.

The key themes arising from complaints continue to centre on staff conduct and behaviour, particularly concerns relating to communication breakdown, perceived rudeness, lack of compassion and patients feeling that their views were not listened to. Operational themes also include ambulance response delays, delayed call backs, and concerns regarding referral decisions. Themes arising from complaints are triangulated through the Quality Assurance Committee to ensure learning is embedded in our professional standards work and on-going education offers.

4. Freedom of Information (FOIs)

In accordance with the Freedom of Information Act 2000, the Trust is required to respond to requests for information within 20 working days. The Trust's internal target compliance rate is 73%.

For the period May 2026 to July 2026, the department received 149 Freedom of Information (FOI) requests and closed 103 requests. As at 31 July 2026, 21 FOI requests were overdue. There were 31 open FOI requests, all of which were within the statutory response timeframe.

Performance for the period was 56.3%, against the target of 73% for responding to FOI requests within 20 working days.

FOIs are becoming increasingly complex in nature, often requiring input from several different subject matter experts.

Requests mainly come from individuals, but there are a significant number of requests from media organisations.

Work is continuing to review FOI processes across the Trust to improve internal arrangements and response times.

5. Freedom to Speak Up (FtSU)

The Freedom to Speak Up (FtSU) team continues to provide vital insight into the culture of the Trust. The team plays a key role in supporting psychological safety and enabling colleagues to raise concerns confidently, safely and appropriately across the organisation

In Q1 there were 20 formal concerns recorded, a marked decrease from the 50 raised in Q4 2025/26. The team will continue to monitor this over the coming months and triangulate with other data, including staff survey results, referrals for resolution, incidents and complaints.

In terms of trends and themes, inappropriate attitudes and behaviours remained the leading theme with 7 cases (35%), followed by system and process concerns with 5 cases (25%) together accounting for 60% of all concerns.

There are currently 58 trained FtSU Ambassadors across the Trust. These colleagues have volunteered to undertake additional training and act as local champions for speaking up. Of these Ambassadors, 16 are trained in Sexual Safety, providing specialist support to colleagues who wish to raise concerns of this nature.

The FtSU team maintains a strong focus on visibility, accessibility and engagement, including regular presentations at staff meetings and team huddles. The Team also supports the Trust induction programme and the Creating Exceptional Learning Cultures (CELC) programme.

The FtSU annual report was discussed by the People and Culture Committee at its meeting in August and will come to the Board in due course.

6. Subject Access Requests

The Trust receives >250 subject access requests per month, which are, in the main, handled by the Patient Experience team. Current compliance with the standard of responding within one month stands at 84.2%. SAR activity is growing in both the number of requests received and the complexity of requests, including patient records, CCTV and body worn camera footage.

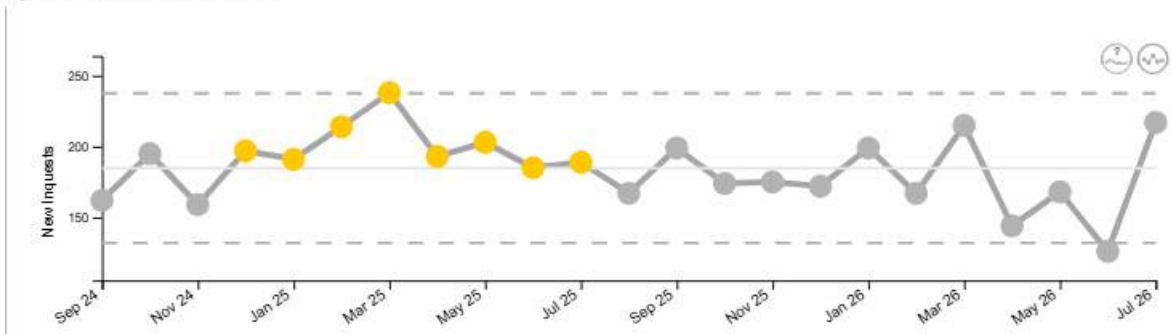
7. Legal Services

In the period 1 May - 31 July, a total of 549 inquests were opened:

Level 1=511

Level 2= 38

3.07 New Inquests Notified



In the same period the following claims were opened:

Employer's liability - 8

Public liability - 2

Clinical claims - 5

Learning from inquests and clinical claims occurs through the Quality Assurance Committee.

Ends.



London Ambulance Service

NHS Trust

Meeting:	Trust Board
Meeting Date:	10 th September 2026
Report Title:	LAS Strategic Priorities 2026/27: Progress update for Trust Board
Agenda Item:	5.1
Document Status	
If private, rationale:	

Lead Executive:	Roger Davidson, Chief Strategy Officer
Report Author:	Karla Isaacs, Programme Manager
Lead Committee:	
Purpose:	Assurance
Strategic Mission	All
Strategic Priority (26/27)	All
BAF Reference:	

Executive Summary

Trust Board agreed seven strategic priorities for 2026/27 together with the governance arrangements for oversight and assurance of delivery. In line with the agreed governance process, progress against each priority is reviewed monthly by the Transformation Board and scrutinised by the relevant Board sub-committee prior to submission to Trust Board.

This paper includes:

- Trust Board progress update on LAS strategic priorities for 2026/27

Key Points

- Progress has been made across all seven strategic priorities.
- Governance arrangements are operating as agreed, with scrutiny provided through the relevant Board sub-committees and Transformation Board.
- Six priorities are reported as on track.
- One priority, Collaboration & Partnerships is reported as mostly on track due to external dependencies.
- No strategic priorities are currently rated Red

The approved RAG ratings for each priority are also included within the Integrated Performance Report (IPR). The IPR will be the primary reporting mechanism for strategic priorities going forward and includes a high-level narrative update on progress.

Recommendation(s)

Trust Board is asked to:

- Review progress against the seven strategic priorities for 2026/27 and the associated RAG ratings recommended by the Transformation Board and endorsed by the relevant Board sub-committees. - Note that the IPR will be the primary reporting mechanism for strategic priorities going forward	
Paper previously considered by: Committee/Group	Transformation Board 4 August 2026 FIPC, PPC and QAC

Impact Assessment (tick all that apply or N/A; note where the assessment has been signed off)	
Quality & Patient Safety	N/A
Equality & Health Inequality	N/A
People	N/A
Data Privacy	N/A
Regulatory	N/A
Other	N/A

Routing of Paper – Impact of recommendations considered and reviewed by:					
	Agreed				Reviewer Name or N/A
Quality & Patient Safety	Yes		No		
Strategic Assets & Property	Yes		No		
Chief Paramedic	Yes		No		
Trust Operations	Yes		No		
Strategy & Transformation	Yes		No		
Corporate Affairs	Yes		No		
People & Culture	Yes		No		
Digital & Data	Yes		No		
ELT	Yes	x	No		



London Ambulance Service
NHS Trust

LAS annual strategic priorities delivery

Trust Board progress update on LAS strategic priorities for
2026/27

Reporting period - July 2026



We are the capital's emergency and urgent care responders

Executive Summary

Recap: Trust Board agreed seven strategic priorities to support delivery of the Trust's objectives for 2026/27, together with the governance arrangements for oversight and assurance of delivery. The Transformation Board reviews progress against each priority on a monthly basis and the relevant Board sub-committee provides scrutiny and assurance before submission to Trust Board.

This paper includes:

- A high-level status update and RAG rating for each priority, as at July 2026.

Key Points

- Progress has been made across all seven strategic priorities.
- Governance arrangements are operating as agreed, with scrutiny provided through the relevant Board sub-committees and Transformation Board.
- Six priorities are reported as On Track.
- One priority, Collaboration & Partnerships is reported as Mostly On Track due to external dependencies.
- No strategic priorities are currently rated Red

The approved RAG ratings for each priority are also included within the Integrated Performance Report (IPR). The IPR will be the primary reporting mechanism for strategic priorities going forward and includes a high-level narrative update on progress.

Trust Board is asked to:

- Review progress against the seven strategic priorities for 2026/27 and the associated RAG ratings recommended by the Transformation Board and endorsed by the relevant Board sub-committees.
- Note that the IPR will be the primary reporting mechanism for strategic priorities going forward



LAS Strategic Priorities Delivery Overview

Reporting Period: July 2026

The Transformation Board reviewed progress against the Trust's seven strategic priorities on 4th August 2026. Six priorities were rated on track and one priority, Collaboration & Partnerships was rated mostly on track due to dependencies on external partners and wider system developments. Overall delivery remains broadly on schedule, with ongoing monitoring of key risks, milestones and interdependencies through the Transformation Board governance framework.

Strategic Priority	RAG Rating	High-Level narrative
P1 Advanced Foundation Trust	On Track	Good progress continues towards Advanced Foundation Trust status, with preparatory work, external engagement and governance reviews underway. Delivery remains on track, subject to achieving the required national performance criteria and approval to apply.
P2 Clinical & Operational Model	On Track	Work is progressing on the new clinical and operational model, including senior leadership restructure, a Getting the Basics Right programme of work ahead of winter, and service improvement initiatives based on demand and capacity modelling and listening exercises.
P3 Patient Care Strategy	On Track	Development of the Patient Care Strategy remains on track, with patient cohort priorities agreed, engagement underway and work progressing to define future models of care and patient outcome measures.
P4 Collaboration & Partnerships	Mostly On Track	Progress continues on strengthening strategic partnerships and neighbourhood health initiatives, with a focus on stakeholder engagement, integrated care and collaborative service development. Rated 'Mostly on Track' due to digital and data dependencies on external partners and wider system developments.
P5 Volunteering & Charity	On Track	Good progress has been made in developing the Trust's future volunteering and charity offer, including establishment of governance arrangements, volunteer role development and charity strategy planning.
P6 Commercial Strategy	On Track	Progress is being made in implementing the Trust's commercial approach, including recruitment of a Commercial Director and exploration of opportunities to diversify income streams and support long-term financial sustainability.
P7 Culture Development	On Track	The Culture Improvement programme has been established, with the seven cultural priorities aligned to organisational feedback, NHS standards and workforce improvement activity





London Ambulance Service

NHS Trust

Meeting:	Trust Board
Meeting Date:	10 September 2026
Report Title:	Board Assurance Framework
Agenda Item:	6.1
Document Status	Public
If private, rationale:	

Lead Executive:	Executive Directors
Report Author:	Jo Cripps, Director of Corporate Affairs
Lead Committee:	All Committees
Purpose:	Approval
Strategic Mission	All
Strategic Priority (26/27)	All
BAF Reference:	All

Executive Summary

The Trust Board previously agreed a refreshed Board Assurance Framework (BAF) and associated high level risks. The Board further agreed that individual Committees of the Board would review and scrutinise the detail of assigned BAF risks.

The BAF was reviewed by the Audit Committee on 2 September and is recommended to the Trust Board for review and approval. The BAF is provided at **Appendix 1**.

One BAF risk, (LAS8), is aligned directly to the Trust Board. This is provided at **Appendix 2** for review and discussion.

Board Committees will continue to undertake regular scrutiny of assigned BAF risks for onward assurance to the Board on a quarterly basis.

Recommendation(s)

Trust Board is asked to:

1. Review and approve the BAF risks which have been reviewed by the relevant Committee and recommended by the Audit Committee to the Trust Board (Appendix 1)
2. Review BAF risk LAS8, assigned to the Trust Board, and approve this (Appendix 2).

Paper previously considered by: Committee/Group	Committees as noted in Appendix 1.
--	------------------------------------

Impact Assessment (tick all that apply or N/A; note where the assessment has been signed off)

Quality & Patient Safety	N/A
Equality & Health Inequality	N/A
People	N/A
Data Privacy	N/A
Regulatory	N/A
Other	N/A

Routing of Paper – Impact of recommendations considered and reviewed by:

	Agreed				Reviewer Name or N/A
Quality & Patient Safety	Yes	x	No		
Strategic Assets & Property	Yes	x	No		
Chief Paramedic	Yes	x	No		
Trust Operations	Yes	x	No		
Strategy & Transformation	Yes	x	No		
Corporate Affairs	Yes	x	No		
People & Culture	Yes	x	No		
Digital & Data	Yes	x	No		
ELT	Yes	x	No		

Board Assurance Framework 2026/27

High Level Strategic Risks

BAF Risk for discussion	Mission & Strategic Priority (SP)	Committee	Exec Lead	Risk as at 01/04/26 C x L	Q1 C X L	Q2 C X L	Q3 C X L	Q4 C X L	Target 26/27 C X L	Risk Appetite Tolerance
LAS1: There is a risk that if LAS does not provide the right care, at the right time and in the right place, this may lead to avoidable harm and/or poorer outcomes and experience for our patients	Mission 1: Our Care SP: 1 & 2	QAC	CMO	4 x 3	12				3 x 3	Low
LAS2: There is a risk that if LAS does not achieve financial sustainability, its ability to deliver high quality (safe and effective) care will be affected.	Mission 2: Our Organisation SP: 3, 5, 7	FIPC	CFO	4 x 3	12				2 x 2	Moderate
LAS3: There is a risk that if LAS does not deliver against NHS net zero targets, it will impact on the Trust's ability to contribute to London's environmental improvements and delivery of the LAS Green Plan.	Mission 3: Our London SP: 1, 3, 5, 7	FIPC	CFO	3 x 3	9				2 x 2	Low
LAS4: There is a risk that if the Trust does not deliver national and local operational performance standards across all services, patients may experience delayed care and/or suffer harm.	Mission 1: Our Care SP: 1, 2, 3, 4	QAC	COO	4 x 3	12				4 X 2	Moderate

LAS5: There is a risk that if LAS does not create an inclusive environment and look after its people's wellbeing, safety and development (staff and volunteers), then it will be unable to attract, retain and maximise the potential of its workforce for the benefit of patients.	Mission 2: Our Organisation SP: 6	P&C	CPO	4 x 4	16				4 X 3	Moderate (People) – High (culture)
LAS6: There is a risk that the organisation is unable to adequately prevent our staff from being subject to incidents of violence, aggression, and sexual harm from members of the public. As a result, staff may experience physical and psychological harm, reduced wellbeing, and confidence, and feel unsafe at work.	Mission 2: Our Organisation SP: 6	P&C	CP	4 x 4	16				4 X 3	Low
LAS7: There is a risk that breach of legislative or regulatory standards could result in avoidable harm and/or regulatory action	Mission: Our organisation SP: 1, 2, 3, 6, 7	AC	DoCA	4 x 3	12				3 x 2	Low
LAS9: There is a risk that if the Trust is unable to prevent a significant cyber-attack (including ransomware, data breach or system outage), digital and operational systems may be compromised, leading to disruption to emergency service delivery, loss of access to critical patient and operational data, financial loss, regulatory breach, and reputational damage	Mission: Our Care SP: all	AC	CDO	5 x 4	20				5 x 3	Low

LAS10: There is a risk that if the Trust is unable to effectively respond to and recover from a major operational resilience incident (including prolonged business continuity failure, cyber-attack or loss of critical systems), this could lead to sustained disruption to emergency services, delays in patient care, potential harm, regulatory non-compliance and reputational damage.	Mission: Our Care SP: all	AC	COO	5 x 3	15				4 x 3	
LAS11: There is a risk that if data held across the organisation is inaccurate, incomplete, inconsistent, or not timely, this will lead to unreliable reporting and decision-making. This may arise due to weak data governance, inconsistent data entry practices, inadequate validation controls, or lack of clear ownership of data quality.	Mission: Our Organisation SP: all	DDQ	CDO	3 x 9	9				3 x 2	Low

Risk Key

Consequence ↓	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	5 Low	10 Moderate	15 High	20 High	25 High
Major 4	4 Low	8 Moderate	12 Moderate	16 High	20 High
Moderate 3	4 Low	6 Moderate	9 Moderate	12 Moderate	15 High
Minor 2	2 Low	4 Low	6 Moderate	8 Moderate	10 Moderate
Negligible 1	1 Low	2 Low	3 Low	4 Low	5 Low

Director Lead	
CEO	Chief Executive Officer
CMO	Chief Medical Officer
CFO	Chief Finance Officer
CP	Chief Paramedic
COO	Chief Operating Officer
CPO	Chief People Officer
CDO	Chief Digital Officer
CSTO	Chief Strategy & Transformation Officer
DoCA	Director of Corporate Affairs

Committee Key	
AC	Audit Committee
QAC	Quality Assurance Committee
FIPC	Finance, Infrastructure & Productivity Committee
DDQ	Digital & Data Quality Committee
P&C	People & Culture Committee

Strategic Priorities:

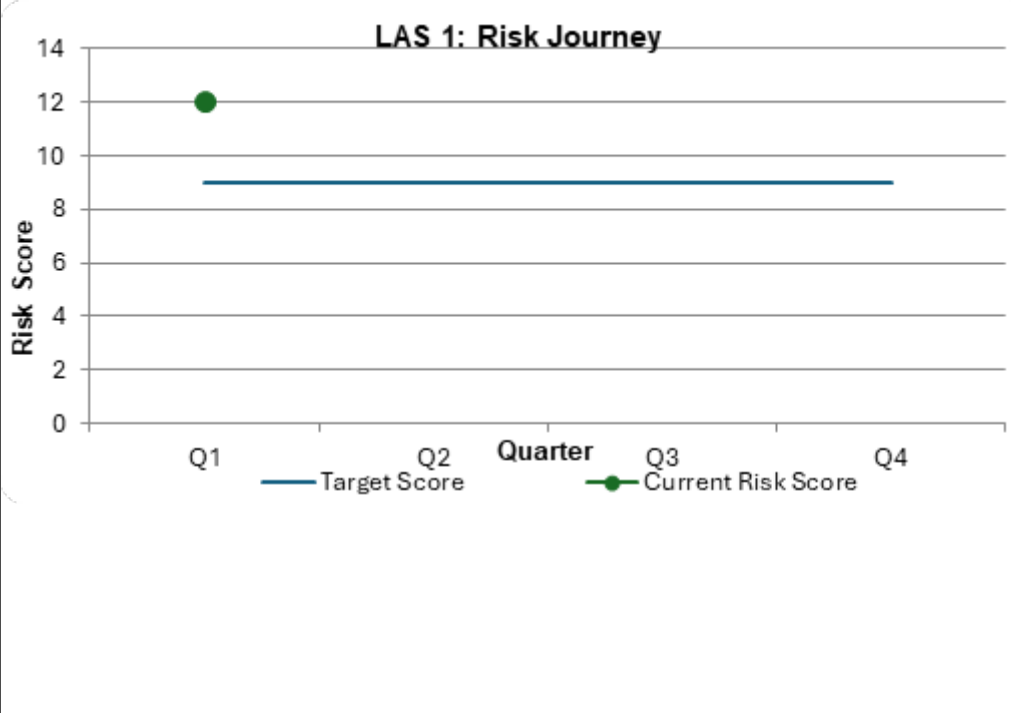
Strategic Priority 1	Strategic Priority 2	Strategic Priority 3	Strategic Priority 4	Strategic Priority 5	Strategic Priority 6	Strategic Priority 7
New operational delivery model	Patient care strategy	Collaboration & partnerships	Volunteer & charity strategy	Commercial strategy	Culture Development	Advanced FT

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK 1

There is a risk that, if LAS does not provide the right care at the right time, in the right place, this may lead to avoidable harm and/or poorer outcomes and experience for our patients

Executive Director Lead:	CMO
Strategic Priority	1: Our Care / SP 1&2
Risk Appetite Category: Patient Safety - Low	
Last Review Date	August 2026



BAF RISK SCORE JOURNEY:					
01.04.26	Q1	Q2	Q3	Q4	26/27 Target
12	12				9
4 X 3	4 X 3				3 X 3
C X L	C X L	C X L	C X L	C X L	C X L
Risk Appetite	Exceeded				

RATIONALE FOR CURRENT RISK SCORE: While improvements in the quality and safety of patient care have been made, the risk remains at 12 whilst action plans are implemented to reduce the risk and see evidence of sustained improvement.

Projected Forecast Q1: **Deteriorating**
 Stable
 Improving

Forecast for next quarter: Stable: The Trust's intention is for the risk to be managed to a score of 9 by Q4. The work underpinning this risk reduction will be on-going for several months.

CONTROLS	ASSURANCES	EVIDENCE
Quality Control & Assurance Focus on delivering national and local priorities in line with PSIRF	Level 2: CQOG meeting to oversee and triangulate work as follows: Level 2: Review of corporate risk register via RCAG Level 2: Triangulating Quality Intelligence & Action Plans Level 2: Quality Regulation and Assurance	Regular report to QAC and Trust Board.

• Delivery of local quality improvement plans • Patient safety incident learning events • CQIs and local patient focused performance metrics (eg, STEMI, cardiac arrest and CPIs) • Learning from external inquiries and reports (eg, Ockenden)	Level 2: Patient Safety Incident Response Plan (PSIRP) Level 2: Patient Safety Incident Response Framework Level 2: Quality Metric Performance Level 2: National Patient Safety Alerts & National Guidance Compliance Level 2: Quality Alerts Level 2: Delivery of agreed audit programme Level 2: Highlight reports from CQOG subordinate groups which includes regulatory committees Level 2: Quality Oversight from critical functions Level 2: Quality Improvement Report Level 2: Quality Assurance Committee AAA report	
Quality Improvement • Delivery of identified QI programmes • Delivery of agreed health inequalities programmes	Level 2: maternity improvement plan reviewed by CQOG and reported to QAC Level 2: CQOG review of sickle cell improvement Level 2: Annual clinical audit programme overseen by CQOG and reported to QAC	Regular report to QAC and Trust Board.
Quality planning: • Enacting plans to meet the needs of our patients	Level 2: winter review discussed at Board Level 2: EPRR standards successfully assessed. Report discussed at Audit Committee	Regular report to QAC and assurance provided to Trust Board.
Operational Performance: • Delivery of constitutional / commissioned standards	Level 2: LAS Integrated performance report & COO report Level 2: LAS bi-annual performance reviews held by ELT with operational divisions.	Regular report to QAC and Trust Board.
NHSE Quality Indicator Outcomes	Level 2: Outcome report to QAC	Report to QAC on x x
Focus on local and national priorities	Level 2: Annual Clinical Audit and Research Programme	Regular report to QAC and assurance provided to Trust Board.

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Clinical care documentation and decision-making	Thematic review presented to CQOG and QAC – action plan includes 26/27 clinical audit programme, local and individual feedback, case based discussion, CSR 26.2, mental health ePCR tab	AB/TL	March 27	CQOG - QAC	On-track

Cardiac arrest management	Improve return of spontaneous circulation rates to $\geq 32\%$ being supported by a quality priority London lifesaver training being delivered across London Deliver resuscitation update training to 85% of staff	FW	March 27	CQOG - QAC	On track
Equipment reliability, availability and maintenance	Actions include review of pouch packing and distribution, newborn trolley bed harness procurement, PPM monitoring, defib replacement programme, trolley bed oversight.	TL	March 27	CQOG – QAC	On-track
Delays to dispatch and delays to handover	Actions include delivery of recommendations from ORH review, continue work with hospitals on handover delays, minimising conveyance to ED where alternatives are available.	CH	March 27	CQOG – QAC	On track
Learning from Complaints – alongside delayed responses and quality of response. Support to staff.	Actions include: recent QI programme to improve quality, responsiveness and learning. Task and finish groups being established to oversee change programme.	JC	March 27		On track
Learning from incident reports – overdue local review workflows	Actions include cross-directorate working to priorities review of incidents to timely closure in order to identify learning and provide feedback.	FW	March 27	CQOG – QAC	On track

Corporate Risks Currently Scored 15+ Aligned to BAF Risk LAS1

Radar ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
185	Quality	There is a risk to the security and integrity of medicines located at six static LAS sites. This two-tier management system leads to sub-optimum storage and security facilities, which may lead to potential loss of or damage to controlled and non-controlled drugs, if not properly managed.	15	20	Up	3
006	Operations	There is a risk of delayed provision of appropriate patient care caused by reduced availability of resources at shift handover, which may lead to patient harm and/or reputational damage if not properly managed.	16	16	-	8
289	Quality	There is a risk that cognitive bias during time-critical clinical assessment and decision-making may lead to delayed recognition of patient deterioration, inappropriate treatment decisions, non-conveyance where escalation is required, or delayed life-saving interventions,	16	16	-	12

		particularly in high-pressure or complex operational environments, if not appropriately managed				
--	--	---	--	--	--	--

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK 2

There is a risk that if LAS does not achieve financial sustainability, its ability to deliver high quality (safe and effective) care will be affected

Executive Director Lead:

CFO

Strategic Mission/Strategic Priority:

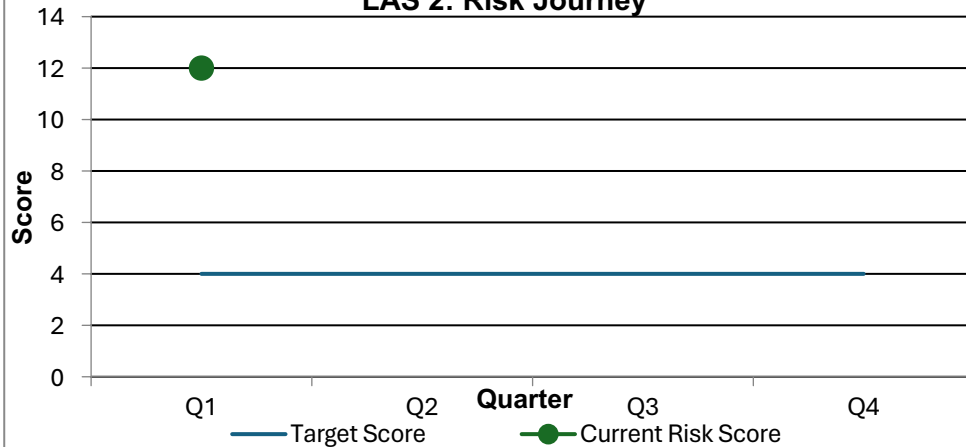
2: Our Organisation
/ SP 3, 5 & 7

Risk Appetite Category: Financial / VFM - Moderate

Last Review Date

July 2026

LAS 2: Risk Journey



BAF RISK SCORE JOURNEY:

	01.04.26	Q1	Q2	Q3	Q4	26/27 Target
	12	12				4
	4 X 3	4 X 3				2 X 2
	C X L	C X L	C X L	C X L	C X L	C X L
Risk Appetite	Within	Within				

RATIONALE FOR CURRENT RISK SCORE:

Projected Forecast Q1:

Deteriorating
Stable
Improving

Forecast for next quarter: Deteriorating / Stable / Improving

CONTROLS

Work with Budget managers to develop CIP Programme building on the transformation programmes

Additional resource appointed to support identification and delivery of cost reduction

Updated governance for delivery of productivity, efficiencies and cost reduction

Focus on delivery of performance and financial targets

ASSURANCES

Level 2: Delivery against the CIP plan is scrutinised through: ELT, FIPC, Trust Board
Regular oversight of CIP delivery by CIP Programme Board(ELT) and FIPC

Level 2: Report to Productivity and Efficiency Programme Board

Level 2: Report progress to Executive Leadership Team (ELT) and FIPC

Level 2: Monthly reporting to FIPC

EVIDENCE

Reported to ELT 20 May
Reported to FIPC on 28 May
Reported to Trust Board on 18 June

Reported to Product and Efficiency Programme Board monthly

Reported to ELT on 20 May
Reported to FIPC on 28 May

Reported to FIPC on 28 May

Regular reviews of multi-year productivity/efficiency programmes to ensure benefit realisation in line with agreed business case.	Reporting through Productivity and Efficiency Board (PEB)	Reported to PEB monthly
Capital: Appoint external project managers to support development of new ambulance stations	Delivery against programme plan	Reported to FIPC on 28 May
Capital: Liaise with ambulance converters to ensure timely delivery	Delivery against schedule	Reported to FIPC on 28 May

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Reduction in run-rate	Develop CIP plan to identify £30m savings	CFO	May 2026		Completed
Establishment control	Implement Vacancy panel	CFO	Ongoing		Completed
Reduction in run-rate	Introduce £2.0m stretch CIP target	CFO	July 2026		Continuing
Productivity and efficiency improvements	Develop mitigations for cost reduction if CIP target not met	CFO	Ongoing		Continuing
Capital slippage in projects	Implement robust programme governance	CFO	Ongoing		Continuing
Capital budget overrun	Establish robust scope development and budget monitoring	CFO	Ongoing		Continuing
Structured arrangements for benefit realisation reporting of multi-year/major projects (capital and productivity/efficiency)	Agree governance arrangements for building benefits realisation reporting cycles into business case approvals	CFO	Sept 26		Continuing

Corporate Risks Scored Aligned to BAF Risk LAS2

Radar ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score

	Finance	There is a risk that LAS does not achieve the 2026/27 Income & Expenditure plan	12	12		4
	Finance	There is a risk that the Trust will not deliver the 2026/27 Capital programme as approved by the Board and underspend against the CDEL target.	9	9		4
	Finance	There is a risk that 111/IUC delivery is fragmented as a result of commissioners (ICBs) going to procurement	16	16		4

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK 3:

There is a risk that if LAS does not deliver against NHS net zero targets, it will impact on the Trust's ability to contribute to London's environmental improvements and delivery of the LAS Green Plan.

Executive Director Lead:

CFO

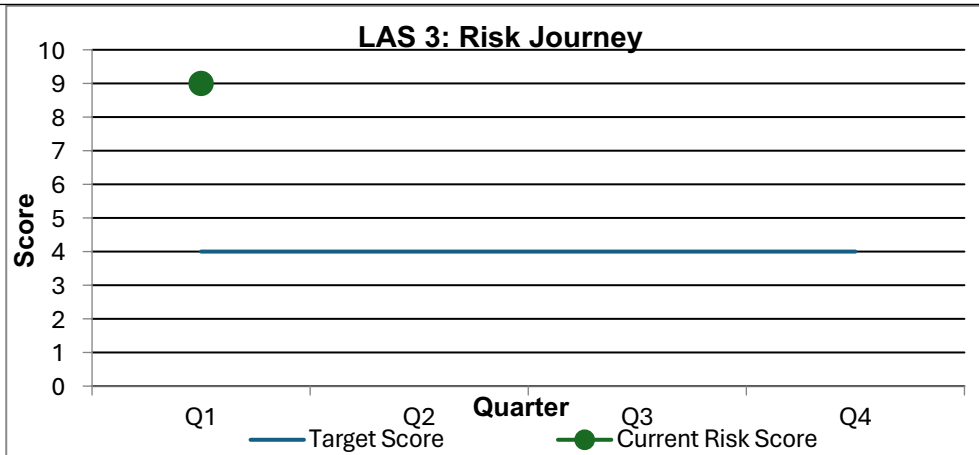
Strategic Mission/Strategic Priority:

3: Our London / SP 1, 3, 5 & 7

Risk Appetite Category: Statutory responsibilities / Low

Last Review Date

July 2026



BAF RISK SCORE JOURNEY:

	01.04.2	Q1	Q2	Q3	Q4	26/27 Target
	9	9				4
	3 X 3	3 X 3				2 X 2
	C X L	C X L	C X L	C X L	C X L	C X L
Risk Appetite	Exceeded	Exceeded				

RATIONALE FOR CURRENT RISK SCORE: The current score reflects the on-going work on our Green Plan.

Projected Forecast Q1:

Deteriorating
Stable
Improving

Forecast for next quarter: Deteriorating / Stable / Improving

We expect the score to remain stable.

CONTROLS

LAS Green Plan refreshed to meet NHSE, Mayor of London and Government targets.

Programme of works agreed for 26/27

25/26R required climate related financial disclosures made in annual report

Continuation of electric DCA programme – additional 30 to be delivered in 26/27.

ASSURANCES

Level 2: Plan agreed by Trust Board

Level 2: Programme of works approved at Sustainability Programme Board

Level 2: Annual report (in line with governance manual)

Level 2: Programme delivery in line with approved plan.

EVIDENCE

Plan agreed by FIPC and onward to Trust Board
Delivery monitored via Sustainability Programme Board.

Plan agreed by Sustainability Programme Board. update on progress to be reviewed by FIPC annually.

Annual report approved by Audit Committee and Trust Board.

FIPC approved business case.

66% of Trust cars (FRUs) are hybrid or electric – by March 27 100% of cars will be hybrid or electric. Roll out of EV charging infrastructure to support electric fleet. All Trust vehicles are ULEZ compliant.		Delivery monitored via Sustainability Programme Board.
Larger infrastructure programmes (eg EV chargers, solar panels) agreed by Capital Delivery Board	Level 2: Programme agreed by Capital Delivery Board	Monitored via Capital Delivery Board, chaired by CFO.
Active pursuit of funding opportunities via NHS England	Level 2: Opportunities scoped and identified through sustainability team horizon scanning	Business cases agreed through ELT/FIPC and onwards to Trust Board in line with SFIs/
Detailed communications plan on LAS Green Plan.	Level 2: Comms plan agreed and regular updates to staff and partners.	Internal communications plan.

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Time lag for calculation of carbon footprint is c12 months - the Trust is reliant on external suppliers, billing, and reporting arrangement which delay our ability to calculate carbon footprint in a timely manner.	This is a known gap; continue to work with suppliers.	CFO	Ongoing	FIPC	Continuing
Detailed trajectory and calculations required to ensure we meet the Green Plan/net zero objectives (currently rely on manual calculations and assumptions)	Consider internal data scientist support.	CFO	Ongoing	FIPC	Continuing
Procurement element of carbon footprint calculation is based on Trust's spend with contractors, rather than on contractor emissions. 50% of the Trust's carbon emissions are counted via procurement of services, therefore the inability to calculate based on contractor emissions puts all NHS Trusts at a disadvantage.	This is a national calculation issue. Continue to lobby for more meaningful calculation.	CFO	Ongoing	FIPC	Continuing

Corporate Risks Currently Scored 15+ Aligned to BAF Risk LAS3

Radar ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score

034	SA&P	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.	12	16	Increase	6
043	SA&P	Risk of disruption to LAS infrastructure as a result of climate change	12	12	Stable	6

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK 4

There is a risk that if the Trust does not deliver national and local operational performance standards across all services, patients may experience delayed care and/or suffer harm

Executive Director Lead:

COO

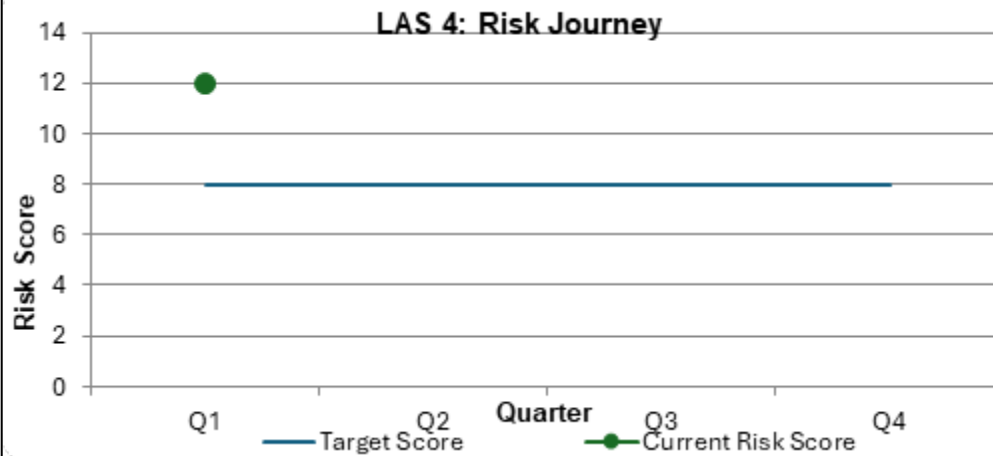
Strategic Mission/Strategic Priority:

1: Our Care / SP 1, 2, 3 & 4

Risk Appetite Category: Strategic and Operational Objectives - Moderate

Last Review Date

August 2026



BAF RISK SCORE JOURNEY:

01.04.26	Q1	Q2	Q3	Q4	26/27 Target
12	12				8
4 X 3	4 X 3				4 X 2
CXL	CXL	CXL	CXL	CXL	CXL
Risk Appetite	Within	Within			

RATIONALE FOR CURRENT RISK SCORE: The risk score remains at 12 – a significant health alerts and prolonged high temperatures have impacted performance.

Projected Forecast Q1: Deteriorating

Stable

Improving

Forecast for next quarter: We would expect to see an improvement in the next quarter if temperatures stabilise.

CONTROLS



ASSURANCES



EVIDENCE

Ongoing development of alternative pathways for patients to receive care either remotely or closer to home

Level 2: Reports to CEO and Deputy CEO to develop and embed pathway including urgent care response.

Reports to QAC and assurance through to Trust Board

Weekly NHSE London / Commissioner performance meeting

Level 2: Executive attendance at meeting

Reported to ELT

Senior (operation) and clinical oversight of delays and incidents to identify risk and harm through pre-set processes	Level 2: Patient safety incident response framework fully embedded in organisation.	Reports to QAC and assurance through to Trust Board
Operational Performance - delivery of constitutional / commissioned standards	Level 2: LAS integrated performance report Level 2: LAS Bi-annual performance reviews	Review at ELT Reported to QAC and onward assurance to Trust Board.
Ongoing communication with acute hospitals on handovers understanding current system pressures and instigating timely divert processes	Level 2: Monitored through ICB system calls and escalated appropriately.	Reports to QAC and assurance through to Trust Board
Senior and clinical oversight of delays and incidents identify risk and harm through pre-set processes	Level 2: Handover improvement plans agreed between NHSE London and acute hospital providers. Level 2: Integrated performance reports	Reports to QAC and assurance through to Trust Board
LAS input to national solutions to reduce handover delays	Level 2: Development of Delays Thematic Reports for each quarter produced using Patient Safety Incident Response Framework	Reports to QAC and assurance through to Trust Board

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Conveyance levels	Maintain conveyance to Emergency Department under 50% in all ICBs in line with operational plan	CH	March 27	CQOG – QAC	On-going
Triage and dispatch	Continual review of triage and dispatch processes to identify high acuity calls requiring immediate ambulance response in line with agreed operational plan.	CH	March 27	CQOG – QAC	On-going
Hospital handover	Continuous engagement with local acute trusts to identify improvements in the hospital handover procedures	CH	March 27	CQOG – QAC	On-going
Delays to dispatch and delays to handover	Actions include delivery of recommendations from ORH review, continue work with hospitals on handover delays, minimizing conveyance to ED where alternatives are available.	CH	March 27	CQOG – QAC	On-going

Corporate Risks Scored 15+ Aligned to BAF Risk LAS4

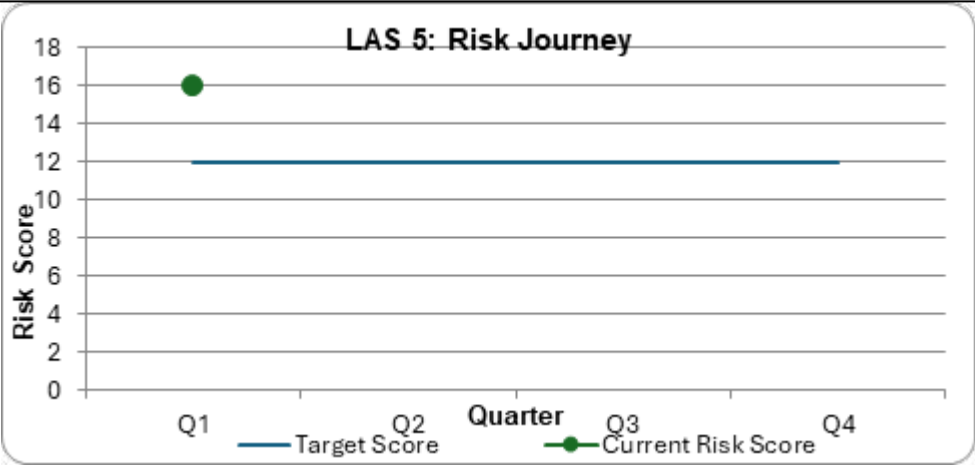
Radar ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
006	Quality	There is a risk of delayed provision of appropriate patient care caused by reduced availability of resources at shift handover, which may lead to patient harm and/or reputational damage if not properly managed.	16	16	-	8

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK 5

LAS5: There is a risk that if LAS does not create an inclusive environment and look after its people’s wellbeing, safety and development (staff and volunteers), then it will be unable to attract, retain and maximise the potential of its workforce for the benefit of patients

Executive Director Lead:	Chief People Officer
Strategic Mission/Strategic Priority:	2: Our Organisation / SP 6
Risk Appetite Category: Patient Safety – Moderate People / High Culture	
Last Review Date	August 2026



BAF RISK SCORE JOURNEY:						
01.04.26	Q1	Q2	Q3	Q4	26/27 Target	
16	16				12	
4 X 4	4 X 4				4 X 3	
C X L	C X L	C X L	C X L	C X L	C X L	
Risk Appetite	Exceeded	Exceeded				

RATIONALE FOR CURRENT RISK SCORE: The risk score is currently at 16 recognising the work on-going to improve the health, safety and welfare of our staff and volunteers.

Projected Forecast Q1: Deteriorating
Stable
Improving

Forecast for next quarter: We expect the risk to start to reduce as the impact of various work programmes start to have impact.

CONTROLS	ASSURANCES	EVIDENCE
Established process and reporting for WRES, WDES, GPG, EPG, EDS and Annual Equality Report	Level 2: Reports and action plans reported to ELT, EDI Committee (as part of People & Culture Committee), and Trust Board	Regular reporting and assurance PCC and annual report to Trust Board.
Continue to implement the EDI Programme aligned with business plan deliverables and high impact actions	Level 2: Reported to ELT and PCC	Regular reporting and assurance PCC
Wellbeing Strategy and Inputs	Level 2: Reports to People and Culture Committee.	Regular reporting and assurance PCC

P&C led cross directorate sickness transformation team in place, with focus on long-term sickness	Level 2: Reported to ELT	Regular reporting and assurance PCC
LAS management and leadership support and programmes	Level 2: Director’s update to People and Culture Committee and Trust Board	Regular reporting and assurance PCC
Scoping of work to further develop LAS Culture (Strategic Priority for 2026/27)	Level2: Cultural Development update presented to People and Culture Committee and oversight via Transformation Board	Regular reporting and assurance PCC and Transformation Board
Review and consistent allocation of time and guidance for staff networks	Level 2: Reported to ELT and discussions at Inclusion Board	Regular reporting and assurance PCC

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Continued improvement in FTSU arrangements	Internal audit scheduled for Q3	JC	Q3	P&C	

Corporate Risks Scored 15+ Aligned to BAF Risk LAS5						
Radar ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK 6

There is a risk that the organisation is unable to adequately prevent our staff from being subject to incidents of violence, aggression, and sexual harm from members of the public. As a result, staff may experience physical and psychological harm, reduced wellbeing, and confidence, and feel unsafe at work.

Executive Director Lead:	Chief Paramedic
Strategic Mission/Strategic Priority:	2: Our Organisation / SP 6
Risk Appetite Category: Staff Safety - Low	
Last Review Date	August 2026



BAF RISK SCORE JOURNEY:						
	01.04.26	Q1	Q2	Q3	Q4	26/27 Target
Risk Appetite	16	16				12
	4 X 4	4 X 4				4 X 3
	C X L	C X L	C X L	C X L	C X L	C X L
	Exceeded	Exceeded				

RATIONALE FOR CURRENT RISK SCORE: The risk is at 16 recognising the work on-going to reduce violence and aggression against our staff and the on-going work on sexual safety.

Projected Forecast Q1: Deteriorating
Stable
Improving

Forecast for next quarter: We expect the risk to remain stable.

CONTROLS	ASSURANCES	EVIDENCE
Establishment of an Executive led violence and reduction group, chaired by Chief Paramedic	Level 2 : Reports to ELT	Regular reporting and assurance PCC
Quarterly meetings of Violence Reduction Staff Safety Programme Board, chaired by Chief Paramedic	Level 2: Reports to People and Culture Committee	Regular reporting and assurance PCC
Corporate Health, Safety and Wellbeing Committee	Level 2: Scrutiny at the Clinical Quality Oversight Group	Regular reporting and assurance PCC QAC

Sexual Safety Charter – Sexual Safety Ambassadors in all areas of the Trust	Level 2: Reports provided to People and Culture Committee	Regular reporting and assurance PCC
Sexual safety Board in place, chaired by Chief Paramedic	Level 2: Reports provided to People and Culture Committee	Regular reporting and assurance PCC
Violence Reduction Unit in place.	Level 2: Reports provided to P&CHS&WC committee	Regular reporting and assurance PCC
Internal Audit conducted on Trust approach to Violence reduction...	Level ?1: Reports to Audit Committee	Reporting to Audit Committee
Quarterly Safeguarding Assurance Group, chaired by Chief Paramedic	Level 2: Reports provided to QAC	Regular reporting and assurance QAC
Joint Sexual Safety & FTSU session delivered to all new cohorts of students	Level 2 Scrutiny at the PCC	Regular reporting and assurance PCC

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Develop further training / education for all staff.	Develop a Creepy, Clumsy, and Criminal session Part 2, focused on Respect, Reintegration, and Responsibility	PC	Q3 2026	PCC	Delayed
Continued improvement in FTSU arrangements	Internal audit scheduled for Q3	JC	Q3	PCC	On track
Violence Reduction charter	Setting out the expectations of support for staff	PC	Q3 2026	PCC	On track
Violence Prevention & Reduction Policy	Develop a policy outlining the Trusts approach	PC	Q3 2026	PCC	On track
Work to identify process to close the gap between staff, Police and the Trust to support staff attending court following assaults.	Identify process to support staff attending court following assaults	PC	Q4 2026	PCC	On track
Availability of information	Develop dashboard to share information to support staff in a planned way following assaults	PC	Q3 2026	PCC	On Track

Assurance of a safe environment for students whilst on placement with the Trust	Develop action plan to refresh Practice Educator Training and support	PC	Q4 2026	PCC	On Track
---	---	----	---------	-----	----------

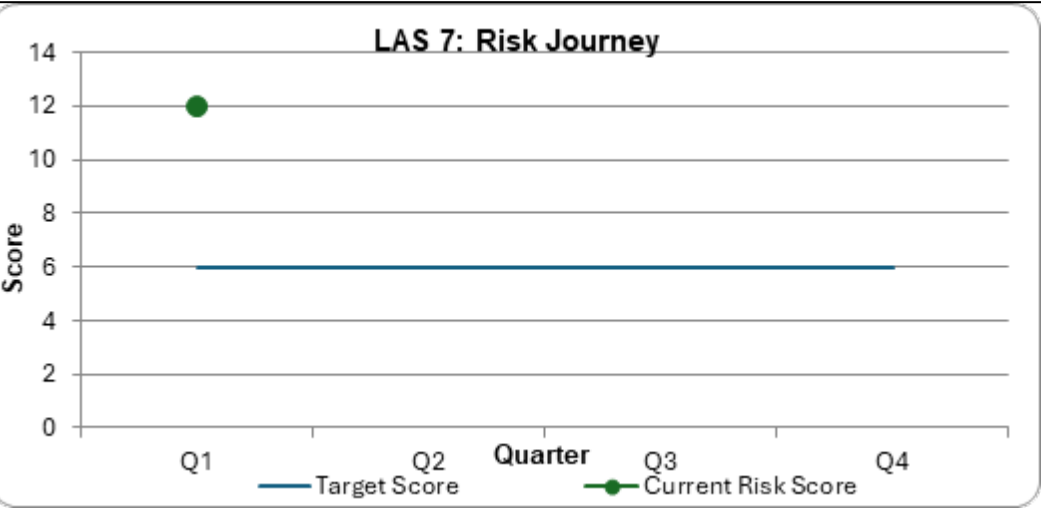
Corporate Risks Scored 15+ Aligned to BAF Risk LAS6								
Radar ID	Directorate	Risk Description			Initial Score	Current Score	Trend Analysis	Target Score

BOARD ASSURANCE FRAMEWORK 2026/27 – Audit Committee Risks

BAF RISK 7

There is a risk that breach of legislative or regulatory standards could result in avoidable harm and/or regulatory action

Executive Director Lead:	DoCA
Strategic Mission/Strategic Priority:	2: Our Organisation / SP 1, 2, 3, 6, & 7
Risk Appetite Category: Regulatory frameworks - Low	
Last Review Date	May 2026



BAF RISK SCORE JOURNEY:

	01.04.26	Q1	Q2	Q3	Q4	26/27 Target
	12	12				6
	4 X 3	4 X 3				3 X 2
	C X L	C X L	C X L	C X L	C X L	C X L
Risk Appetite	Exceeded	Exceeded				

RATIONALE FOR CURRENT RISK SCORE: The risk is scored at 12 given the work on-going to support our legislative and regulatory requirements.

Forecast for next quarter: We expect the risk to remain stable.

Projected Forecast Q1: **Deteriorating**
Stable
Improving

CONTROLS 	ASSURANCES 	EVIDENCE
Cross reference with LAS1 on quality regulatory and statutory responsibilities.	Level 2: reports to QAC and Trust Board	Regular Committee scrutiny and onward reporting to Trust Board.
Cross reference with LAS2 for financial regulatory and statutory responsibilities Cross reference with LAS3 for net zero responsibilities	Level 2: reports to FIPC and Trust Board Level 3: internal and external audit reports/opinion	Regular Committee scrutiny and onward reporting to Trust Board.
Cross-reference with LAS9 on cyber prevention Cross reference with LAS10 on EPRR	Level 2: reports to Audit Committee Level 2: reports to Audit Committee Level 3: EPRR standards submission (100% compliance)	Regular Committee scrutiny and onward reporting to Trust Board.
Provider Capability Assessment	Level 2: PCA approved for submission by Trust Board Sept 25 Level 3: rated 'Green' for 2025 by NHSE	PCA reported to Trust Board 'Green' rating confirmed by NHSE for 2025.
Fit and proper persons (all Board members) submission	Level 2: FPP submission made by 30 June 2026	Submission completed.
Trust Board appraisals	Level 2: annual appraisals for Board members	Appraisals completed and submitted to NHSE (2025/26 appraisals underway)
Internal, external audit and LFCS reporting	Level 2: regular reports to Audit Committee	Regular reports to Audit Committee for onward assurance to Trust Board.
Management of Declaration of Interest	Level 2: regular update of DoI for Board members and decision-makers across the Trust	Reported to Audit Committee for onward assurance to Trust Board
Horizon scanning for new corporate/governance requirements	On-going	

Gaps in Controls/ Assurances	Required Action	Action Led	Target Completion	Monitoring	Progress
Internal audit: Continued improvement in Freedom to Speak Up arrangements	Undertake Internal audit scheduled for Q3	JC	Q3	P&C	Commence Q3
Provider capability self-assessment	Self-assessment due for submission by end September	JC	30 Sept	AC	Underway

Board effectiveness/well-led preparedness	Review underway	JC	30 Oct	Trust Board	Underway
Internal audit: Risk management framework	Undertake internal audit	JC / FW	Q4	AC	Planned

Corporate Risks Scored 15+ Aligned to BAF Risk LAS7

Radar ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score

BOARD ASSURANCE FRAMEWORK 2026/27 – Audit Committee Risks

BAF RISK 9

There is a risk that if the Trust is unable to prevent a significant cyber-attack (including ransomware, data breach or system outage), digital and operational systems may be compromised, leading to disruption to emergency service delivery, loss of access to critical patient and operational data, financial loss, regulatory breach, and reputational damage

Executive Director Lead:

CDO

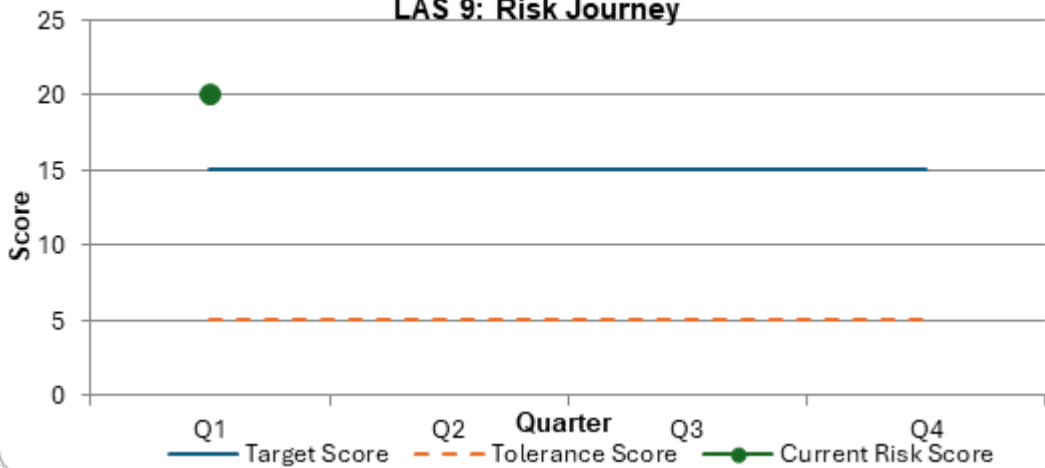
Strategic
Mission/Strategic
Priority:

1: Our
Care / SP
All

Risk Appetite Category: Safety and
Compliance - Low

Last Review Date

May
2026



BAF RISK SCORE JOURNEY:

01.04.26	Q1	Q2	Q3	Q4	26/27 Target
20	20				15
5X 4	5 X 4				5 X 3
C X L	C X L	C X L	C X L	C X L	C X L
Exceeded	Exceeded				

Risk
Appetite

RATIONALE FOR CURRENT RISK SCORE: The risk is scored at 20 given on-going risk of cyber-attack to national infrastructure.

Projected Forecast Q1: **Deteriorating**
Stable
Improving

Forecast for next quarter: We expect the risk to remain stable.

CONTROLS	ASSURANCES	EVIDENCE
Technical cyber protection & detection tools deployed/monitored daily	Level 2: Cyber Committee checks assurances and reports to the board	Regular reports to Audit Committee.
Cyber security team in place to identify/mitigate cyber threats or incidents		
Achievement of 'Met Standards' in DSPT for 2026	Level 2: Reported annually by NHSE	Reported to Audit Committee and Trust Board
On-going monitoring for any legacy systems and associated replacement/removal programme	Level 2: DSPT assurance level reported in annual report	Reported to Audit Committee
Annual penetration testing in place carried out by independent third party.	Level 2: Reported to Audit Committee and DDQ (part of DSPT requirement)	Reported to Audit Committee.
Internal audit annual review of cyber prevention activities	Level 3: BDO audit – no actions outstanding.	Reported to Audit Committee
Collaboration and information sharing across the ambulance service – LAS Head of IT, Risk, Governance & Cyber is Chair of AACE Cyber Sub-group.	Reporting as required to CDIO	

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Server hardening – on-going work	Hardening of internet facing systems	SC	December 26	Audit Committee	Continuing
Internal audit – cyber prevention	Internal audit – cyber security & business continuity planned for Q3	CM / CH	December 26	Audit Committee	Planned

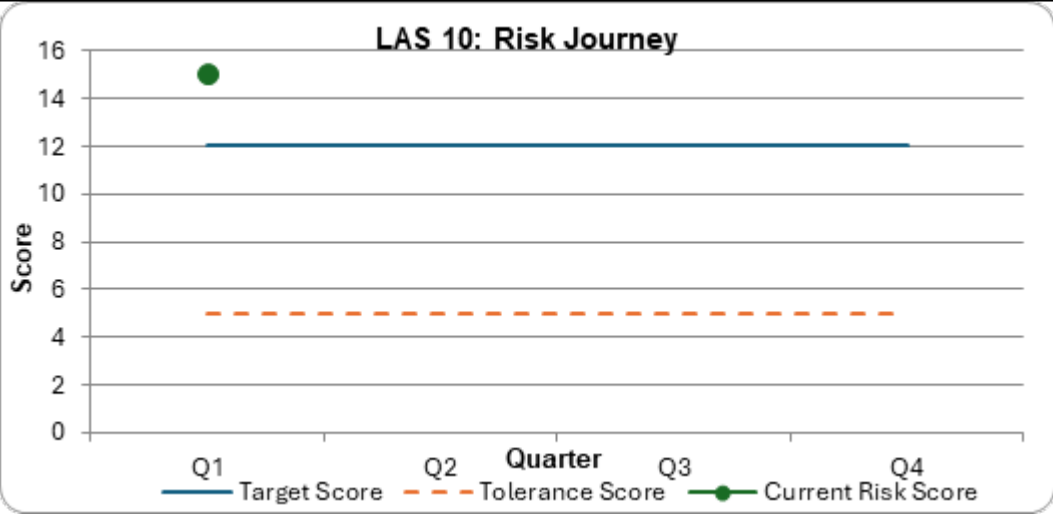
Corporate Risks Scored 15+ Aligned to BAF Risk LAS9						
Radar ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score

BOARD ASSURANCE FRAMEWORK 2026/27 – Audit Committee Risks

BAF RISK 10

There is a risk that if the Trust is unable to effectively respond to and recover from a major operational resilience incident (including prolonged business continuity failure, cyber-attack or loss of critical systems), this could lead to sustained disruption to emergency services, delays in patient care, potential harm

Executive Director Lead:	COO
Strategic Mission/Strategic Priority:	1: Our Care / SP All
Risk Appetite Category: Safety and Compliance - Low	
Last Review Date	May 2026



BAF RISK SCORE JOURNEY:						
	01.04.26	Q1	Q2	Q3	Q4	26/27 Target
	15	15				12
	5X 3	5 X 3				4 X 3
	C X L	C X L	C X L	C X L	C X L	C X L
Risk Appetite	Exceeded	Exceeded				

RATIONALE FOR CURRENT RISK SCORE: The risk is scored at 15 to reflect the on-going risk to the organisation and the on-going work to provide resilience and recovery in the event of a prolonged business interruption event.

Projected Forecast Q1: **Deteriorating**
Stable
Improving

Forecast for next quarter: Deteriorating / Stable / Improving We expect the score to remain stable.

CONTROLS	ASSURANCES	EVIDENCE
All directorate have up to date business continuity plans in place including dealing with the impact of a cyber-attack to reduce the impact and service disruption.	Level 2: All plans have been reviewed and mitigations added to manage loss of critical IT systems.	Tabletop exercise completed with ELT July 2026 and learning identified
Regular review of position in relation to supply chain disruption and proactive engagement with suppliers.	Level 2: regular reports to EPRR Steering Group (as required).	Reports to EPRRSG
All IT systems and critical interdependencies mapped	Level 2: Reviewed by EPR Steering Group	Report to Audit Committee 2025
Contract with ARP and subcontractors for the component parts of the Airwave network covering 24/7/365	Level 2: ARP are regularly reviewing and replacing component parts of the national infrastructure.	This is outside of LAS control; LAS teams are regularly engaged in discussions with NHSE and government.
EPRR standards – LAS was fully compliant for 2025	Level 3: NHSE approved the EPRR standards self-assessment submission for 2025	Report to Audit Committee -> Board
LAS is making a fully compliant self-assessment submission for 2026	Level 2: Submission of self-assessment to NHSE. Review to take place on 9/10/26	
Head of Business Continuity is co-chair for London business continuity group and therefore connected with national policy and risk review work.		

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
ESR to GRS next of kin data transfer inconsistencies	Developers to issue fix – ESR NOK details can be accessed in interim	PJ	Q3	AC	On-going
Business continuity training and exercise capacity.	Additional resource secured. Training and exercise delivery will be up to date by end of Q3	NW	Q3	AC	Underway
Internal audit: ECU contract delivery	Undertake planned internal audit	PC	Q3/4	Audit Committee	Planned

Corporate Risks Scored 15+ Aligned to BAF Risk LAS10

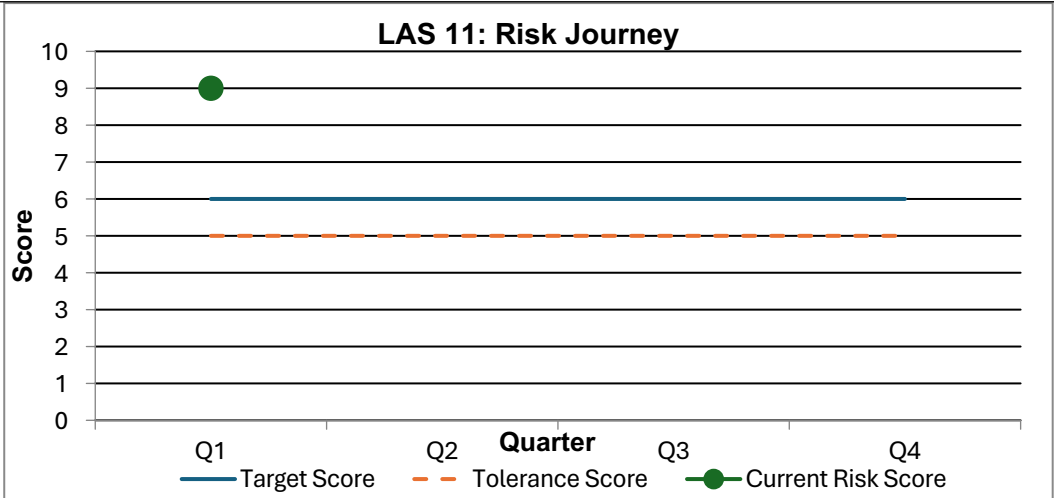
Radar ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK 11

There is a risk that if data held across the organisation is inaccurate, incomplete, inconsistent, or not timely, this will lead to unreliable reporting and decision-making. This may arise due to weak data governance, inconsistent data entry practices, inadequate validation controls, or lack of clear ownership of data quality

Executive Director Lead:	CDO
Strategic Mission/Strategic Priority:	2: Our organisation / SP All
Risk Appetite Category: Safety and Compliance - Low	
Last Review Date	July 2026



BAF RISK SCORE JOURNEY:						
	01.04.26	Q1	Q2	Q3	Q4	26/27 Target
	9	9				6
	3 X 3	3 X 3				3 X 2
	C X L	C X L	C X L	C X L	C X L	C X L
Risk Appetite	Exceeded	Exceeded				

RATIONALE FOR CURRENT RISK SCORE:

Projected Forecast Q1:

Stable

Forecast for next quarter: Deteriorating / Stable / Improving

Stable

CONTROLS	ASSURANCES	EVIDENCE
PA Consulting review commissioned.	This will To identify any gaps in our data validation, assurance processes.	ELT approved 3 rd June to go to next DDQ
The Data Management & Reporting Group has been implemented	All simple and complex reporting and data warehouse changes are signed off by the DMRG fortnightly, as required.	DMRG – June 2026
Data Quality Policy	Policy updated and being presented to ELT in June 2026.	TBC
Data Quality Training	Currently in place for Finance, D&D, P&C and selective EOC staff	ESR – DDQ Mar 2026

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
------------------------------	-----------------	-------------	-------------------	------------	----------

Lack of data governance, and traceability/lineage (999's)	Redesign of data warehouse architecture to medallion.	Ranjita Sen	Dec 2026	DDQ	WIP
Lack of data governance, and traceability/lineage (111's)	Redesign of data warehouse architecture to medallion.	Ranjita Sen	TBC	DDQ	WIP
Existing Data Quality Procedures are out of date.	Documentation review and rewrite required	Shereen Aloysius	Mar 2027	DDQ	WIP
Data Quality Training	Training due to be expanded to all Paramedics	Shereen Aloysius	Apr 2027	DDQ	WIP
Data roles not defined	Data roles being developed. E.G. Data stewardship, being worked with as a pilot with workforce.	Shereen Aloysius	Sep 2026	DDQ	WIP

Corporate Risks Scored 15+ Aligned to BAF Risk LAS11

Radar ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
TBC	Digital & Data	There is a risk of incorrect or misleading reporting due to data integrity issues or errors in report logic which may lead to flawed analysis, poor operational decision making and reduced confidence in Business Intelligence outputs if not properly managed.	12	12		6
TBC	Digital & Data	There is a risk of inconsistent reporting across reports due to a lack of governance over reporting derivations which may lead to multiple versions of the same report, with conflicting insights if not properly managed.	9	9		6

BAF Glossary

BAF Risk	The title of the strategic risk that threatens the achievement of the aligned strategic priority
Rationale for Current Risk Score	This narrative is updated on a quarterly basis and provides a summary of the information that has supported the assessment of the BAF risk
Risk Appetite	The total amount of risk an organisation is prepared to accept in pursuit of its strategic objectives
Controls	The measures in place to reduce the risk likelihood or risk consequence and assist secure delivery of the strategic priority
Assurances	The measures in place to provide confirmation that the controls are working effectively in supporting the mitigation of the risk; categorised as follows:- Level 1: Evidence and assurance from operational functions – directly from those that own/manage services. Level 2: Oversight that is separate to those responsible for delivering the service, but within the organisation's own management chain (eg. Evidence that tools, frameworks, policies, procedures have been applied through QA, financial controls, risk management, inspection and monitoring and reporting activities relating to compliance against standards). Level 3: Independent and objective assurance regarding the integrity and effectiveness of risk management and related controls; this could be internal/external audit, inspection/review by an external body (eg, CQC, NHSE, Royal College) or, an organisation-wide review.
Evidence	This is the platform that reports the assurance
Gaps in Controls	Areas that require attention to ensure that systems and processes are in place to mitigate the BAF risk
Gaps in Assurance	Areas where there is limited / no assurance that processes and procedures are in place to support the mitigation of the BAF risk
Required Action	Actions required to close the gap in control(s)/ assurance(s)
Action Lead	The person responsible for completing the required action
Target Completion	Deadline for completing the required action
Progress	A RAG rated assessment of how much progress has been made on the completion of the required action

High Level Strategic Risks

LAS8: There is a risk that, due to the complexities of London, LAS will be unable to engage effectively with its partners, which may impact on its ability to achieve its medium-term plan and deliver on the strategic priorities outlined in the NHS 10-year plan	Mission: Our London SP: 3	Trust Board	CSTO	4 x 3	12				3 X 2	Moderate
---	-------------------------------------	----------------	------	-------	----	--	--	--	-------	----------

Key

Consequence ↓	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	5 Low	10 Moderate	15 High	20 High	25 High
Major 4	4 Low	8 Moderate	12 Moderate	16 High	20 High
Moderate 3	4 Low	6 Moderate	9 Moderate	12 Moderate	15 High
Minor 2	2 Low	4 Low	6 Moderate	8 Moderate	10 Moderate
Negligible 1	1 Low	2 Low	3 Low	4 Low	5 Low

Director Lead	
CEO	Chief Executive Officer
CMO	Chief Medical Officer

Committee Key	
AC	Audit Committee
QAC	Quality Assurance Committee

CFO	Chief Finance Officer	FIPC	Finance, Infrastructure & Productivity Committee
CP	Chief Paramedic	DDQ	Digital & Data Quality Committee
COO	Chief Operating Officer	P&C	People & Culture Committee
CPO	Chief People Officer		
CDO	Chief Digital Officer		
CSTO	Chief Strategy & Transformation Officer		
DoCA	Director of Corporate Affairs		

Strategic Priorities:

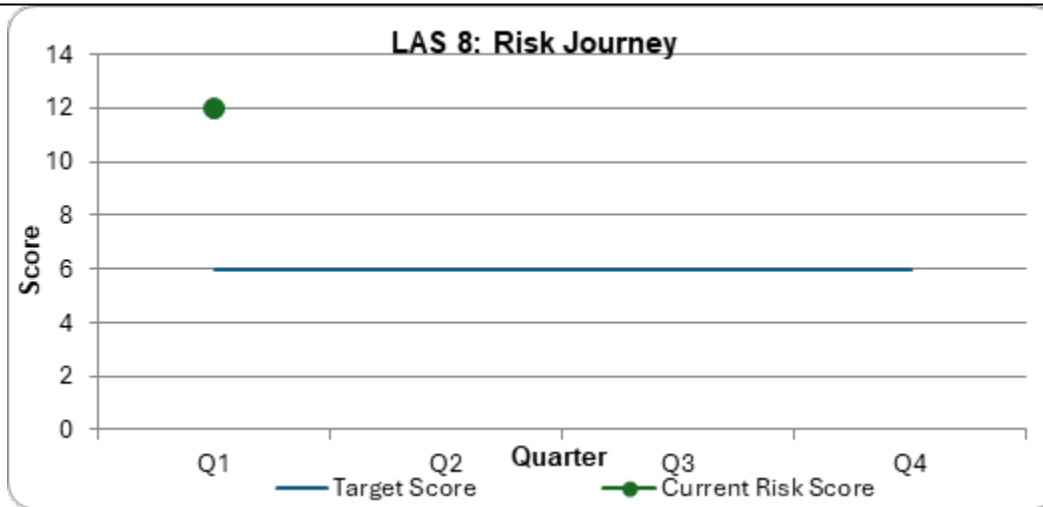
Strategic Priority 1	Strategic Priority 2	Strategic Priority 3	Strategic Priority 4	Strategic Priority 5	Strategic Priority 6	Strategic Priority 7
New operational delivery model	Patient care strategy	Collaboration & partnerships	Volunteer & charity strategy	Commercial strategy	Culture Development	Advanced FT

BOARD ASSURANCE FRAMEWORK 2026/27 – Trust Board Risks

BAF RISK 8

There is a risk that, due to the complexities of London, LAS will be unable to engage effectively with its partners, which may impact on its ability to achieve its medium-term plan and deliver on the strategic priorities outlined in the NHS 10-year plan

Executive Director Lead:	CSTO
Strategic Mission/Strategic Priority:	2: Our London / SP 3
Risk Appetite Category: Operational Performance - Moderate	
Last Review Date	September 2026



BAF RISK SCORE JOURNEY:

	01.04.26	Q1	Q2	Q3	Q4	26/27 Target
	12	12				6
	4 X 3	4 X 3				3 X 2
	CXL	CXL	CXL	CXL	CXL	CXL
Risk Appetite	Within	Within				

RATIONALE FOR CURRENT RISK SCORE: The risk is scored at 12 for Q1 - given the changes in NHSE and on-going changes to the ICB landscapes and emerging policy.

Projected Forecast Q1: Deteriorating
Stable
Improving

Forecast for next quarter: we expect the risk to remain stable in the forthcoming quarter

CONTROLS

Understanding our stakeholders and their perception of LAS

ASSURANCES

Level 2: Independent Stakeholder perceptions audit undertaken with generally positive findings. Action plan agreed. A working group has been established to ensure we are coordinating our stakeholder activity across London, encompassing NHS partners as well as political contacts.

LAS participates in key forums across London to further our strategic objectives, including CEO Forum, London Neighbourhood

EVIDENCE

Audit and action plan agreed by Trust Board.

	Health Forum, London-wide strategy meetings and winter planning events. Level 1: On-going mapping through the stakeholder team to ensure current information on key stakeholders including politicians and partners.	Regular updates to ELT.
Strong partnership working through agreed joint programmes of work with GSTT and CLCH	Level 2: CLCH - agreed programme plans in place and joint working arrangements established. Level 1: GSTT - emerging partnership arrangements.	Reported to Trust Board
Strong relationships built with key stakeholders across London.	Level 1: On-going relationship building/maintenance cross the ELT Level 1: active programme of visits from politicians, NHS leaders and partners.	Monitored via ELT.

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
On-going reorganisation of NHS England and ICBs and emerging policy agenda on strategic commissioning, devolution and neighbourhood health.	Ongoing stakeholder mapping and briefing for senior leaders	RD	On0going	ELT	On-going

Corporate Risks Scored 15+ Aligned to BAF Risk LAS8						
Radar ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score



London Ambulance Service

NHS Trust

Meeting:	Trust Board
Meeting Date:	10 th September 2026
Report Title:	Updates to the Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD)
Agenda Item:	6.2
Document Status	
If private, rationale:	

Lead Executive:	Rakesh Patel, Chief Financial Officer
Report Author:	Carol McLaughlin, Deputy Chief Financial Officer Kevin Ind, Chief Financial Accountant
Lead Committee:	Audit Committee
Purpose:	Approve
Strategic Mission	2: Our organisation
Strategic Priority (26/27)	-
BAF Reference:	-

Executive Summary

All NHS Trusts are required to have Standing Financial Instructions (SFIs) and a Scheme of Delegation (SoD) and to ensure they are regularly reviewed in line with organisational needs, to enable robust and efficient decision making. The SFIs and SoD were last reviewed in October 2024 and are due for review prior to October 2026. A review has been conducted with the aim of:

- Clarifying the delegation of authority including reviewing delegated limits in light of increased Trust income and inflation:
- Clarifying responsibilities;
- Ensuring changes to processes have been properly represented; and
- Ensuring identified gaps in coverage of the previous versions were addressed.

The proposal reflects changes to external document references where these documents have been updated or no longer exist, changes needed to reflect the current Executive Team structure, and changes to aid users' understanding.

The Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD) will be reviewed again on the conclusion of any management reorganisation.

The SFIs and SoD were considered at Audit Committee on 2nd September and Audit Committee required the SFIs to strengthen approvals prior to the Trust entering into commercial activities. In addition the s10 of the SoD has been updated to explicitly include Commercial Income within the contract approval limits.

Recommendation(s)

Trust Board is asked to approve the Standing Financial Instructions and Scheme of Delegation.

Paper previously considered by:

Date: 25/08/26

Committee name: Executive Leadership Team

Outcome: Approved for presentation to Audit Committee

Date: 02/09/26

Committee name: Audit Committee

Outcome: Approved for presentation to Trust Board

Impact Assessment (tick all that apply or N/A; note where the assessment has been signed off)

Quality & Patient Safety	n/a
Equality & Health Inequality	
People	
Data Privacy	
Regulatory	
Other	

Routing of Paper – Impact of recommendations considered and reviewed by:

	Agreed				Reviewer Name or N/A
	Yes		No		

Updates to the Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD)

1. Introduction

All NHS Trusts are required to have Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD) and to ensure they are regularly reviewed in line with organisational needs to enable robust and efficient decision making.

The SFIs and SoD were last fully reviewed in October 2024 and are due for review prior to October 2026. A review has been conducted with the aim of clarifying delegation of authority, clarifying responsibilities, ensuring changes to processes have been properly represented and ensuring identified gaps in coverage of the previous versions were addressed.

The proposed changes are set out in the two sections below. The Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD) will be reviewed again on the conclusion of any significant management reorganisation.

2. Proposed changes to Standing Financial Instructions

The proposed changes to Standing Financial Instructions reflect changes to external document references where these documents have been updated or no longer exist and changes to the SFIs to aid users' understanding. The changes are set out in the table below.

Table 1: Proposed changes to Standing Financial Instructions

Section of SFIs	Area, change and reason
Throughout document	<u>Change</u> <i>Department of Health</i> , changed to: <i>Department of Heath and Social Care</i> <u>Reason for change</u> To reflect latest statutory name
	<u>Change</u> <i>Executive Committee</i> , changed to: <i>Executive Leadership Team</i> <u>Reason for change</u> To reflect latest name of Committee
	<u>Change</u> <i>Finance Investment Committee</i> , changed to: <i>Finance, Infrastructure, and Productivity Committee</i> <u>Reason for change</u> To reflect latest name of Committee
	<u>Change</u> <i>Director of People and Culture</i> , changed to: <i>Chief People Officer</i> <u>Reason for change</u> To reflect latest job title
	<u>Change</u> <i>Remuneration Committee</i> , changed to: <i>Remuneration and Nominations Committee</i> <u>Reason for change</u> To reflect latest name of Committee

Section of SFIs	Area, change and reason
2	<u>Change</u> <i>NHS Audit Committee Handbook (2024)</i>, updated to: <i>NHS Audit Committee Handbook (2025)</i> <u>Reason for change</u> To reflect latest issued guidance.
3	<u>Change</u> <i>The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS). as set out in the NHS Standard Contract (National Commissioning Contract)</i>, updated to: <i>The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS).</i> <u>Reason for change</u> The latest NHS Standard Contract does not include any reference to the LSMS.
8	<u>Change</u> <i>Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered, the Department of Health's Commercial Sponsorship – Ethical standards for the NHS (2000) shall be followed</i>, updated to: <i>Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered, the latest NHSE or DHSC guidance must be followed.</i> <u>Reason for change</u> Department of Health's Commercial Sponsorship – Ethical standards for the NHS (2000) is no longer available.
9	<u>Change</u> <i>Any retrospective action must be recorded by the budget holder as a non-compliance in their assurance certificate</i>, removed. <u>Reason for change</u> Reference removed as no longer required. <u>Change</u> 9.2.1 Business case approval limits amended to match the proposed limits in the Scheme of Delegation (see below)
15	<u>Change</u> References for '<i>Capital Program Board</i>' replaced with: <i>Finance, Infrastructure, and Productivity Committee</i> <u>Reason for change</u> To reflect latest Committee overseeing the Capital Programme.
15	<u>Change</u> <i>The Chief Executive shall require that a business case is produced for investment proposals in line with "Capital Governance Framework" and "Business Case Guidance" and NHS England's "Capital investment and property business case approval guidance for NHS trusts and foundation trusts"</i>, replaced with: <i>The Chief Executive shall require that a business case is produced for investment proposals in line with the Trust's Scheme of Delegation.</i> <u>Reason for change</u> To allow flexibility in the structure of business cases so that the length and content of the business case aligns with its risk, value, and need of the approving Committee

3. Proposed changes to Scheme of Delegation

Section of SoD	Area, change and reason												
Throughout document	<u>Change</u> <i>Executive Committee</i>, changed to: <i>Executive Leadership Team (ELT)</i> <u>Reason for change</u> To reflect latest name of Committee												
	<u>Change</u> <i>Finance Investment Committee</i>, changed to: <i>Finance, Infrastructure, and Productivity Committee</i> <u>Reason for change</u> To reflect latest name of Committee												
	<u>Change</u> <i>Director of People and Culture</i>, changed to: <i>Chief People Officer</i> <u>Reason for change</u> To reflect latest job title												
	<u>Change</u> <i>Remuneration Committee</i>, changed to: <i>Remuneration and Nominations Committee</i> <u>Reason for change</u> To reflect latest name of Committee												
	<u>Change</u> <i>Deputy Chief Executive</i>, changed to: <i>Deputy Chief Executive and Chief Operating Officer</i> <u>Reason for change</u> To reflect new Executive role												
6.1 Delegation of the management of budgets and approval to spend funds (revenue & capital)	<u>Change</u> Delegation of the management of budgets and approval to spend funds (revenue & capital) Movements from reserves: <table><tr><th>Delegated Value</th><th>Current</th><th>Proposed</th></tr><tr><td>Up to £500,000</td><td>Chief Finance Officer</td><td>Deputy Chief Finance Officer</td></tr><tr><td>Over £500,000</td><td>Chief Executive Officer (if previously approved by the Chief Finance Officer)</td><td>Chief Finance Officer</td></tr></table> Virement: <table><tr><th>Delegated Value</th><th>Current</th><th>Proposed</th></tr></table>	Delegated Value	Current	Proposed	Up to £500,000	Chief Finance Officer	Deputy Chief Finance Officer	Over £500,000	Chief Executive Officer (if previously approved by the Chief Finance Officer)	Chief Finance Officer	Delegated Value	Current	Proposed
Delegated Value	Current	Proposed											
Up to £500,000	Chief Finance Officer	Deputy Chief Finance Officer											
Over £500,000	Chief Executive Officer (if previously approved by the Chief Finance Officer)	Chief Finance Officer											
Delegated Value	Current	Proposed											

Section of SoD	Area, change and reason														
	Up to £50,000 and not between pay and non-pay	Director	Director												
	Above £50,000, or below £50,000 and between pay and non- pay	Chief Finance Officer or Chief Executive	Deputy Chief Finance Officer												
	<u>Reason for change</u> Alignment of SoD to reflect current method of budgetary control and expected roles of CFO and Deputy CFO														
6.2 Staff and Agency Staff Appointments and Regrading	<u>Change</u> Approval of, and signing contracts for new staff appointments and regrading if within budgeted establishment: <table><tr><th>Delegated Value</th><th>Current</th><th>Proposed</th></tr><tr><td>Up to £90,000 basic salary (excluding on-costs)</td><td>Director</td><td>Director</td></tr><tr><td>Above £90,000 (excluding on-costs)</td><td>Chief Executive (all Director/VSM posts must be submitted to regulatory authority for approval))</td><td>Chief People Officer (where applicable, subject to regulatory approval)</td></tr></table> <u>Reason for change</u> Change made to reflect the expected role of the CEO and CPO in approval of and signing of new staff appointments.			Delegated Value	Current	Proposed	Up to £90,000 basic salary (excluding on-costs)	Director	Director	Above £90,000 (excluding on-costs)	Chief Executive (all Director/VSM posts must be submitted to regulatory authority for approval))	Chief People Officer (where applicable, subject to regulatory approval)			
Delegated Value	Current	Proposed													
Up to £90,000 basic salary (excluding on-costs)	Director	Director													
Above £90,000 (excluding on-costs)	Chief Executive (all Director/VSM posts must be submitted to regulatory authority for approval))	Chief People Officer (where applicable, subject to regulatory approval)													
6.3 Other Pay Expenditure	<u>Change 1)</u> Approval of schemes of incentives or incentivised overtime or other pay expenditure within budget <i>Chief Finance Officer and A Board Director (jointly), changed to:</i> A Board Director <u>Reason for change</u> - Change made to reflect the expected role of the CFO and Board Directors in approving pay incentives. <u>Change 2)</u> Approval of other pay expenditure and claims within budget (e.g. approving overtime worked, incentives due and approving staff or agency staff timesheets) Table of approval limits removed and replaced with the following reference: <i>To be approved in line with the Delegated Limits contained with 6.6.3 below.</i> <u>Reason for change</u> - The approvals limits table was the same as in section 6.6.3, and it caused confusion for the readers of the SoD having two identical tables.														
6.4 Approving additional pay expenditure budget	<u>Change</u> Approving additional pay expenditure budget: <table><tr><th>Delegated Value</th><th>Current</th><th>Proposed</th></tr><tr><td>Up to £250,000 cumulative in financial year</td><td>Chief Finance Officer and reported to Executive Committee</td><td>Deputy Chief Finance Officer</td></tr><tr><td>Up to £500,000 cumulative in financial year</td><td>Chief Executive and Chief Finance Officer and reported to Executive Committee and Audit Committee</td><td>Chief Finance Officer</td></tr><tr><td>Over £500,000 cumulative in financial year</td><td>Trust Board following recommendation by Executive Committee and reported to Audit Committee in accordance with SFI 11</td><td>Chief Finance Officer and reported to ELT</td></tr></table> <u>Reason for change</u> Change made to reflect the expected role of the Audit Committee, CEO, and CFO and Deputy CFO in operational budgetary control			Delegated Value	Current	Proposed	Up to £250,000 cumulative in financial year	Chief Finance Officer and reported to Executive Committee	Deputy Chief Finance Officer	Up to £500,000 cumulative in financial year	Chief Executive and Chief Finance Officer and reported to Executive Committee and Audit Committee	Chief Finance Officer	Over £500,000 cumulative in financial year	Trust Board following recommendation by Executive Committee and reported to Audit Committee in accordance with SFI 11	Chief Finance Officer and reported to ELT
Delegated Value	Current	Proposed													
Up to £250,000 cumulative in financial year	Chief Finance Officer and reported to Executive Committee	Deputy Chief Finance Officer													
Up to £500,000 cumulative in financial year	Chief Executive and Chief Finance Officer and reported to Executive Committee and Audit Committee	Chief Finance Officer													
Over £500,000 cumulative in financial year	Trust Board following recommendation by Executive Committee and reported to Audit Committee in accordance with SFI 11	Chief Finance Officer and reported to ELT													

Section of SoD	Area, change and reason																																																											
6.6 Non-Pay Expenditure	<u>Change 1)</u> Authorisation to enter into a contract (including leases and service contracts valued over the term of the agreement but excluding business rates and NHS Resolution expenditure) within budget or for capital, within the capital plan: <table><tr><th>Delegated Value</th><th>Current</th><th>Proposed</th></tr><tr><td>Up to £50,000</td><td>Deputy Head of Directorate and above</td><td>Deputy Chief Finance Officer / Director</td></tr><tr><td>£50,000 - £1,000,000</td><td>Procurement Board</td><td>Procurement Board</td></tr><tr><td>£1,000,000 - £2,000,000</td><td>Executive Committee</td><td>Executive Leadership Team</td></tr><tr><td>£2,000,000 - £3,000,000</td><td rowspan="3">Finance investment Committee</td><td rowspan="3">Finance Infrastructure and Productivity Committee</td></tr><tr><td>£3,000,000 - £4,000,000</td></tr><tr><td>£4,000,000 - £5,000,000</td></tr><tr><td>£5,000,000 - £6,000,000</td><td rowspan="2">Trust Board</td><td rowspan="2">Trust Board</td></tr><tr><td>£6,000,000+</td></tr></table> <u>Reason for change</u> - Inflationary uplift in approval limits to ensure efficient and effective control environment - Change in £50k limit to best reflect current management roles in the Trust <u>Change 2)</u> Authorisation to pay non-pay expenditure (revenue and capital, including leases and service contracts valued over the term of the agreement but excluding business rates and NHS Resolution expenditure) within budget or for capital, within the capital plan: <table><tr><th>Delegated Value</th><th>Current</th><th>Proposed</th></tr><tr><td>Up to £5,000</td><td>Budget Holder</td><td rowspan="2">Budget Holder</td></tr><tr><td>Up to £10,000</td><td>Deputy Head of Department / Middle Manager</td></tr><tr><td>Up to £25,000</td><td>Head of Department / Assistant Director</td><td rowspan="2">Deputy Director / Associate Director</td></tr><tr><td>Up to £50,000</td><td>Deputy Head of Directorate</td></tr><tr><td>Up to £100,000</td><td>Head of Directorate</td><td>Deputy Chief Finance Officer / Director</td></tr><tr><td>Up to £150,000</td><td>Deputy Chief Executive</td><td>Board Director</td></tr><tr><td>Up to £500,000</td><td>Chief Finance Officer</td><td>Chief Finance Officer</td></tr><tr><td>Up to £1,000,000</td><td>Chief Executive</td><td>Chief Executive</td></tr><tr><td>Up to £2,000,000</td><td>Chief Executive or Chief Finance Officer with ELT approval</td><td rowspan="2">Chief Executive or Chief Finance Officer with ELT approval</td></tr><tr><td>Up to £3,000,000</td><td>Chief Executive or Chief Finance Officer with FIPC approval (after ELT review)</td></tr><tr><td>Up to £4,000,000</td><td rowspan="3">Chief Executive or Chief Finance Officer with Trust Board approval (after FIPC review)</td><td rowspan="3">Chief Executive or Chief Finance Officer with Trust Board approval (after FIPC review)</td></tr><tr><td>Up to £5,000,000</td></tr><tr><td>Up to £6,000,000</td></tr><tr><td>£6,000,000+</td><td></td><td></td></tr></table> <u>Reason for change</u> - Inflationary uplift in approval limits to ensure efficient and effective control environment - Change in role titles to reflect current management structure of the Trust <u>Change 3)</u> Authorisation of business rates and NHS Resolution expenditure within budget: Up to £5,000,000, Chief Executive or Chief Finance Office. Proposed change is to remove the £5,000,000 cap and within budget text. <u>Reason for change</u> - Change made to reflect the expected role of the CEO and CFO and nature of expenditure payable to local authorities (business rates) and NHS Resolution (Clinical Negligence Scheme for Trusts)	Delegated Value	Current	Proposed	Up to £50,000	Deputy Head of Directorate and above	Deputy Chief Finance Officer / Director	£50,000 - £1,000,000	Procurement Board	Procurement Board	£1,000,000 - £2,000,000	Executive Committee	Executive Leadership Team	£2,000,000 - £3,000,000	Finance investment Committee	Finance Infrastructure and Productivity Committee	£3,000,000 - £4,000,000	£4,000,000 - £5,000,000	£5,000,000 - £6,000,000	Trust Board	Trust Board	£6,000,000+	Delegated Value	Current	Proposed	Up to £5,000	Budget Holder	Budget Holder	Up to £10,000	Deputy Head of Department / Middle Manager	Up to £25,000	Head of Department / Assistant Director	Deputy Director / Associate Director	Up to £50,000	Deputy Head of Directorate	Up to £100,000	Head of Directorate	Deputy Chief Finance Officer / Director	Up to £150,000	Deputy Chief Executive	Board Director	Up to £500,000	Chief Finance Officer	Chief Finance Officer	Up to £1,000,000	Chief Executive	Chief Executive	Up to £2,000,000	Chief Executive or Chief Finance Officer with ELT approval	Chief Executive or Chief Finance Officer with ELT approval	Up to £3,000,000	Chief Executive or Chief Finance Officer with FIPC approval (after ELT review)	Up to £4,000,000	Chief Executive or Chief Finance Officer with Trust Board approval (after FIPC review)	Chief Executive or Chief Finance Officer with Trust Board approval (after FIPC review)	Up to £5,000,000	Up to £6,000,000	£6,000,000+		
Delegated Value	Current	Proposed																																																										
Up to £50,000	Deputy Head of Directorate and above	Deputy Chief Finance Officer / Director																																																										
£50,000 - £1,000,000	Procurement Board	Procurement Board																																																										
£1,000,000 - £2,000,000	Executive Committee	Executive Leadership Team																																																										
£2,000,000 - £3,000,000	Finance investment Committee	Finance Infrastructure and Productivity Committee																																																										
£3,000,000 - £4,000,000																																																												
£4,000,000 - £5,000,000																																																												
£5,000,000 - £6,000,000	Trust Board	Trust Board																																																										
£6,000,000+																																																												
Delegated Value	Current	Proposed																																																										
Up to £5,000	Budget Holder	Budget Holder																																																										
Up to £10,000	Deputy Head of Department / Middle Manager																																																											
Up to £25,000	Head of Department / Assistant Director	Deputy Director / Associate Director																																																										
Up to £50,000	Deputy Head of Directorate																																																											
Up to £100,000	Head of Directorate	Deputy Chief Finance Officer / Director																																																										
Up to £150,000	Deputy Chief Executive	Board Director																																																										
Up to £500,000	Chief Finance Officer	Chief Finance Officer																																																										
Up to £1,000,000	Chief Executive	Chief Executive																																																										
Up to £2,000,000	Chief Executive or Chief Finance Officer with ELT approval	Chief Executive or Chief Finance Officer with ELT approval																																																										
Up to £3,000,000	Chief Executive or Chief Finance Officer with FIPC approval (after ELT review)																																																											
Up to £4,000,000	Chief Executive or Chief Finance Officer with Trust Board approval (after FIPC review)	Chief Executive or Chief Finance Officer with Trust Board approval (after FIPC review)																																																										
Up to £5,000,000																																																												
Up to £6,000,000																																																												
£6,000,000+																																																												
7.1 Approval of business cases, gating templates and other	<u>Change</u> Business cases - Revenue expenditure (whole scheme cost): <table><tr><th></th><th>Current</th><th>Proposed</th></tr></table>		Current	Proposed																																																								
	Current	Proposed																																																										

Section of SoD	Area, change and reason																							
requests within budget or for capital, within the capital plan.	Up to £50,000	Deputy Head of Directorate and above	Director																					
	£50,000 - £1,000,000	Procurement Board	ELT																					
	£1,000,000 - £2,000,000	Executive Committee																						
	£2,000,000 - £3,000,000	Finance and Investment Committee	FIPC																					
	£3,000,000 - £4,000,000																							
	£4,000,000 - £5,000,000	Trust Board	Trust Board																					
	£5,000,000 - £6,000,000																							
	£6,000,000+																							
	Capital:																							
	Up to £1,000,000	Capital Programme Board and Procurement Board and/or Executive Committee	ELT																					
£1,000,000 - £2,000,000	Executive Committee	FIPC																						
£2,000,000 - £3,000,000	Finance and Investment Committee																							
£3,000,000 - £4,000,000		Trust Board approval following review by FIC	Trust Board																					
£4,000,000 - £5,000,000																								
£5,000,000 - £6,000,000																								
£6,000,000+																								
<u>Reason for change</u>																								
- Inflationary uplift in approval limits to ensure efficient and effective control environment - Change in £50k limit to best reflect current management roles in the Trust - Removal of the role of the Capital Programme Board as this Board's role has been superseded by FIPC																								
12 Arrangements for the management of land, buildings and other assets and equipment belonging to or leased by the Trust	<u>Change</u> <i>Chief Finance Officer:</i> Replaced with: <i>Chief Finance Officer and Deputy Chief Finance Officer</i> <u>Reason for change</u> Change to reflect current management roles in the Trust																							
13 Management and control of stock and equipment	<u>Change</u> <table><tr><th></th><th>Current</th><th>Proposed</th></tr><tr><td>Central Consumables Stores</td><td>Director responsible for Logistics</td><td>Deputy Director of strategic assets and property</td></tr><tr><td>Pharmaceuticals Stocks</td><td>Director responsible for Logistics</td><td>Chief Pharmacist</td></tr><tr><td>Vehicle Parts, Oil and Lubricants</td><td>Director responsible for Fleet</td><td>Deputy Director of strategic assets and property</td></tr><tr><td>IM&T Equipment</td><td>Chief Digital Officer</td><td>Chief Digital Officer</td></tr><tr><td>Station Consumables, equipment and specialised equipment stores and fuel stocks</td><td>Director responsible for Logistics</td><td>Director responsible for Logistics</td></tr><tr><td>Other stocks</td><td>Directors and Direct Reports</td><td>Directors and Direct Reports</td></tr></table> <u>Reason for change</u> Change to reflect current management roles in the Trust				Current	Proposed	Central Consumables Stores	Director responsible for Logistics	Deputy Director of strategic assets and property	Pharmaceuticals Stocks	Director responsible for Logistics	Chief Pharmacist	Vehicle Parts, Oil and Lubricants	Director responsible for Fleet	Deputy Director of strategic assets and property	IM&T Equipment	Chief Digital Officer	Chief Digital Officer	Station Consumables, equipment and specialised equipment stores and fuel stocks	Director responsible for Logistics	Director responsible for Logistics	Other stocks	Directors and Direct Reports	Directors and Direct Reports
	Current	Proposed																						
Central Consumables Stores	Director responsible for Logistics	Deputy Director of strategic assets and property																						
Pharmaceuticals Stocks	Director responsible for Logistics	Chief Pharmacist																						
Vehicle Parts, Oil and Lubricants	Director responsible for Fleet	Deputy Director of strategic assets and property																						
IM&T Equipment	Chief Digital Officer	Chief Digital Officer																						
Station Consumables, equipment and specialised equipment stores and fuel stocks	Director responsible for Logistics	Director responsible for Logistics																						
Other stocks	Directors and Direct Reports	Directors and Direct Reports																						
42 Tendering Procedures - Receipt and Opening Tender Submissions	<u>Change</u> Ensuring that competitive tenders are received for purchases above £25,000 <i>Chief Executive,</i> replaced with <i>Directors</i> <u>Reason for change</u> Change to reflect current management roles in the Trust																							



Scheme of Delegation and Financial Limits

Document Profile and Control

Purpose of the document: This document outlines who has the authority to make decisions, approve expenditures, and manage budgets, ensuring that financial activities are conducted in a controlled and accountable manner.

Sponsor Department: Finance

Author/Reviewer: Chief Financial Accountant. To be reviewed by October 2028.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
Oct-2024	1.0	Chief Financial Accountant	Updates to document to reflect changes to the Procurement Act (2025)
Sep-2026	2.0	Chief Financial Accountant	Changes to reflect Executive Structure, role names and increasing approval limits across individuals and committees

*Version Control Note: All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
Audit Committee		2.0
Ratified by (if appropriate):		

Published on:	Date	By	Dept

Links to Related documents or references providing additional information		
Ref. No.	Title	Version

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version remains the controlled master copy. Any printed copies are not controlled, nor substantive.

Scheme of Delegation and Financial Limits

Please note: Where a particular officer or director is mentioned in this scheme of delegation has a formally appointed deputy, that deputy is able to exercise the authority given to that officer when the officer is absent from the Trust's premises for longer than one day or as otherwise agreed in writing between the deputy and the officer and notified to the Chief Finance Officer

Unless otherwise noted, all references to financial limits apply to the value of the transaction excluding any applicable VAT

Ref Number	Delegated Responsibilities	Delegated Officer	SFI Reference
1	Standing Orders, Scheme of Delegation & Standing Financial Instructions		
1.1	Approving Standing Orders, Scheme of Delegation and Standing Financial Instructions	Trust Board	
1.2	Approving suspensions of Standing Orders	Trust Board with review by Audit Committee	
1.3	Monitoring compliance with Standing Orders, Scheme of Delegation and Standing Financial Instructions.	Audit Committee	
1.4	Final Authority on Interpretation of Standing Orders, Scheme of Delegation and Standing Financial Instructions	Chairman	
1.5	Exercising the powers the board has retained for its Executive Leadership Team in an emergency	Chairman and Chief Executive having consulted at least two NEDs	
1.6	Creation and Submission of Standing Orders for Authorisation	Chief Executive	
1.7	Creation and Submission of Standing Financial Instructions and Scheme of Delegation for Authorisation	Chief Finance Officer	
	Emergency Powers and Urgent Decisions Order (SO's 5.2)	Chair and Chief Executive, in consultations with 2 NEDs	
2	Audit Arrangements		
2.1	Approving Internal and External Audit Arrangements	Trust Board following advice from Audit Committee	
2.2	Deciding on action in response to the external auditors' management letter	Trust Board	
2.3	Receiving the minutes of the Audit Committee	Trust Board	
2.4	Submitting External Auditor's management letter to the Trust Board	Chief Executive	
2.5	Following through the implementation of all recommendations affecting good practice as set out in reports from such bodies as the National Audit Office.	Chief Executive	
2.6	Managing arrangements for the provision of external audit, and involving the Audit Committee in selection processes when/if a service plan is changed	Chief Finance Officer	
2.7	Managing arrangements for the provision of internal audit, and involving the Audit Committee in selection processes when/if a service plan is changed	Director of Corporate Affairs	
2.8	Monitoring and ensuring compliance with directions set out in the NHS Standard Contract (National Commissioning Contract) on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	Chief Finance Officer	
2.9	Monitoring reliance placed upon the internal audit function of the Trust's Shared Financial Services function by either internal or external audit.	Chief Finance Officer	
2.10	Approving the appointment of external auditors to provide non-external audit services in line with Trust Policy	Audit Committee	
3	Banking		
3.1	Approving Banking Arrangements (such as approving changes to commercial banking service providers and contracts for tendered services)	Trust Board	
3.2	Managing banking arrangements (including but not limited to opening and closing accounts with current banking providers) and advising on the provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories.	Chief Finance Officer or Deputy Chief Finance Officer	
3.3	Reviewing banking arrangements at regular intervals	Chief Finance Officer	
4	Financial Strategy and Performance		
4.1	Setting overall policy and strategy for the financial performance of the Trust within the requirements of the Secretary of State or Regulatory Authority	Trust Board	
4.2	Responsible for the performance of the Trust subject to accountability to the Trust Board	Chief Executive	
4.3	Delegation of responsibility for budgets to Directors and agreement to virement	Chief Executive	
4.4	Overall Financial Control and implementation of Trust Financial Policies	Chief Finance Officer	
4.5	Advising the Chief Executive and Directors on budgets allocated and spending against budgets	Chief Finance Officer	
5	Financial Plan, Operating Plan, Annual Report and Accounts		
5.1	Receiving and deciding on reports submitted by the Chief Executive and/or Chief Finance Officer	Trust Board	
5.2	Approving the financial plan submitted by the Chief Finance Officer	Trust Board following review by Finance, Infrastructure, and Productivity Committee (FIPC)	
5.3	Approving the operating plan submitted by the Chief Executive Officer	Trust Board	
5.4	Approving Annual Report and Accounts	Trust Board	
5.5	Reviewing the Annual Financial Statements prior to submission to the Trust Board	Audit Committee	
5.6	Compiling and submitting annual financial and operating plan to the Trust Board	Chief Executive	
5.7	Approving financial reports for submission to the Trust Board	Chief Executive	
5.8	Compiling and submitting Annual Report for the Trust to the Trust Board	Chief Executive	
5.9	Approving budget for submission	Chief Executive	
5.10	Preparing and submitting financial plan and reports to the Chief Executive for approval prior to submission to the Trust Board	Chief Finance Officer	
5.11	Devising and maintaining systems of budgetary controls	Chief Finance Officer	
5.12	Monitoring financial performance and reporting to the Trust Board	Chief Finance Officer	
5.13	Submitting Financial Statements and Accounts to the Trust	Chief Finance Officer	

Scheme of Delegation and Financial Limits

Please note: Where a particular officer or director is mentioned in this scheme of delegation has a formally appointed deputy, that deputy is able to exercise the authority given to that officer when the officer is absent from the Trust's premises for longer than one day or as otherwise agreed in writing between the deputy and the officer and notified to the Chief Finance Officer

Unless otherwise noted, all references to financial limits apply to the value of the transaction excluding any applicable VAT

Ref Number	Delegated Responsibilities	Delegated Officer	SFI Reference
5.14	Board Preparing and submitting operating plan to the Trust Board	Chief Finance Officer	
6	Delegation of the management of budgets and approval to spend funds (revenue & capital)		5
6.1	Budgetary control		
6.1.1	Delegation of the management of individual budgets if included within the Trust approved Plan and agreed at the commencement of the financial year	Director	
6.1.2	Movements from reserves: Up to £500,000 Over £500,000	Deputy Chief Finance Officer Chief Finance Officer	
6.1.3	Virements: Pay expenditure up to delegated limit under section 6.3.2 of this schedule, or non-pay expenditure up to delegated limit under section 6.6.1 of this schedule, and not between pay and non-pay Up to £50,000 and not between pay and non-pay Above £50,000, or below £50,000 and between pay and non-pay	Delegated budget holder who reports to Director for the business area Director Deputy Chief Finance Officer	
6.2	Staff and Agency Staff Appointments and Regrading		11
6.2.1	Approval of, and signing contracts for new staff appointments and regrading if within budgeted establishment: Up to £90,000 basic salary (excluding on-costs) Above £90,000 (excluding on-costs)	Director Chief People Officer (where applicable, subject to regulatory approval)	
6.2.2	Approval of Staff Restructures: Minor restructures (those which do not exceed available budget and which do not propose redundancies) Material Staff Restructures (those which exceed available budget or which propose redundancies)	Director	
6.2.3	Approval of appointments and amendments of charges in relation to agency staff if within budget (and in accordance with regulatory authority requirements): Within regulatory authority price limits (non-VSM) Above regulatory authority price limits (non-VSM) VSM Posts	Director Chief Finance Officer within Trust Board approved process on exceptional patient safety grounds only Remuneration and Nominations Committee (all Director/VSM posts must be submitted to regulatory authority for approval)	
6.2.4	Introduction of further control processes and restrictions in addition to the above.	Trust Board with recommendation from Chief Finance Officer	
6.3	Other Pay Expenditure		11
6.3.1	Approval of schemes of incentives or incentivised overtime or other pay expenditure within budget	A Board Director	
6.3.2	Approval of other pay expenditure and claims within budget (e.g. approving overtime worked, incentives due and approving staff or agency staff timesheets)	To be approved in line with the Delegated Limits contained with 6.6.3 below.	
6.3.3	Introduction of further control processes and restrictions in addition to the above.	Trust Board with recommendation from Chief Finance Officer	
6.4	Approving additional pay expenditure budget: Up to £250,000 cumulative in financial year Up to £500,000 cumulative in financial year Over £500,000 cumulative in financial year	Deputy Chief Finance Officer Chief Finance Officer Chief Finance Officer and reported to Executive Leadership Team	11
6.5	Credit notes		8
6.5.1	Reimbursing income previously invoiced (correcting an error): Up to £25,000 Up to £100,000 Over £100,000	Chief Financial Accountant Deputy Chief Finance Officer Chief Finance Officer	
6.5.2	Where cancelling and re-raising invoice (e.g. incorrect organisation, additional information requested on invoice): Up to £25,000 Up to £100,000	Chief Financial Accountant Deputy Chief Finance Officer	

Scheme of Delegation and Financial Limits

Please note: Where a particular officer or director is mentioned in this scheme of delegation has a formally appointed deputy, that deputy is able to exercise the authority given to that officer when the officer is absent from the Trust's premises for longer than one day or as otherwise agreed in writing between the deputy and the officer and notified to the Chief Finance Officer

Unless otherwise noted, all references to financial limits apply to the value of the transaction excluding any applicable VAT

Ref Number	Delegated Responsibilities	Delegated Officer	SFI Reference
	Over £100,000	Chief Finance Officer	
6.6	Non-Pay Expenditure		12
6.6.1	Authorisation to enter into a contract (including leases and service contracts valued over the term of the agreement but excluding business rates and NHS Resolution expenditure) within budget or for capital, within the capital plan: Up to £50,000 £50,000 - £1,000,000 £1,000,000 - £3,000,000 £3,000,000 - £6,000,000 £6,000,000+ Note: Further external approvals may be required	Deputy Chief Finance Officer / Director Procurement Board Executive Leadership Team Finance Infrastructure and Productivity Committee Trust Board	
6.6.2	Authorisation to sign contracts (including leases and service contracts valued over the term of the agreement but excluding business rates and NHS Resolution expenditure) within budget or for capital, within the capital plan: Note: A purchase order is a sufficient form of contract for expenditure less than £50,000 Up to £1,000,000 above £1,000,000	Chief Finance Officer (Subject to prior recommendation by the Procurement Board) Chief Executive (Subject to prior recommendation by Executive Leadership Team and Finance Infrastructure and Productivity Committee or Trust Board as appropriate)	
6.6.3	Authorisation to pay non-pay expenditure (revenue and capital, including leases and service contracts valued over the term of the agreement but excluding business rates and NHS Resolution expenditure) within budget or for capital, within the capital plan: Up to £10,000 Up to £50,000 Up to £100,000 Up to £150,000 Up to £500,000 Up to £1,000,000 Up to £3,000,000 Up to £6,000,000 Over £6,000,000	Budget Holder Deputy Director / Associate Director Deputy Chief Finance Officer /Director Board Director Chief Finance Officer Chief Executive Chief Executive or Chief Finance Officer with Executive Leadership Team approval Chief Executive or Chief Finance Officer with Finance Infrastructure and Productivity Committee approval (after Executive Leadership Team review) Chief Executive or Chief Finance Officer with Trust Board approval (after Finance Infrastructure and Productivity Committee review)	
6.6.4	Authorisation of business rates and NHS Resolution expenditure.	Chief Executive or Chief Finance Officer	
6.7	Authorisation of non-pay expenditure in excess of budget: Up to £250,000 cumulative in financial year Up to £500,000 cumulative in financial year Over £500,000 cumulative in financial year	Chief Finance Officer and reported to Executive Leadership Team Chief Executive and Chief Finance Officer and reported to Executive Leadership Team and Audit Committee Trust Board following recommendation by Executive Leadership Team and reported to Audit Committee in accordance with the process set out in SFI 12	12
6.8	Approval of routine expenses claims Up to £5,000 Over £5,000	Budget Holder following Line Manager confirmation Deputy Chief Finance Officer	12
7.1	Approval of business cases, gating templates and other requests within budget or for capital, within the capital plan.		11 and 12
7.1.1	Revenue expenditure (whole scheme costs: Up to £50,000 £50,000 - £3,000,000 £3,000,000 - £6,000,000 £6,000,000+ NOTE: Further external approvals may be required	Director Executive Leadership Team Finance Infrastructure and Productivity Committee Trust Board	
7.1.2	Capital: Up to £3,000,000 £3,000,000 - £6,000,000 £6,000,000+	Executive Leadership Team Finance Infrastructure and Productivity Committee Trust Board approval following review by Finance Infrastructure and Productivity Committee	

Scheme of Delegation and Financial Limits

Please note: Where a particular officer or director is mentioned in this scheme of delegation has a formally appointed deputy, that deputy is able to exercise the authority given to that officer when the officer is absent from the Trust's premises for longer than one day or as otherwise agreed in writing between the deputy and the officer and notified to the Chief Finance Officer

Unless otherwise noted, all references to financial limits apply to the value of the transaction excluding any applicable VAT

Ref Number	Delegated Responsibilities	Delegated Officer	SFI Reference
7.2	NOTE: Further external approvals may be required Approval of business cases, and other requests in excess of budget		12
7.2.1	Revenue expenditure: Up to £250,000 £250,000 - £500,000 £500,000 and above	Executive Leadership Team Finance Infrastructure and Productivity Committee Trust Board approval following review by Finance Infrastructure and Productivity Committee	
7.2.2	Capital: Up to £500,000 £500,000 - £2,000,000 £2,000,000 and above	Executive Leadership Team Finance Infrastructure and Productivity Committee Trust Board approval following review by Finance Infrastructure and Productivity Committee	
8	Operation of all detailed financial matters Establishment and management of bank accounts Payroll Purchase ledger/creditor payments Petty cash Debtors Treasury Management Asset Register Inventory Management	Chief Finance Officer or Deputy Chief Finance Officer Chief People Officer Chief Finance Officer or Deputy Chief Finance Officer Chief Finance Officer or Deputy Chief Finance Officer Chief Finance Officer or Deputy Chief Finance Officer Chief Finance Officer or Deputy Chief Finance Officer Chief Finance Officer or Deputy Chief Finance Officer Directors and Direct Reports to Directors	8 11 8 7, 12 8 7 15 16
9	Income systems System design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash	Chief Finance Officer or Deputy Chief Finance Officer	8
10	Funding contracts, Contracts for the Provision of Services, Service Level Agreements and Commercial Income: Below £100,000 Up to £500,000 Up to £2,000,000 Up to £5,000,000 More than £5,000,000 Routine mid-term variations to any of the above if contract baseline value not changed by more than 5%	Relevant Director and Deputy Chief Finance Officer Chief Finance Officer Chief Finance Officer and Chief Executive Finance Infrastructure and Productivity Committee following Executive Leadership Team review Trust Board following Finance Infrastructure and Productivity Committee review Chief Finance Officer	10
11	Annual capital programme and capital expenditure proposals		5
11.1	Approval of Annual Capital Plan as part of the Integrated Financial Plan before the start of the financial year.	Trust Board following review by Finance Infrastructure and Productivity Committee	
11.2	Capital Project Budget Variation Total budget spend of each capital scheme may be varied by 10% or £100,000, whichever is the smaller, subject to capital programme remaining within budget. Total budget spend of each capital scheme may be varied by 20% or £500,000, whichever is the smaller, subject to capital programme remaining within budget. If any individual variation in project value results in a breach of approval limits as set out in 2 above, re-approval in line with section 2 is required	Chief Finance Officer Executive Leadership Team or as delegated through Finance Infrastructure and Productivity Committee	
12	Arrangements for the management of land, buildings and other assets and equipment belonging to or leased by the Trust Physical management and maintenance of assets Land and buildings Vehicles Equipment Asset register, depreciation and PDC	Directors responsible for assets Director responsible for Estates Director responsible for Fleet Directors and Direct Reports to Directors responsible for equipment assets Chief Finance Officer and Deputy Chief Finance Officer	15

Scheme of Delegation and Financial Limits

Please note: Where a particular officer or director is mentioned in this scheme of delegation has a formally appointed deputy, that deputy is able to exercise the authority given to that officer when the officer is absent from the Trust's premises for longer than one day or as otherwise agreed in writing between the deputy and the officer and notified to the Chief Finance Officer

Unless otherwise noted, all references to financial limits apply to the value of the transaction excluding any applicable VAT

Ref Number	Delegated Responsibilities	Delegated Officer	SFI Reference
13	Management and control of stock and equipment Central Consumables Stores Pharmaceuticals Stocks Vehicle Parts, Oil and Lubricants IM&T Equipment Station Consumables, equipment and specialised equipment stores and fuel stocks Other stocks	Deputy Director of strategic assets and property Chief Pharmacist Deputy Director of strategic assets and property Chief Digital Officer Director responsible for Logistics Directors and Direct Reports	16
14	Recording, monitoring and approval of payments under the losses and special payments regulations including theft and fraud All losses and special payments reported through to Audit Committee on a quarterly basis Monitoring and approval of losses and special payments Accounting for losses and special payments General administration Cash losses and bad debts Note: These write-offs, once agreed, will impact on individual budgets - there is no central provision. A bad debt write-off for these purposes is the writing off of any income due to the Trust, whether or not invoiced - it does not include adjustments relating to invoices raised in error. Up to £10,000 Over £10,000 Losses of equipment and property Up to £50,000 Up to £250,000 Over £250,000 Claims net of recovery from NHS Resolution Up to £100,000 Up to £500,000 Over £500,000 Staff grievance settlements other than in response to a formal process Complaints	Chief Finance Officer Chief Finance Officer Chief Finance Officer, Deputy Chief Finance Officer, Chief Financial Accountant Directors and Direct Reports Chief Finance Officer or Deputy Chief Finance Officer Chief Executive and Chief Finance Officer or Deputy Chief Finance Officer Chief Finance Officer Chief Executive Audit Committee or Trust Board Chief Finance Officer or Chief Executive Executive Leadership Team Audit Committee or Trust Board As for losses of equipment and property As for losses of equipment and property	17
15	Disposal of deceased patients' property Property of value up to £5,000 Cash up to £100 and all valuables may be released to relatives who sign an indemnity form Cash over £100 may be released by cheque together with all valuables to relatives who sign indemnity form Property of value over £5,000 Cash over £100 may be released by cheque together with all valuables on production of probate or letters of administration	Deputy Chief Finance Officer Deputy Chief Finance Officer Chief Finance Officer	19
16	Management of Patients' monies	Chief Finance Officer	19
17	Insurance arrangements Approval of Insurance Arrangements	Chief Finance Officer with approval of Trust Board (Chief Finance Officer to obtain quotes for insurance cover, and to present an annual report to the Audit Committee, Chief Executive to report to Trust Board on potential insurable risks and associated costs)	23
18	Appointment of Consultancy Firms Up to £50,000 excluding VAT over the period of the contract Up to £250,000 excluding VAT over the period of the contract Over £250,000 excluding VAT over the period of the contract All appointments of consultancy firms must be in line with regulatory authority approval requirements at the point of appointment, and relevant procurement requirement.	Directors with NHS England approval for contracts exceeding £50k including irrecoverable VAT and expenses Chief Executive or Chief Finance Officer with report to Trust Board over £100k Chief Executive with report to, and approval of Trust Board	9, 12
19	Legal Obligations		12

Scheme of Delegation and Financial Limits

Please note: Where a particular officer or director is mentioned in this scheme of delegation has a formally appointed deputy, that deputy is able to exercise the authority given to that officer when the officer is absent from the Trust's premises for longer than one day or as otherwise agreed in writing between the deputy and the officer and notified to the Chief Finance Officer

Unless otherwise noted, all references to financial limits apply to the value of the transaction excluding any applicable VAT

Ref Number	Delegated Responsibilities	Delegated Officer	SFI Reference
	Payment of compensation payments etc. under legal obligation: Up to £100,000 Over £100,000 Quarterly Report on payments to the Trust Board	Chief Executive Trust Board Chief Quality Officer and/or Chief People Officer	
20	Approving Financial Information/Costings for Tenders and Proposals for the Provision of Goods or Services, and signing Tenders Submitted by The Trust Approving arrangements for the submission of tenders Signing general tenders submitted by the Trust: Up to £500,000 per annum Over £500,000 per annum	Trust Board Chief Finance Officer Chief Executive and Chief Finance Officer	10
21	Charitable Funds		20
21.1	Approving the composition and terms of reference for the Charitable Funds Committee and approving the Annual Report and Accounts for funds held on trust to be submitted to the Charity Commission	Trust Board	
21.2	Setting overall policy on investment and presenting annual progress reports on the update of the Trust's charitable funds.	Charitable Funds Committee	
21.3	Monitoring the effective administration of charitable funds, including management and accounting arrangements	Chief Finance Officer	
21.4	Approving the appointment of the Financial Adviser to the Charitable Funds Committee	Chief Finance Officer	
21.5	Approval of Transactions: Up to £5,000 Up to £25,000 Over £25,000	Chief Financial Accountant Chief Finance Officer Chief Finance Officer with approval of the Charitable Funds Committee	
22	Ex-gratia Payments		17
22.1	Making Ex-Gratia Payments in respect of liability claims where legal advice has indicated a case can be made for LAS liability which would need to be contested in court or tribunal. Up to £500,000 Over £500,000	Approval by Chief Executive and Chief Finance Officer with report to Chairman following Legal advice from instructed solicitor / counsel. Report / recommendation from the Chief People Officer to settle tribunal claims. Formal reporting and approval to DH in line with Department of Health and Social Care (DHSC) group accounting manual (GAM) Approval by Trust Board following recommendation by Chief Executive and Chief Finance Officer with report to Chairman following Legal advice from instructed solicitor / counsel. Report / recommendation from the Chief People Officer to settle tribunal claims. Formal reporting and approval to DH in line with Department of Health and Social Care (DHSC) group accounting manual (GAM)	
22.2	Making other ex-gratia payments, including where legal advice has not been obtained Up to £500 Up to £3,000 Over £3,000	Directors (Chief Finance Officer must be informed, must be reported to Audit Committee via losses and special payments report) Chief Finance Officer upon recommendation from Directors (Chief Finance Officer must be informed, must be reported to Audit Committee via losses and special payments report, and formal reporting to regulatory authority when required) Chief Executive or Chief Finance Officer (Chief Finance Officer must be informed and must be reported to Audit Committee via losses and special payments report, and formal reporting to regulatory authority)	
23	Tribunal Payments Making payments resulting from a tribunal not under legal obligation: Up to £50,000 £50,000 - £100,000 £100,000 and over	Chief Executive and Chief Finance Officer with report to Audit Committee following advice from Chief People Officer, Legal advice from the instructed solicitor / counsel for Tribunal claims over £10,000. Formal reporting and approval for all payments. Trust Board to approve following recommendation by Chief Executive and Chief Finance Officer with report to Audit Committee following advice from Chief People Officer, Legal advice from the instructed solicitor / counsel. Formal reporting and approval for all payments. Trust Board to approve following recommendation by Chief Executive and Chief Finance Officer with report to Audit Committee following advice from the Chief People Officer, legal advice from the instructed solicitor / counsel and followed by HM Treasury approval. Formal reporting and HM Treasury approval required for all payments.	17
24	Payment of Claims arising under Property Expenses Scheme Up to £20,000 Over £20,000	Chief Finance Officer with Chief Executive review following report from Head of Estates Chief Executive and Chief Finance Officer following report from Head of Estates (Trust Board to be informed)	17

Scheme of Delegation and Financial Limits

Please note: Where a particular officer or director is mentioned in this scheme of delegation has a formally appointed deputy, that deputy is able to exercise the authority given to that officer when the officer is absent from the Trust's premises for longer than one day or as otherwise agreed in writing between the deputy and the officer and notified to the Chief Finance Officer

Unless otherwise noted, all references to financial limits apply to the value of the transaction excluding any applicable VAT

Ref Number	Delegated Responsibilities	Delegated Officer	SFI Reference
25	Payment of Personal injury and other liability claims outside the NHS Resolution indemnity schemes and commercial insurance Up to £50,000 which are not under legal obligation and are not novel, contentious, or repercussive Over £50,000 which are not under legal obligation and are not novel, contentious, or repercussive Claims which are under legal obligation and are novel, contentious, or repercussive	Chief Executive and Chief Finance Officer following recommendation from the Chief Finance Officer, Director of Corporate Affairs Chief Medical Officer and Chief People Officer, legal advice from the instructed solicitor / counsel and report from the Head of Legal Services. Chairman following review by Chief Executive and Chief Finance Officer based on recommendation from the Chief Finance Officer, Chief Medical Officer and Chief People Officer, legal advice from the instructed solicitor / counsel and report from the Head of Legal Services. Chief Executive and Chief Finance Officer following Regulatory Authority approval	17
26	Disposals of Trust Property Approval of disposals of Trust property with a net book value less cost of disposal of: Up to £25,000 Up to £100,000 Up to £250,000 Up to £1,000,000 Over £1,000,000 Approval of Gifts of Trust property with a value of: Up to £5,000 Up to £300,000 Over £300,000	Deputy Chief Finance Officer following consideration of formal proposal Chief Finance Officer following consideration of formal proposal Chief Finance Officer and another Executive Director following consideration of formal proposal Chief Executive, Chief Finance Officer and another Executive Director following consideration of Combined Business Case Trust Board following consideration of Full Business Case Chief Executive Trust Board Trust Board following Regulatory Authority Approval	17
27	Dismissals		
27.1	Approving arrangements for the discipline and dismissal of staff	Trust Board	
27.2	Nomination of a panel to hear appeals against dismissal brought by the Chief Executive or Executive Trust Board Directors	Trust Board	
27.3	Authority to dismiss the Chief Executive and Executive Directors	Chairman	
27.4	Nomination of a panel to hear appeals against dismissal brought by Directors who are not members of the Board.	Chairman	
27.5	Dismissal of staff below Director level	Chief Executive, Director or Director's Deputy	
27.6	Nomination of a panel of Directors to hear appeals against dismissal by staff below Director level	Chief Executive	
27.7	Ensuring that appropriate processes are completed to ensure salary and other payments cease as appropriate following dismissal.	Directors	
27.8	Advising panels dealing with dismissals and appeals	Chief People Officer	
28	Remuneration and Terms of Service for the Chief Executive, Directors and Other Senior Officers		
28.1	Decides the Directors' remuneration and terms of service	Trust Board on recommendation from Remuneration and Nominations Committee	
28.2	Decides performance related payments to the Chief Executive	Trust Board	
28.3	Reporting in writing to the Trust Board the basis of its recommendations in relation to remuneration, terms of service and performance related payments	Remuneration and Nominations Committee with advice from the Chief People Officer	
28.4	Recommending performance related payments for the Chief Executive.	Chairman	
28.5	Deciding performance related pay awards for Directors and all staff on performance related pay.	Trust Board	
28.6	Recommending performance related payments to their staff to the Chief Executive.	Directors	
28.7	Advising on remuneration and terms of service	Chief People Officer	
29	Human Resources Policy and Disputes		
29.1	Approving all human resources policies	Trust Board (Chief Executive to determine submissions to Trust Board following advice from Chief People Officer)	
29.2	Approving premature retirement for the Chief Executive and all Directors	Trust Board	
29.3	Approving premature retirement for staff up to Director level	Chief Executive	
29.4	Settling disputes in line with the agreed disputes procedure	Chief Executive	
29.5	Preparing options and draft policy in conjunction with Directors	Chief People Officer	
29.6	Advising on human resources policy matters	Chief People Officer	
30	Human Resources Arbitration		
30.1	Approving arbitration submissions	Trust Board	
30.2	Determining and approving submissions to the Trust Board when appropriate	Chief Executive	
30.3	Advising on arbitration matters	Chief People Officer	
31	Human Resources Disciplinary Matters		
31.1	Receiving reports and hearing appeals on disciplinary action relating to the Chief Executive and/or Directors	Remuneration and Nominations Committee	
31.2	Initiating action on disciplinary matters relating to the Chief Executive and/or Directors.	Chairman	
31.3	Determining and approving submissions to the Trust Board	Chief Executive	

Scheme of Delegation and Financial Limits

Please note: Where a particular officer or director is mentioned in this scheme of delegation has a formally appointed deputy, that deputy is able to exercise the authority given to that officer when the officer is absent from the Trust's premises for longer than one day or as otherwise agreed in writing between the deputy and the officer and notified to the Chief Finance Officer

Unless otherwise noted, all references to financial limits apply to the value of the transaction excluding any applicable VAT

Ref Number	Delegated Responsibilities	Delegated Officer	SFI Reference
31.4	when appropriate Advising on disciplinary matters	Chief People Officer	
32	Management and Control of Computer Systems and Facilities		
32.1	Approving the overall corporate IT Policy on procurement and control of systems and facilities on the recommendation of the Director of Technical Support Services	Trust Board	
32.2	Co-ordinating IT Policy on behalf of the Trust and being the responsible officer for control and security of hardware, software and data	Chief Digital Officer	
32.3	Compliance with the Data Protection Act, Use of Computers Act and other legislation in their Directorates	Directors	
32.4	Operation and compliance with legislation for all telecommunications and radio systems	Chief Digital Officer	
32.5	Ensuring that risks to the Trust from IT are identified and considered, and that disaster recovery plans are in place	Chief Digital Officer	
32.6	Ensuring that where computer systems have an impact on corporate financial systems: • System acquisition, development and maintenance are in line with corporate policies; • Data assembled for processing by finance system is adequate, accurate, complete and timely and that a management trail exists; • That the Chief Finance Officer and staff have access to such data; and • That such computer reviews are being carried out as are considered necessary.	Chief Finance Officer	
33	Contracts for Computer Services with Other Health Bodies or Outside Agencies		
33.1	Ensuring that contracts for computer services for financial applications with another health organisation or any other agency clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage, and that the contract ensures rights of access for audit purposes	Chief Digital Officer	
33.2	Periodically seeking assurances that adequate controls are in operation where another health organisation or any other agency provides a computer service for financial applications	Chief Finance Officer	
34	Data Protection		
34.1	Approving policy on Data Protection	Trust Board	
34.2	Notification under the Data Protection Act and the implementation of the Board's Data Protection Policy	Director of Corporate Affairs	
34.3	Advising the Board on Data notification	Director of Corporate Affairs	
34.4	Ensuring compliance with the Data Protection Act and the Board's Data Protection Policy in Directorates	Directors	
35	Health and Safety Arrangements		
35.1	Approving overall policy on Health and Safety at work.	Trust Board	
35.2	Ensuring an effective overall Health and Safety system within the Trust and compliance with legislative requirements	Chief Executive	
35.3	Ensuring the effective implementation of the Human Resources aspects of Trust Health & Safety policy and advising the Chief Executive of requirements	Chief People Officer	
35.4	Ensuring the effective implementation of clinical aspects of Trust Health and Safety policy and advising the Chief Executive of requirements	Chief Medical Officer	
35.5	Ensuring the effective implementation of the Health and Safety Policy in individual Directorates	Directors	
36	Complaints Against the Trust		
36.1	Approves the Trust's Complaints Procedure	Trust Board	
36.2	Receiving reports regarding complaints about any aspect of service.	Trust Board	
36.3	Management of complaints within the Trust and ensuring complaints receive written responses in line with regulations	Chief Executive	
36.4	Supporting the Chief Executive in the management of complaints within the Trust and signing written responses to complaints	Directors	
37	Executive and Non-Executive Directors Issues (Visits, Hospitality etc.)		
37.1	Approving overall policy on hospitality and visits.	Trust Board	
37.2	Advising the relevant Regulatory Authority on the performance of Non-Executive board members	Chairman	
37.3	Ensuring Directors are aware of guidelines	Chief Executive	
37.4	Ensuring compliance with Guidelines	Directors	
37.5	Developing policies and guidelines on behalf of the Chief Executive	Director of Corporate Affairs	
38	Freedom of Information		
38.1	Approving Freedom of Information Policy	Trust Board	
38.2	Receiving an annual report on the implementation of the Freedom of Information policy	Trust Board	

Scheme of Delegation and Financial Limits

Please note: Where a particular officer or director is mentioned in this scheme of delegation has a formally appointed deputy, that deputy is able to exercise the authority given to that officer when the officer is absent from the Trust's premises for longer than one day or as otherwise agreed in writing between the deputy and the officer and notified to the Chief Finance Officer

Unless otherwise noted, all references to financial limits apply to the value of the transaction excluding any applicable VAT

Ref Number	Delegated Responsibilities	Delegated Officer	SFI Reference
38.3	Ensuring the Trust is compliant with current Freedom of Information legislation	Director of Corporate Affairs	
38.4	Publishing and maintaining a Freedom of Information scheme	Director of Corporate Affairs	
39	Risk Management		
39.1	Approving and Monitoring the risk management programme	Trust Board	
39.2	Reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activity both clinical and non-clinical that support the achievement of the organisation's objectives	Audit Committee	
39.3	Deciding whether the Trust will use the risk pooling scheme administered by the NHS Resolutions or Executive Leadership Team-insure for some or all of the risks (where discretion is allowed), and reviewing decisions to Executive Leadership Team-insure annually	Trust Board	
39.4	Ensuring that where NHS Resolutions risk pooling schemes are used, the arrangements entered into are appropriate and complementary to the risk management programme, and that documented procedures cover these arrangements	Chief Medical Officer	
39.5	Ensuring that where the Board decides not to use NHS Resolutions risk pooling schemes, they are informed of the nature and extent of the risks that are Executive Leadership Team-insured as a result of this decision, and that formal documented procedures are drawn up for the management of any claims arising from 3rd parties and payments in respect of losses that will not be reimbursed	Chief Finance Officer	
40	Signing and Sealing of Documents		
40.1	Receiving a report of all sealing's	Trust Board	
40.2	Affixing the seal	Chairman and the Chief Executive or another Executive Director in accordance with standing orders	
40.3	Approving and signing all documents which will be used in legal procedures	Chairman, Chief Executive and an Executive Director	
40.4	Keeping the common seal of the Trust in a secure place in accordance with arrangements approved by the Trust	Director of Corporate Affairs	
40.5	Keeping a register of sealing's	Director of Corporate Affairs	
41	Tendering Procedures - General		
41.1	Approving standing orders regarding tendering	Trust Board	
41.2	Approves exceptions to Standing Orders regarding Competitive Tendering	Trust Board	
41.3	Receiving reports regarding all waiving of competitive tendering	Audit Committee	
41.4	Ensuring compliance with Standing Orders	Chief Executive	
41.5	Authorising exceptions to Standing Orders in an urgent situation	Chief Executive following consultation with the Chairman or Deputy Chairman under Standing Order 41	
41.6	Where Procurement Act 2023 requirements have been satisfied, waiving the requirement for competitive tendering for goods and services up to £200,000	Chief Executive in conjunction with Chief Finance Officer	
41.7	Where insufficient tenders are received, authorising the originating Directors to approach known firms with a view to procuring the goods or services required	Chief Executive	
41.8	Ensuring that at least 3 competing quotations from comparable firms are received for appropriate contracts (unless NHS Supplies is used)	Directors	
41.9	Authorising all tenders and waivers and ensuring satisfaction with the financial competence of all tendering organisations	Chief Finance Officer	
42	Tendering Procedures - Limits		
42.1	Ensuring that proper tendering arrangements are in place	Audit Committee	
42.2	Ensuring that competitive tenders are received for purchases above £25,000 Ensuring that competing quotations are received for purchases between £3,000 and £25,000 except where ordered through NHS Supplies	Director Directors	
43	Tendering Procedures - Receipt and Opening Tender Submissions		
43.1	Nominating officers, including the Trust Secretary to open tenders	Chief Executive	
43.2	Accepting late tenders, despatched in good time but delayed through no fault of the tenderers	Chief Executive	
43.3	Accepting late tenders other than those that are despatched in good time but delayed through no fault of the tenderers	Chief Executive in conjunction with Chief Finance Officer	
43.5	Advising the Board by way of a report on both tenders invited and received and, in due course, tender amounts after their analysis is complete	Chief Finance Officer	
44	Tendering Procedures - Post Tendering		
44.1	Authorising post tender negotiations	Chief Executive or Chief Finance Officer	
44.2	Requesting in writing that post tender negotiations take place	Directors	
44.3	Keeping a record of the reasons for post tender negotiations and their outcome	Directors	

Scheme of Delegation and Financial Limits

Please note: Where a particular officer or director is mentioned in this scheme of delegation has a formally appointed deputy, that deputy is able to exercise the authority given to that officer when the officer is absent from the Trust's premises for longer than one day or as otherwise agreed in writing between the deputy and the officer and notified to the Chief Finance Officer

Unless otherwise noted, all references to financial limits apply to the value of the transaction excluding any applicable VAT

Ref Number	Delegated Responsibilities	Delegated Officer	SFI Reference
45 45.1	Tendering Procedures - Approvals Approving non-competitive tenders	Chief Executive (subject to report to the Trust Board)	
46 46.1 46.2 46.3 46.4	Education and Training Approving Trust policy on education and training Submitting policy on education and training to the Trust Board Developing and updating the Trust policy on education and training Development of vocational/technical training	Trust Board Chief Executive Chief Medical Officer Chief Medical Officer in conjunction with Directors	



London Ambulance Service
NHS Trust
Standing Financial Instructions

v.2.0

DOCUMENT PROFILE and CONTROL.

Purpose of the document: This document outlines who has the authority to make decisions, approve expenditures, and manage budgets, ensuring that financial activities are conducted in a controlled and accountable manner.

Sponsor Department: Finance

Author: Chief Financial Accountant. To be reviewed by October 2028.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
Oct-2024	1.0	Chief Financial Accountant	Updates to document to reflect changes to the Procurement Act (2025)
Aug-2026	2.0	Chief Financial Accountant	Changes to reflect Executive Structure, new role names and amend business case approval limits

*Version Control Note: All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
Audit Committee	04/09/2026	2.0
Ratified by (If appropriate):		

Published on:	Date	By	Dept

Links to Related documents or references providing additional information		
Ref. No.	Title	Version

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version remains the controlled master copy. Any printed copies are not controlled, nor substantive.

CONTENTS

1	Introduction
2	Audit
3	Security Management
4	Resource Limit Control
5	Allocations, Planning, Budgets, Budgetary Control and Monitoring
6	Annual Accounts and Reports
7	Commercial Bank Accounts and Government Banking Service Accounts
8	Income, Fees and Charges and Security of Cash, Cheques and other negotiable instruments
9	Tendering and Contract Procedure
10	NHS Service Agreements for Provision of Services
11	Terms of Service, Allowances and Payment of Members of the Trust Board and Employees
12	Non-pay expenditure
13	External borrowing and Investments
14	Financial Framework
15	Capital Investment, Private Financing, Asset and Equipment Registers and Security of Assets and Equipment
16	Stores and Receipt of Goods
17	Disposals and Condemnations, Losses and Special Payments, Gifts and Donations
18	Information Technology
19	Patient's Property
20	Charitable Funds
21	Acceptance of Gifts by Staff
22	Retention of Records
23	Risk Management

1. INTRODUCTION

1.1 GENERAL

- 1.1.1 These Standing Financial Instructions (SFIs) are issued in accordance with the Financial Directions issued by the Secretary of State under the provisions of Sections 99(3), 97(A)(4) and (7) of the National Health Service Act 1977; National Health Service and Community Care Act 1990 and other acts relating to the National Health Service or in the Financial Regulations made under the Acts for the regulation of the conduct of London Ambulance Service NHS Trust (the Trust) in relation to all financial matters. They shall have effect as if incorporated in the Standing Orders of the Trust.
- 1.1.2 These SFIs detail the financial responsibilities, policies and procedures to be adopted by the Trust. They are designed to ensure that its financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Standing Orders and Scheme of Delegation adopted by the Trust.
- 1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for the Trust. They do not provide detailed procedural advice. These statements should therefore be read in conjunction with the detailed departmental financial procedure notes. All financial procedures must be approved by the Chief Finance Officer.
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs, the advice of the Chief Finance Officer must be sought before action is taken. The user of these SFIs should also be familiar with and comply with the provisions of the Trust's Standing Orders.
- 1.1.5 Failure to comply with SFIs and Standing Orders is a disciplinary matter that could result in dismissal. Where a breach of SFIs occurs which may constitute a criminal offence, criminal investigation and sanction may ensue.
- 1.1.6 Overriding Standing Financial Instructions – if for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Finance Officer as soon as possible.
- 1.1.7 For a more detailed explanation see the Trust's Anti-Fraud, Bribery and Corruption Policy. Should members of staff wish to report any concerns or allegations, they should contact their Local Counter Fraud Specialist (LCFS).
- 1.1.8 Standing Financial Instructions shall be reviewed every year as required by the Board, and not less frequently than every two years.

1.2 TERMINOLOGY

1.2.1 Any expression to which a meaning is given in Health Service Acts, or in the Financial Directions made under the Acts, shall have the same meaning in these instructions;

- (a) "Trust" means the London Ambulance Service NHS Trust;
- (b) "Board" means the Board of the Trust;
- (c) "Budget" means a resource, expressed in financial terms, proposed by the Trust for the purpose of carrying out, for a specific period, any or all of the functions of the Trust;
- (d) "Chief Executive" means the chief officer of the Trust;
- (e) "Chief Finance Officer" means the chief financial officer of the Trust;
- (f) "Budget Holder" means the director or employee with delegated authority to manage finances and resources for a specific area of the organisation; and
- (g) "Legal Adviser" means the properly qualified person appointed by the Trust to provide legal advice.
- (h) A Service Level Agreement (SLA) is a part of a service contract where the level of service is formally defined. In practice, the SLA is used to refer to the contracted service and performance when referring to the third party or host.
- (i) Key Performance Indicator is a specific indicator embedded into the SLA as a measurement to monitor the performance.
- (j) "Shared Service" is the host or third party who will provide the outsourced Services Contract and overarching SLA with the Trust.

1.2.2 Wherever the title Chief Executive, Chief Finance Officer, or other nominated officer is used in these instructions, it shall be deemed to include such other director or employees who have been duly authorised to represent them, subject to the Scheme of Delegation.

1.2.3 Wherever the term "employee" is used, it shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust.

1.3 RESPONSIBILITIES AND DELEGATION

1.3.1 **The Board** exercises financial supervision and control by:

- (a) formulating the financial strategy;
- (b) requiring the submission and approval of budgets within approved allocations or overall income;
- (c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money);
- (d) defining specific responsibilities placed on directors and employees as indicated in the Scheme of Delegation;

- (e) defining specific contractual responsibilities placed on Shared Services as indicated in the Scheme of Delegation.

1.3.2 The Board will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegation adopted by the Trust.

1.3.3 The Board and non-executive directors should provide clear and demonstrable support and strategic direction for counter fraud, bribery and corruption work.

1.3.4 The Board will review the proactive management, control and the evaluation of counter fraud, bribery and corruption work.

1.3.5 The board and non-executive directors will scrutinise NHS Counter Fraud Authority (NHSCFA) assessment reports, where applicable, and ensure that the recommendations are fully actioned.

1.3.6 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and, as its Accountable Officer, to the Secretary of State, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's activities and is responsible to the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

1.3.7 The Chief Executive and Chief Finance Officer will, as far as possible, delegate their detailed responsibilities but they remain accountable for financial control.

1.3.8 It is a duty of the Chief Executive to ensure that existing directors and employees and all new appointees are notified of and put in a position to understand their responsibilities within these instructions.

1.3.9 The **Chief Finance Officer** is responsible for:

- (a) implementing the Trust's financial policies and for co-ordinating any corrective action necessary to further these policies;
- (b) maintaining an effective system of internal financial control including ensuring that detailed procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- (c) ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time;
- (d) the provision of financial advice to the Trust, its directors and employees;
- (e) the design, implementation and supervision of systems of financial control;
- (f) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties;
- (g) ensuring that where management and processing of transactions is delegated to a Shared Financial Service, there are proper arrangements for procedures, records and reports as the Trust may require for the purpose of

carrying out its statutory duties including appropriate internal audit arrangements; and

- (h) overseeing Anti-Fraud arrangements.

1.3.10 **All board members and employees**, severally and collectively, are responsible for:

- (a) the security of the property of the Trust;
- (b) avoiding loss;
- (c) exercising economy and efficiency in the use of resources; and
- (d) conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

1.3.11 **Any contractor or employee of a contractor** who is empowered by the Trust, in writing, to commit the Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive Officer to ensure that such persons are made aware of this.

1.3.12 For any and all board members and employees who carry out financial functions, the form in which financial records are kept and the manner in which board members and employees discharge their duties must be to the satisfaction of the Chief Finance Officer.

2. AUDIT

2.1 AUDIT COMMITTEE

2.1.1 In accordance with Standing Orders, the Board shall formally establish an Audit Committee, with clearly defined terms of reference and following guidance from the NHS Audit Committee Handbook (2025), which will provide an independent and objective view of internal control by:

- (a) overseeing Internal and External Audit services;
- (b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial judgements;
- (c) Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
- (d) monitoring compliance with Standing Orders and Standing Financial Instructions;
- (e) Reviewing schedules of losses and compensations and making recommendations to the Board;
- (f) Reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.

- 2.1.2 Where the Audit Committee feel there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the chairman of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Department of Health and Social Care (to the Chief Finance Officer in the first instance).
- 2.1.3 The Audit Committee are responsible for seeking assurance that the Trust has adequate arrangements in place for countering fraud and bribery and compliance with NHSCFA requirements. This will include but is not limited to reports from the LCFS, the annual self-assessment submission to NHSCFA (counter fraud functional standard return), and from NHSCFA inspection reports.
- 2.1.4 Actions resulting from counter fraud activity including NHSCFA quality assessment reports will be monitored.
- 2.1.5 The Committee is also responsible for approving the annual counter fraud work plan and the outcomes of all anti-fraud and bribery work within the Trust.
- 2.1.6 It is the responsibility of the Chief Finance Officer to ensure an adequate internal audit service is provided and the Audit Committee shall be involved in the selection process when an internal audit service provider is changed.

2.2 CHIEF FINANCE OFFICER

2.2.1 The Chief Finance Officer is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an internal audit function;
- (b) ensuring that the internal audit is adequate and meets the NHS mandatory audit standards;
- (c) deciding at what stage to involve the Police, following consultation with the Local Security Management Specialist (LSMS), in cases of misappropriation and other irregularities not involving fraud or corruption;
- (d) ensuring that an annual internal audit report is prepared for consideration by the Audit Committee and the Board. The report must cover:
 - (i) a clear opinion on the effectiveness of internal control measures in accordance with current assurance framework guidance issued by the Department of Health and Social Care including for example compliance with control criteria and standards;
 - (ii) progress against the annual work plan for the Audit Committee;
 - (iii) major internal financial control weaknesses discovered;
 - (iv) progress in the implementation of internal audit recommendations;
 - (v) strategic audit plan covering the coming three years;

- (vi) a detailed plan for the coming year.

2.2.2 The Director of Corporate Affairs, Chief Finance Officer, LCFS or designated auditors are entitled without necessarily giving prior notice to require and receive:

- (a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- (b) access at all reasonable times to any land, premises or employee of the Trust;
- (c) the production of any cash, stores or other property of the Trust under a member of the Board and an employee's control; and
- (d) explanations concerning any matter under investigation.

2.3 ROLE OF INTERNAL AUDIT

2.3.1 Internal Audit will review, appraise and report upon:

- (a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
- (b) the adequacy and application of financial and other related management controls;
- (c) the suitability of financial and other related management data;
- (d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (i) fraud and other offences;
 - (ii) waste, extravagance, inefficient administration; and
 - (iii) poor value for money or other causes.
- (e) Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the Department of Health and Social Care.

2.3.2 The plan of work for Internal Audit should be reviewed and approved by the Audit Committee at the beginning of each financial year. This plan should be drawn up with full consideration of all risks as detailed within the risk register.

2.3.3 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Chief Finance Officer and Director of Corporate Affairs must be notified immediately.

2.3.4 Any incident or suspicion of fraud, bribery or corruption that comes to Internal Audit's attention will be notified to the LCFS as soon as practicable.

2.3.5 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee Members, the Chairman and Chief Executive

of the Trust.

- 2.3.6 The Head of Internal Audit shall be accountable to the Trust Board through the Audit Committee. The reporting system for internal audit shall be agreed between the Director of Corporate Affairs, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

2.4 FRAUD AND CORRUPTION

- 2.4.1 In line with their responsibilities, the Trust Chief Executive and Chief Finance Officer shall monitor and ensure compliance with the NHS requirements to meet Government Functional Standard 013: Counter Fraud. This document should be read in conjunction with the Anti-Fraud, Bribery and Corruption Policy which is available on the Trust intranet site.
- 2.4.2 Fraud is defined as any person who dishonestly makes a false representation to make a gain for himself or another, or dishonestly fails to disclose to another person, information which he is under a legal duty to disclose, or commits fraud by abuse of position, including any offence as defined in the Fraud Act 2006.
- 2.4.3 Bribery is defined as offering, promising, giving or requesting, agreeing to receive or accepting receiving a payment of benefit-in-kind to influence others to use their position in an improper way to gain an advantage, including any offence as defined in the Bribery Act 2010.
- 2.4.4 Under Section 7 of the Bribery Act 2010, an organisation is guilty of an offence if a person associated with it bribes another person intending to obtain or retain business or an advantage in the conduct of business for the organisation, unless it can show that despite a particular case of bribery it nevertheless had adequate procedures in place to prevent persons associated with it from bribing.
- 2.4.5 To demonstrate the organisation has sufficient and adequate procedures in place, and to demonstrate openness and transparency all staff are required to comply with the requirements of Standing Financial Instructions. For a more detailed explanation see the Anti-Fraud, Bribery and Corruption Policy.
- 2.4.6 In line with their responsibilities, the Trust Chief Executive and Director of Finance shall monitor and ensure compliance with the NHSCFA requirements under the Government Functional Standard GovS013: Counter Fraud, primarily using a local risk based approach to fraud, in conjunction with its LCFS.
- 2.4.7 The Trust shall nominate a suitable person to carry out the duties of the LCFS as specified by the NHS Counter Fraud Manual and guidance in compliance with the NHSE requirements to meet Government Functional Standard 013: Counter Fraud.
- 2.4.8 In accordance with the Anti-Fraud, Bribery and Corruption Policy Procedure, suspected offences of fraud or bribery must be reported to the Trust's LCFS for formal investigation. The Chief Finance Officer will inform the LCFS of any referrals received directly.
- 2.4.9 The LCFS shall report to the Trust Chief Finance Officer and shall work with staff in NHSCFA in accordance with the NHS Counter Fraud and Corruption Manual.

- 2.4.10 The LCFS will attend Audit Committee meetings on a periodic basis and will provide a written report, at least annually, on counter fraud work within the Trust.
- 2.4.11 The Trust is required to complete the Counter Fraud Functional Standard Return (CFFSR), a self-assessment tool developed by the NHSCFA, to measure the effectiveness of counter fraud processes and demonstrate the level of compliance with NHSCFA requirements on an annual basis.
- 2.4.12 The Trust will ensure that policies and procedures for all work related to fraud and bribery are implemented. The Trust will consider the major findings of investigations and respond accordingly.
- 2.4.13 Shared Financial Services should also be party to this report and as per the contractual agreement between the Shared Financial Services and the Trust be maintaining an Anti-Fraud and Corruption procedures internally, that on request should be visible to auditors.
- 2.4.14 Shared Financial Service providers under their contractual terms and conditions also require the LCFS to report to the Trust's Chief Finance Officer in accordance with the NHS Counter Fraud Manual.

2.5 EXTERNAL AUDIT

- 2.5.1 The external auditor is appointed by the Trust Board on recommendation from an Auditor Panel established through the Audit Committee.
- 2.5.2 The Audit Committee is responsible for ensuring a cost efficient external audit service.
- 2.5.3 Any incident or suspicion of fraud, bribery or corruption that comes to External Audit's attention will be notified to the LCFS as soon as practicable.

3. SECURITY MANAGEMENT

- 3.1 In line with their responsibilities, the Trust Chief Executive will monitor and ensure compliance with Directions issued by the Secretary of State for Health and Social Care on NHS security management.
- 3.2 The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS).
- 3.3 The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to Chief Medical Officer and the appointed Local Security Management Specialist (LSMS).

4. RESOURCE LIMIT CONTROL

- 4.1 Not applicable to NHS trusts.

5. ALLOCATIONS, PLANNING, BUDGETS, BUDGETARY CONTROL AND MONITORING

5.1 Preparation and approval of service plans and budgets

5.1.1 The Board must ensure that there is an approved annual business plan before the commencement of each financial year.

5.1.2 The Chief Executive will compile and submit to the Board an Annual Business Plan which takes into account financial targets and forecast limits of available resources. The Annual Business Plan will contain:

- (a) aims and objectives;
- (b) a statement of the significant assumptions on which the plan is based;
- (c) details of major changes in workload, delivery of services or resources required to achieve the plan;
- (d) the individual and collective responsibilities of directors.

5.1.3 Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Chief Executive, prepare and submit the Integrated Financial Plan (comprising revenue income and expense and capital expenditure and disposals) for approval by the Board. Such budgets will:

- (a) be in accordance with the aims and objectives set out in the Annual Business Plan;
- (b) accord with workload and staffing plans;
- (c) be produced following discussion with appropriate budget holders;
- (d) be prepared within the limits of available income; and
- (e) identify potential risks.

5.1.4 The Chief Finance Officer shall monitor financial performance against budget and service plans, periodically review them, and report to the Board.

5.1.5 Budget holders are responsible for providing sufficient information, as required by the Chief Finance Officer, to enable budgets to be compiled.

5.1.6 All budget holders will sign up to their allocated budgets at the commencement of each financial year.

5.1.7 The Chief Finance Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

5.2 BUDGETARY DELEGATION

5.2.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing, in the Scheme of Delegation, and be accompanied by clear definitions of:

- (a) the amount of the budget;

- (b) the purposes of each budget heading;
- (c) individual and group responsibilities;
- (d) authority to exercise virement;
- (e) achievement of planned levels of service; and
- (f) the provision of regular reports.

5.2.2 The Chief Executive and delegated budget holders must not exceed the budgetary total or virements limits set by the Board.

5.2.3 Any budgeted funds not required for their designated purposes revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Chief Finance Officer.

5.3 BUDGETARY CONTROL AND REPORTING

5.3.1 The Chief Finance Officer will devise and maintain systems of budgetary control. These will include:

- (a) monthly financial reports to the Board in a form approved by the Board containing:
 - (i) income and expenditure to date showing trends and forecast year-end position;
 - (ii) data correlating financial, establishment and activity trends;
 - (iii) movements in working capital;
 - (iv) movements in cash and capital;
 - (v) capital project spend, including commitments, and projected outturn against plan;
 - (vi) explanation of any material variances from plan; and
 - (vii) details of any corrective action where necessary and the Chief Executive's and or Chief Finance Officer's view of whether such actions are sufficient to correct the situation;
- (b) the issue of timely, accurate and comprehensive advice and financial reports to each budget holder, covering the areas for which they are responsible;
- (c) investigation and reporting of variances from financial, workload and manpower budgets;
- (d) monitoring of management action to correct variances;

- (e) a disciplinary process to address breaches of the Trust's financial control framework (the Standing Financial Instructions and Standing Orders, Reservation and Delegation of Powers of the Trust Board Directors); and
- (f) arrangements for the authorisation of budget transfers.

5.3.2 Each Budget Holder is responsible for ensuring that:

- (a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board;
- (b) any potential underspend is highlighted to the Chief Finance Officer (for virement if necessary);
- (c) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement; and
- (d) no permanent employees are appointed other than those provided for within the available resources and in the budgeted establishment as approved by the Board. Permanent employees must be appointed against recurrent income.

5.3.3 The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives (commercial activities) in accordance with the requirements of the Annual Business Plan and a balanced budget.

5.3.4 The Board will approve any novel or contentious commercial activities.

5.4 CAPITAL EXPENDITURE

5.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. -

5.5 MONITORING RETURNS

5.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the relevant monitoring organisation.

6 ANNUAL ACCOUNTS AND REPORTS

6.1 The Chief Finance Officer, on behalf of the Trust, will:

- (a) prepare financial returns for the Trust, in accordance with the accounting policies and guidance given by the Department of Health and Social Care and the Treasury, the Trust's accounting policies, and generally accepted accounting principles;
- (b) prepare, certify and submit annual financial reports to the Department of Health and Social Care for each financial year in accordance with current guidelines; and
- (c) submit financial returns to the Department of Health and Social Care for

each financial year in accordance with the timetable prescribed by the Department.

- 6.2 The Trust's annual accounts must be audited by an auditor appointed by the Trust. The Trust's Audited Annual Accounts must be presented to a public meeting and made available to the public.
- 6.3 The Trust will publish an Annual Report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM). The document will include inter alia:
- (a) the Annual Accounts of the Trust;
 - (b) details of relevant directorships and other significant interests held by Board members, as defined in Standing Orders;
 - (c) composition of the Remuneration and Nominations Committee;
 - (d) remuneration of the Chairman, highest paid Director, and other Directors and highly paid employees, in accordance with guidance relating to the NHS.

7. COMMERCIAL BANK ACCOUNTS AND GOVERNMENT BANKING SERVICE ACCOUNTS

7.1 GENERAL

- 7.1.1 The Chief Finance Officer is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account guidance and Directions issued from time to time by NHSE and the Department of Health and Social Care. The Trust should minimise use of commercial banks accounts and maximise use of the Government Banking Service.
- 7.1.2 The Board shall approve the banking arrangements.

7.2 BANK ACCOUNTS

- 7.2.1 The Chief Finance Officer is accountable for:
- (a) Commercial bank accounts and Government Banking Service Accounts;
 - (b) establishing separate bank accounts for the Trust's non-exchequer funds;
 - (c) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made; and
 - (d) reporting to the Board all arrangements made with the Trust's bankers for overdraft facilities;
 - (e) monitoring compliance with DHSC guidance on the level of cleared funds.

Where an agreement is entered into with the Shared Financial Services for payment to be made on behalf of the Trust from bank accounts maintained on behalf of the Trust, or by

Electronic Funds Transfer (BACS), the Chief Finance Officer shall ensure that satisfactory security regulations of Shared Financial Services relating to bank accounts exist and are observed. This is specified in a Contractual Agreement between the Shared Financial Services and the Trust.

7.3 BANKING PROCEDURES

7.3.1 The Chief Finance Officer will prepare detailed instructions on the operation of bank accounts which must include:

- (a) the conditions under which each bank account is to be operated;
- (b) the limit to be applied to any overdraft; and
- (c) those authorised to sign cheques or other orders drawn on the Trust's accounts.

7.3.2 The Chief Finance Officer must advise the Trust's bankers in writing of the conditions under which each account will be operated.

7.3.3 The Chief Finance Officer may delegate these written instructions to a Shared Financial Services provider under contractual agreement with the Trust.

7.4 TENDERING AND REVIEW

7.4.1 The Chief Finance Officer will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Trust's banking business.

7.4.2 Competitive tenders should be sought at least every five years. The results of the tendering exercise should be reported to the Board. This review is not necessary with Government Banking Service accounts.

8 INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

8.1 INCOME SYSTEMS

8.1.1 The Chief Finance Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

8.1.2 The Chief Finance Officer is also responsible for the prompt banking of all monies received.

8.1.3 The Chief Finance Officer may delegate the above activities as part of a Shared Financial Service under contractual agreement with the Trust.

8.2 FEES AND CHARGES

8.2.1 The Trust shall follow DHSC's published costing advice in setting prices for NHS service agreements.

- 8.2.2 The Chief Finance Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health and Social Care or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.
- 8.2.3 Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered, the latest NHSE or DHSC guidance must be followed.
- 8.2.4 All employees must inform the Chief Finance Officer promptly of money due arising from transactions which they initiate or deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions. Employees must ensure approval is obtained on sales and goods from the Chief Finance Officer

8.3 DEBT RECOVERY

- 8.3.1 The Chief Finance Officer is responsible for the appropriate recovery action on all outstanding debts.
- 8.3.2 Income not received should be dealt with in accordance with losses procedures. The Chief Finance Officer may delegate responsibility for ensuring that the Shared Financial Services take appropriate recovery action on all outstanding debts. This would be specified in the contractual agreement between both parties.
- 8.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated. Overpayments will be reviewed in order that procedures are introduced to prevent recurrence.

8.4 SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

- 8.4.1 The Chief Finance Officer is responsible for ensuring delegated arrangements via contractual Shared Financial Services for:
- (a) approving the form of all receipt books, agreements forms, or other means of officially acknowledging or recording monies received or receivable;
 - (b) ordering and securely controlling any such stationery; Banking stationery shall be handed over to the Shared Financial Services who will, on behalf of the Trust, become the custodian of all visible audit of this and will be monitored in accordance with the contractual agreement between the Trust and the Shared Financial Services and physical signatures required.
 - (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
 - (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.
- 8.4.2 Official money shall not under any circumstances be used for the encashment of private cheques.

- 8.4.3 All cheques, postal orders, cash, etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Finance Officer.
- 8.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless, exceptionally, such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss. The Chief Finance Officer may delegate the above activities as part of a Shared Financial Service under contractual agreement with the Trust.

9 TENDERING AND CONTRACT PROCEDURE

9.1 GOVERNANCE – UNDERTAKING EXPENDITURE

- 9.1.1 All expenditure must be approved prior to the commitment being entered into. The approval routes differ according to the value and type of expenditure.
- 9.1.2 For all expenditure budget holders must ensure that they have approval to commit London Ambulance Service resources before undertaking procurement. Approval is either provided by an individual with the appropriate authority approving the expenditure (for lower value expenditure which is not subject to finance controls) or a business case which has been reviewed and approved by the appropriate individuals or groups.
- 9.1.3 For all expenditure budget holders must seek quotes or tenders for the procurement of your goods, services or works in a legally compliant manner that ensures the best value for London Ambulance Service.
- 9.1.4 For all expenditure budget holders must utilise mandated suppliers and contracts as defined by the Procurement Team to ensure best value.
- 9.1.5 For all expenditure over £50,000 budget holders must ensure that a signed contract, which has been approved, is in place prior to the expenditure being incurred (see para 9.24 below).
- 9.1.6 Budget holders must adhere to the rule of aggregation, when identifying the total value of the contracts. Budget holders must not split purchase orders and contracts to avoid procurement thresholds. Suspected disaggregation will be investigated and may lead to disciplinary action; and
- 9.1.7 Budget holders must set the length of the proposed contract following a rigorous assessment of service need and value for money. Arbitrarily setting the length of a contract to avoid control processes will be subject to disciplinary action.

9.2 REVENUE EXPENDITURE AND CAPITAL EXPENDITURE

9.2.1 The approval limits for business case approval, contract award approval and contract signature are:

Type of Expenditure	Approvals up to £50k	Approvals £50k to £3m	Approvals £3m - £6m	Approvals Above £6m	NOTE:
Project Spend	Director	Executive Leadership Team	Finance Infrastructure and Productivity Committee	Trust Board	Further external approvals may be required
BAU / other	Director	Executive Leadership Team			

9.2.2 All business cases and contract awards should be based on the whole life of the contract. This should include the cost of any extension periods and irrecoverable VAT. They should exclude recoverable VAT.

9.2.3 No commitment to expenditure, either verbal or written, should be made without appropriate approvals. This includes variations or extensions to contracts, which must consider the whole life value of a contract.

9.2.4 A business case is not required below a total value including any possible extensions of £50,000

9.3 CONTRACTS OF FIVE YEARS OR OVER IN LENGTH

9.3.1 All proposed procurements for any type of which last for five years or more, including options to extend clauses, must be submitted to and approved by the Executive Leadership Team before Find a Tender Service or Contracts Finder advertisement.

9.4 ASSURANCE ON THE COMMITMENT OF EXPENDITURE

9.4.1 All expenditure is within the scope of the SFIs and is subject to Trust Finance Approval processes. This is in addition to the annual budget allocation agreed by Finance and the delegated budget holder responsibilities.

9.4.2 Mandatory efficiency controls stipulate that certain categories of expenditure need approval by external bodies prior to making any commitment. Expenditure falling into these categories must adhere to the expenditure controls that are in operation.

9.5 THE ROLE OF THE PROCUREMENT TEAM

9.5.1 The Procurement Team shall ensure that the appropriate procurement route is selected for:

9.5.1.1 The supply of goods, materials and manufactured articles;

9.5.1.2 The tendering of services including all forms of professional services,

9.5.1.3 The provision of management consultancy services, secondments, temporary staff and interims (other than specialised services sought from or provided by the DHSC);

9.5.1.4 The design, construction and maintenance of buildings and engineering works (including construction and maintenance of grounds and gardens);

9.5.1.5 Disposals.

9.5.1.6 Management Consultancy procurement must comply with the NHS England guidance which states that all contracts over £50,000 require prior approval from NHS England (the £50,000 threshold includes irrecoverable VAT and other costs eg expenses); this also applies where the threshold is reached due to a contract extension or variation. In addition a call off contract must be formed within the Framework Provider.

9.5.1.7 For the procurement of temporary or non-payroll staff the Authority to Recruit (A2R) Process for non-substantive staff must be completed, in addition to the process to be followed for all other services. Only frameworks approved by NHS England are suitable for the provision of temporary staff unless they authorise a derogation

9.5.2 The Procurement Team is responsible for providing assurance on Trust Procurement decision making for expenditure and the procurement process.

9.5.3 This is delivered through the Executive Leadership Team supported by the Procurement Board. These ensure control and decision making by working to pre-defined processes that ensure compliance with statute and regulatory requirements and demonstrate value for money. This includes key phases of the Category Management Lifecycle i.e. Business case, procurement strategy, contract award and, as required, contract variations or extensions.

9.6 PLANNING A PROCUREMENT PROJECT

9.6.1 The Budget holder shall engage and seek advice from the procurement team for all aggregate expenditure above £50,000

9.6.2 All budget holders are required to:

9.6.2.1 maintain a pipeline of future procurement activity [business planning] and update this on a quarterly basis;

9.6.2.2 to prepare all business cases in sufficient time to allow timely approvals and procurement activity;

9.6.2.3 to plan well in advance of a contract ending;

9.6.2.4 to ensure the replacement procurement process is completed in sufficient time; and

9.6.2.5 ensure competition is undertaken on all expenditure in line with these SFI's.

9.6.3 Budget holders are accountable for any procurement activity in their area. The Procurement Team will support budget holders and provide assurance to the budget holders over compliance of procurement activity.

9.6.4 Any expenditure that is not included or is omitted from the pipeline will be deemed unplanned and may be subject to additional scrutiny by the Executive Leadership Team.

9.6.5 The Trust's standard method of procurement shall be through competition in the open marketplace. However, as detailed below, the Trust's standard method of procurement shall be affected by the monetary value of the goods and services being procured.

9.7 PURCHASES BELOW £10,000

9.7.1 Wherever possible the goods and services being purchased shall be joined together so that the value shall exceed £10,000.

9.7.2 Purchases shall be made from the Trust's online catalogues or by obtaining a written quotation from a supplier. A single quotation is acceptable if it is unlikely that three quotations would generate a substantially better price

9.8 PURCHASES BETWEEN £10,000 AND £50,000

9.8.1 A minimum of three competing quotations shall be sought, unless the purchase is made through an existing Trust contract or Framework. Evidence of compliance will be required when raising requisitions.

9.9 COMPETING QUOTATIONS

9.9.1 For purchases between £10,000 and £50,000 which are not purchased through an existing Trust contract or Framework, three competing quotations shall be obtained in writing. The value of contracts allocated without formal competitive tendering shall not exceed £50,000.

9.9.2 Where three competing quotations are not able to be obtained, the process for Single Tender Waivers shall apply.

9.10 PURCHASES ABOVE £50,000

9.10.1 A competitive process shall be conducted by the Trust's Procurement Team. This shall be in the form of utilising an existing compliant framework or Dynamic Purchasing System (DPS) or public invitation to tender via Contracts Finder.

9.11 PURCHASES ABOVE THE PROCUREMENT ACT 2023 (PACT23) PROCUREMENT ACT THRESHOLD

9.11.1 A competitive process shall be conducted by the Trust's Procurement Team. This shall be in the form of utilising an existing compliant Framework or Dynamic Purchasing System (DPS) or public invitation to tender in compliance with the Procurement Act 2023 (Pact23).

9.12 PROCUREMENT ACT

9.12.1 The Procurement Act 2023 (PAct23) prescribe procedures for awarding contracts for services, building and engineering works and for the supply of goods, materials and manufactured articles (hereafter referred to as goods and services) shall have effect as if incorporated in these Standing Financial Instructions and shall apply throughout.

9.12.2 The Procurement Act thresholds represent contractual value levels above which public authorities must follow procedural rules with regard to the letting of contracts.

- 9.12.3 Value is defined as the total consideration including VAT that is to be paid over the lifetime of the contract or, if the lifetime is not defined, it is taken to be the equivalent of 48 months' spend. Reference must be made to extant Pact23 procurement thresholds.
- 9.12.4 Where the contract includes options, the value of these options must be taken into account in determining whether the threshold has been reached.
- 9.12.5 In the case of contracts for lease, rental or hire purchase, the relevant figure is the aggregate of the consideration that will be paid throughout the duration of the contract. Where the term exceeds 12 months the estimated residual value must also be included.
- 9.12.6 Where the duration is indefinite or uncertain, the relevant figure is the monthly contract value multiplied by 48.
- 9.12.7 In the case of regular or renewable contracts the relevant figure is either the aggregate of the consideration to be paid during the anticipated duration of the contract (or over the first 12 months if the duration is indefinite) or the consideration paid by the buyer under similar contracts for goods of the same type during the preceding 12 months (adjusted for any expected changes), whichever is the more appropriate. A single contract providing for a regular supply over a period of time and a series of separate contracts concluded over a period of time for the same type of goods are both regarded as 'regular' contracts for these purposes.

9.13 COMPETITIVE TENDERING

- 9.13.1 The budget holder shall ensure that competitive tenders are invited for:
- 9.13.1.1 the supply of goods with a monetary value in excess of £50,000;
 - 9.13.1.2 the supply of materials and manufactured articles with a monetary value in excess of £50,000;
- 9.13.2 the rendering of services, including consultancy costs, with a monetary value in excess of £50,000;
- 9.13.3 building and engineering works as defined within the Procurement Act 2023 Works contracts, with a monetary value in excess of £50,000;
- 9.13.4 for fee bids which take price into consideration for disposals and for all other projects.
- 9.13.5 Competitive tendering is not required:
- 9.13.5.1 where the goods or services can be obtained through an existing Trust contract.
 - 9.13.5.2 the goods or services can be obtained through a pre-tested competitive framework, Dynamic Purchasing Systems (DPS) or catalogue arrangement to which the Trust has legitimate access and meets the requirements of Procurement Act.
- 9.13.6 The Procurement team shall ensure that invitations to tender are advertised in a manner that allows any interested suppliers to apply to tender in order to provide fair and transparent competition.

9.13.7 When shortlisting suppliers to be invited to tender, the budget holder shall consider amongst other factors:

- 9.13.7.1 their financial stability;
- 9.13.7.2 their experience to date;
- 9.13.7.3 references; and
- 9.13.7.4 the capacity of the suppliers to supply the goods or materials or to undertake the services or works required.
- 9.13.7.5 The Trust may, from time to time, use framework agreements or DPS as an alternative procurement route to a full invitation to tender process. Any frameworks used;
- 9.13.7.6 must have been advertised in the Find a Tender Service or its successors
- 9.13.7.7 have provision for the Trust to utilise them and
- 9.13.7.8 the resulting framework or DPS agreement must have been awarded in full compliance with Procurement Act 2023.
- 9.13.7.9 When a framework or DPS agreement is used, the Trust will either:
- 9.13.7.10 conduct a further competition to select the preferred bidder; or
- 9.13.7.11 use the direct award process (where pricing is disclosed upfront without the ability for framework providers to further reduce their costs via a further competition).

9.13.8 The use of a framework or DPS agreement is considered to be competitive tendering, where the competition requirements of that framework are met. Any references throughout this document to 'invitations to tender', 'tenders', 'tendering' etc. shall be interpreted to include and apply to further competitions conducted under framework agreements and direct contract awards made under framework agreements.

9.14 INVITATIONS TO TENDER

9.14.1 All invitations to tender shall be in compliance with these Standing Financial Instructions and be submitted electronically using the Trust's e-tendering portal. The 'Sealed' option for viewing electronic responses shall be used.

9.14.2 Every tender for goods, materials, services or disposals shall embody the NHS Standard Contract Conditions that the tender shall be awarded under, unless a framework or DPS agreement is used, in which case the framework or DPS agreement terms and conditions shall prevail.

9.14.3 Every tender for building and engineering work, except any tender for maintenance work only (where DHSC and NHS England guidance shall be followed), shall be in the terms of the current editions of the Appropriate Standard Forms of Contract. Where appropriate, these base documents shall be modified and amplified to accord with extant DHSC and NHS England guidance and other instructions and, in minor respects, to cover special features of individual projects.

- 9.14.4 All invitations to tender shall require tenderers to submit prices in Pounds Sterling exclusive of VAT where applicable
- 9.14.5 All persons involved in a tender evaluation are required to provide a written declaration that their involvement in the tender evaluation poses no conflict of interest.

9.15 RECEIPT AND SAFE CUSTODY OF TENDERS

- 9.15.1 A competitive tendering register shall be held electronically utilising the Trust's eTendering system. The record shall show for each set of competitive tenders:

9.15.1.1 the name of all firms invited to tender;

9.15.1.2 the names of firms from which tenders have been received;

9.15.1.3 the date the tenders were opened;

9.15.1.4 the price tendered (excluding VAT).

- 9.15.2 Tenders may not be 'opened' or supplier information viewed until the pre-defined time and date for opening has passed.

9.16 ADMISSIBILITY OF TENDERS

- 9.16.1 Late tenders shall not be considered, except in exceptional circumstances, and in any event shall only be accepted in compliance with UK legislation, and where appropriate, after seeking legal counsel.

- 9.16.2 Where such tenders are accepted, a permanent record shall be kept of the reasons for their admission, and the record shall be retained as an addendum to the appropriate register.

- 9.16.3 Amended or re-submitted tenders shall not be considered after the due time for receipt.

- 9.16.4 Incomplete tenders are those from which information necessary for the adjudication of the tender is missing. These shall be dealt with in accordance with the paragraph below.

- 9.16.5 If it is considered necessary by the Chief Executive or his/her nominated officer to discuss with a tenderer the contents of his/her tender in order to elucidate technical points before the award of a contract, the tender need not be excluded from the adjudication. A record of the nature of the discussion and its outcome shall be kept.

- 9.16.6 Where the examination of tenders reveals errors which, in the opinion of the Chief Executive or his/her nominated officer, would affect the tender figures, the tenderer is to be given details of such errors and given the opportunity of confirming or withdrawing their offer. In such circumstances, the tender need not be excluded from the adjudication and a record of the nature of the discussions and their outcomes shall be kept.

- 9.16.7 While decisions as to the admissibility of late, incomplete or amended tenders are under consideration and while negotiations are in progress or re-tenders are being sought, the tender documents shall be kept strictly confidential.

9.17 NON-COMPETITIVE TENDERS

- 9.17.1 Where only one tender received the Chief Executive or his/her nominated officers shall, as far as is practicable, determine that the price to be paid is fair and reasonable and keep a signed record of the reasons for this decision. In such circumstances, the signed record is to be retained as an addendum to the appropriate register.

9.18 IN CIRCUMSTANCES WHERE NO TENDER IS RECEIVED BY THE TRUST

- 9.18.1 For tenders below the Procurement Act Threshold the Chief Executive shall empower the Chief Finance Officer or his/her nominated officer to approach suppliers which can provide the relevant goods or services to the Trust. The Chief Finance Officer or his/her nominated officer shall retain a report detailing, in writing:

- 9.18.1.1 the content and outcome of their discussions with the approached firms;
- 9.18.1.2 the agreed prices for the provision of the specified goods or services;
- 9.18.1.3 the recommendations as to which firms shall provide the goods or services to the Trust.

- 9.18.2 For tenders above the Procurement Act threshold, the Chief Finance Officer or his/her nominated officer shall undertake a further procedure in accordance with UK legislation.

- 9.18.3 The Chief Finance Officer or his/her nominated officer produce a written report detailing:

- 9.18.3.1 the content and outcome of their discussions with the approached firms;
- 9.18.3.2 the agreed prices for the provision of the specified goods or services;
- 9.18.3.3 the recommendations as to which company shall provide the goods or services to the Trust.

- 9.18.4 The Chief Finance Officer shall forward the record to the appropriate approvals board as above. Where this procedure is adopted, the Chief Finance Officer shall maintain the duly authorised record, and report the decisions made to the Trust's Audit Committee.

9.19 BASIS FOR ACCEPTANCE OF A TENDER

- 9.19.1 The basis for the acceptance of a tender shall be that which is the Most Economically Advantageous Tender (MEAT) to the Trust and this may be, but is not necessarily, that with the lowest price where payment is made by the Trust.

9.20 FINANCIAL COMPETENCE

- 9.20.1 Any tender or quotation shall only be accepted by the Trust where the Chief Finance Officer is satisfied with the financial competence of the firms involved. Such assurance shall be sought by the use of financial criteria, to be determined as appropriate by the Chief Finance Officer or his/her nominated officer, to analyse the financial information received with the tender documentation, and any other documentation the Chief Finance Officer or his/her nominated officer consider appropriate.

9.20.2 In circumstances where the Chief Finance Officer is not satisfied with the financial competence of the firms, further information may be requested from the firm in an attempt to be satisfied with the tenderer's financial competence on behalf of the Trust, such satisfaction shall be at the sole discretion of the Chief Finance Officer.

9.20.3 Only where the Chief Finance Officer is satisfied with the financial competence of the firms shall the tender or quotation be assigned to those firms. A permanent, signed record of the discussions and outcomes shall be retained with the appropriate working papers used to analyse financial competence and retained within the Finance department - where the records can be viewed by appropriate officers of the Trust as appropriate.

9.21 TECHNICAL & ORGANISATIONAL COMPETENCE

9.21.1 Any tender or quotation shall only be accepted by the Trust where the Director responsible for the originating department or his/her nominated officer is satisfied with the technical and organisational competence of the firms involved.

9.21.2 At least one recent reference shall be taken up from the selection of three provided with the tender documentation of the chosen tenderer. Any tender shall only be accepted where the references taken up are satisfactory, in the opinion of the relevant Director or his/her nominated officer.

9.22 INSURANCES

9.22.1 Any tender or quotation shall only be accepted by the Trust where the Director responsible for the originating department or his/her nominated officer is satisfied that appropriate levels of insurance are in place. Appropriate minimum levels are;

9.22.1.1 Public Liability insurance £5m

9.22.1.2 Employers Liability Insurance £5m

9.22.1.3 Professional Indemnity Insurance £5m

9.22.1.4 Product Liability £5m

9.22.2 Any deviation in insurance levels from the above values shall be included in the contract award recommendation report to be approved by the Procurement Board

9.23 SUPPLY CHAIN SUSTAINABILITY

9.23.1 At the earliest opportunity (business case or pre-procurement) the proposed contract will be segmented based on value and risk in line with NHSE Health Family procurement system. Contracts are to be segmented into:

- Gold (high value, high risk)
- Silver (high value, low risk or low value, high risk)
- Bronze (low value, low risk)
- Transactional (commonly purchased goods and services of low value)

The segmentation will dictate the required approach to contract management including business continuity and supplier sustainability.

- 9.23.2 Business Continuity and Financial Standing are to be included within the technical evaluation of provider's tender response dependent on value and risk. Business continuity and financial standing will be set as a minimum score pass / fail requirement in that if at least the minimum score is not achieved the tender will be scored as "not met the minimum requirement" and taken no further.
- 9.23.3 Financial Due diligence will be confirmed within the Contract Award Recommendation Report presented to the Procurement Board (via creditsafeuk). Continued supplier financial due diligence monitoring will be conducted by the daily creditsafeuk reports.
- 9.23.4 Insurance and other applicable accreditations will be checked annually as a minimum by the appointed contract manager.
- 9.23.5 Should it be discovered that a contracted supplier is unable to evidence the required level of business continuity planning, financial standing or insurance / accreditations are in place a contract default notice will be issued given the contractor a deadline in which to rectify the error, failure to do so may result in termination for breach of contract.
- 9.23.6 The Head of Business Continuity will provide subject matter expert support during the evaluation of Business Continuity Plans for Gold contracts at tender stage and during the contract review process.

9.24 POST-TENDER NEGOTIATIONS

- 9.24.1 Post tender negotiations with the successful tenderer shall only be performed in accordance with Procurement Act and with the prior agreement of the Chief Executive or the Chief Finance Officer and a signed record shall be kept of the reasons for the negotiations and the outcome of the discussions, with the signed record being retained with the associated tender working papers.

9.25 REPORTING OF TENDER ACTIVITY

- 9.25.1 The outcome of the tendering activity shall be reported to the appropriate approvals board in the form of a Contract Award Recommendation report. This report is to be presented as soon as practicable after tenders have been evaluated.

9.26 CONTRACT SIGNING APPROVAL LIMITS

- 9.26.1 A signed contract in a form agreed by Procurement must be entered into for all expenditure of £50,000 or over. In some circumstances due to the assessment of risk, a contract may be required below this value. For expenditure below £50,000 a Purchase Order is an acceptable form of contract.
- 9.26.2 Every contract, whether made by the Trust, or by a committee of the Trust or by a nominated officer to whom the power of making contracts shall have been delegated, shall comply with these Standing Financial Instructions. No exception from any of the provisions of these Standing Financial Instructions shall be made other than by direction of the Board.
- 9.26.3 All companies entering into contracts with the Trust must provide a minimum of Full name; Company Registration number; and Company Registered Address and any separate principal trading addresses.
- 9.26.4 Additionally, for unquoted companies, the Trust may require some or all of the

following information: Names of all directors; beneficial owners, or those with significant influence over the business and its assets, with particular attention paid to any significant shareholders.

9.26.5 For group companies, the structure of the group and any beneficial owners of the ultimate parent. Verification of the existence of the company via:

9.26.5.1 confirmation of the company's listing on a regulated market;

9.26.5.2 a search of the relevant company registry; or

9.26.5.3 by obtaining a copy of the company's certificate of incorporation.

9.26.5.4 confirmation that the company is not currently, and has not been in the process of being dissolved, struck off, wound up or otherwise terminated.

9.26.5.5 documented evidence that the business is well known, reputable and of long standing.

9.26.6 The reason for any changes to the company's structure or ownership, or the nature of the business transacted.

9.26.7 The Trust shall comply as far as is practical with the requirements of the Department of Health and Social Care and NHS England guidance in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health and Social Care guidance.

9.26.8 All contracts, irrespective of value, must be included on the Trust's central contracts register to ensure effective contract performance monitoring.

9.26.9 The approval limits for the signing of contracts (including service level agreements, memoranda of understanding, and other equivalent documents) is as follows:

Whole life contract value (excluding extension periods but including non-recoverable VAT) Approvers	Up to £1,000,000	Over £1,000,000
	Chief Finance Officer Subject to prior recommendation by the Executive Leadership Team or Procurement Board as appropriate	Chief Executive Officer Subject to prior recommendation by the Executive Leadership Team or Finance Infrastructure and Productivity Committee or Trust Board and any external approvals that may be required as appropriate

9.26.10 This includes Call-off contracts and Direct Awards from framework agreements where individual contract are still required.

9.27 CONTRACT VARIATIONS AND EXTENSIONS

- 9.27.1 All extensions and variations to an existing contract must be reviewed by the Procurement team to confirm that they are legally possible, they represent best value for money, including financial and non-financial aspects, and they are not being instigated solely to avoid or delay the requirement to conduct procurement.
- 9.27.2 Extensions and variations to existing contracts can only be approved where:
- 9.27.2.1 the terms and conditions of the contract make provision for an extension;
 - 9.27.2.2 contract performance is satisfactory;
 - 9.27.2.3 the variation or extension can demonstrate value for money
 - 9.27.2.4 the original business case included approval for the cost of the extension period; and
 - 9.27.2.5 the variation is in line with or complies with section 72 of the Procurement Act 2023. Regulation 72 covers the extent to which contracts can be amended without the need for a new advertised tender process. Guidance should be sought from the Procurement Team in all cases.
- 9.27.3 No variation can be granted to a contract awarded under the Procurement Act 2023 threshold where the value of the variation results in the contract value exceeding the PAct2023 threshold.
- 9.27.4 The approvals required for contract extensions and variations is detailed in the table below:
- 9.27.5 All extensions and variations must be agreed, documented, signed and countersigned by all parties or executed as a deed where necessary. Authority to sign will be in accordance with the Authority to sign contracts table above.

Value of variation	Authorisation authority
Up to 10% of the original contract value subject to a maximum value variation of £50k	Deputy Chief Finance Officer with the recommendation from the Head of Procurement
between 10 - 30% of the original contract value subject to a maximum value variation of £500k	Procurement Board
Over 30% of the original contract value or over £500k	Executive Leadership Team

9.28 CONTRACT MANAGEMENT

- 9.28.1 The Trust Contract Management Toolkit should be used to manage and administer contracts in line with the requirement of the Third-Party Assurance Framework.
- 9.28.2 All Trust contracts / agreements (including Memoranda of Understanding, Framework Agreements, Lease Agreements and License Agreements) must be maintained on the Central Procurement Contracts Register.

9.29 CANCELLATION OF CONTRACTS

9.29..1 Except where specific provision is made in model Forms of Contracts or standard Schedules of Conditions approved for use within the NHS and in accordance with Standing Orders, there shall, where possible, be inserted in every written contract a clause empowering the Trust to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation, if the contractor shall have offered, or given or agreed to give, any person any gift or consideration of any kind as an inducement or reward for doing or forbearing to do or for having done or forborne to do any action in relation to the obtaining or execution of the contract or any other contract with the Trust, or for showing or forbearing to show favour or disfavour to any person in relation to the contracts or any other contract with the Trust, or if the like acts shall have been done by any person employed by him or acting on his behalf (whether with or without the knowledge of the contractor), or if in relation to any contract with the Trust the contractor or any person employed by him/her or acting on his/her behalf shall have committed any offence under the Bribery Act 2010, Trust's Anti-Fraud Policy and other appropriate legislation.

9.30 TERMINATION OF CONTRACTS FOR FAILURE TO DELIVER GOODS OR MATERIAL

9.30.1 Where possible, there shall be inserted in every written contract for the supply of goods or materials a clause to secure that, should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, the Trust may without prejudice determine the contract either wholly or to the extent of such default and purchase other goods, or material of similar description to make good (a) such default, or (b) in the event of the contract being wholly determined the goods or materials remaining to be delivered. The clause shall further secure that the amount by which the cost of so purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.

9.31 APPLICATION OF LIQUIDATED AND ASCERTAINED DAMAGES

9.31.1 The Chief Executive or his/her nominated officer shall normally enforce the application of liquidated and ascertained damages on contracts, except where the Chief Executive or his/her nominated officer determine that they should be waived. In circumstances where such damages are waived the Chief Executive shall note the reasons in a signed record, which will be passed to the Chief Finance Officer and presented to the Audit Committee as appropriate

9.32 SINGLE TENDER WAIVERS (STW)

9.32.1 Single Tender Waivers should be avoided and only utilised in line with the exemptions provided for in the Procurement Act 2023.

All STWs with expenditure below or equal to £100k require approval from the Procurement Board. STWs with expenditure over £100k require approval from the Executive Leadership Team. Competitive tendering may be waived under the following circumstances when the total value including previous spend will be below the current Public Contract Regulations thresholds:

9.32.1.1 The timescale genuinely precludes competitive tendering. Failure to plan the work properly is not a justification for single tender.

9.32.1.2 there is a clear benefit to be gained from maintaining continuity with an earlier provider. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.

9.32.1.3 where in the opinion of the Chief Executive and the Chief Finance Officer, the estimated expenditure or income would not warrant formal tendering procedures, or competition would not be practicable taking into account all the circumstances.

9.32.1.4 the supply of proprietary or other goods and the rendering of services where such goods or services are of a special or unique character, for which, in the opinion of the Chief Executive and the Chief Finance Officer it is neither possible nor desirable to purchase through competitive tendering.

9.32.1.5 the supply of goods or manufactured articles of any kind which, in the opinion of the Chief Executive and the Chief Finance Officer are required quickly for the continuance of the provision of the service provided by the Trust and are not obtainable under existing contracts.

9.32.1.6 In the event of any of the above referenced circumstances where competitive tendering is waived, the reasons shall be set down in a permanent and signed record. The signed record shall be retained with the associated working papers and the original signed record shall be retained by the Director of Corporate Governance.

9.32.2 Where it is proposed that competitive tendering shall be waived and single tender action is being proposed, the relevant Director shall provide detailed information in writing regarding:

9.32.2.1 the justification for single tender action;

9.32.2.2 compliance with public procurement regulations (Public Contract Regulations);

9.32.2.3 the possible effects of not seeking competitive tenders; and

9.32.2.4 the effect on and level of value for money achieved.

9.33 RETROSPECTIVE ACTIONS

9.33.1 Retrospective actions including business cases and purchase orders are not permitted. However, in exceptional circumstances retrospective action may be required and must be reported to the Audit Committee.

9.33.2 All retrospective purchases and actions will be treated as a breach of these SFIs. Failure to comply with the aforementioned policies, may lead to disciplinary action.

9.33.3 All retrospective purchases and actions with an aggregated expenditure below or equal to £100k must be reported to the Procurement Board. All expenditure over £100k must be reported to the Executive Leadership Team.

9.33.4 The Procurement Board and the Executive Leadership Team have the right to terminate any contracts, in accordance with the contractual terms and conditions, which have been entered into retrospectively and require an approved business case to be submitted before transacting again with the supplier.

9.34 SEGREGATION OF DUTIES

- 9.34.1 Officers must ensure that effective segregation of duties are maintained at all times throughout the procurement process. This means that the same officer cannot both requisition and approve the procurement of any goods, services or works. This applies to transactions undertaken via purchase orders or on a non-purchase order basis.
- 9.34.2 Any officer who requisitions and approves the same transaction may face disciplinary action.

9.35 PURCHASE ORDERS

- 9.35.1 The Trust has adopted a No Contract, No Purchase Order, No Payment approach. All officers are required to follow this approach.
- 9.35.2 All commitments must be raised via a Purchase Order requisition using the Finance System (eFin). Prepayments should not be made unless these have been explicitly pre-approved by Finance.
- 9.35.3 The use of non-PO approvals should be limited to the following exceptions: rent and rates payments; utilities suppliers; and exemptions highlighted by Finance. Further advice should be sought from the Finance team.
- 9.35.4 All purchase orders must be raised in advance of a commitment being entered into, not on receipt of an invoice. An order raised after an invoice is received will be classed as retrospective and is a breach of SFIs.
- 9.35.5 The purchase order must be in accordance with agreed contract value and length.
- 9.35.6 Purchase orders must only be receipted following the delivery of satisfactory goods or services.

9.36 CONTRACTS INVOLVING FUNDS HELD ON TRUST

- 9.36.1 The Trust shall do so individually to a specific named fund. Such contracts involving charitable funds shall comply with the requirements of the Charities Act 2022.
- 9.36.2 Anyone tasked with entering into contract negotiations shall seek assistance from the Trust's Legal Department, and where advised appropriate, seek external legal advice from Trust Solicitors and other professional groups such as NHS Counter Fraud Authority (NHSCFA).

9.37 ADVANCE AND PHASED PAYMENTS

- 9.37.1 Advance payments, except those made for capital building projects or software licences as laid down in the conditions of contract, are only to be made in exceptional circumstances and shall only be made following the agreement of the Chief Executive and/or the Chief Finance Officer or his/her nominated officer.
- 9.37.2 Phased payments, except those made for capital building projects, as laid down in the conditions of contract, are only to be made if authorised by the Chief Executive and/or Chief Finance Officer or his/her nominated officer.
- 9.37.3 A signed record shall be kept of the reasons for this method of payment, with the signed record being retained with the associated tender working papers.

9.38 DISPOSALS

9.38.1 Competitive Tendering shall not apply to the disposal of:

9.38.1.1 any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his nominated officer.

9.38.1.2 obsolete or condemned articles and stores, which may be disposed of in accordance with the procedures of the Trust related to disposals and condemnations;

9.38.1.3 items arising from works of construction, demolition or site clearance, which shall be dealt with in accordance with the relevant contract;

9.38.1.4 land or building concerning which Department of Health and Social Care guidance has been issued, but subject to compliance with such guidance;

9.38.1.5 items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract.

9.39 IN HOUSE SERVICES

9.39.1 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Trust may also determine from time to time that in-house services should be market tested by competitive tendering.

10. NHS SERVICE AGREEMENTS FOR PROVISION OF SERVICES

10.1 CONTRACTUAL ARRANGEMENTS AND SERVICE LEVEL AGREEMENTS (SLA)

10.1.1 The Chief Executive, as the Accountable Officer, is responsible for ensuring the Trust enters into suitable contractual arrangements with service commissioners for the provision of NHS services.

10.1.2 All SLAs should specify the agreed priorities within the service specification, and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- (a) the standards of service and quality expected;
- (b) the relevant national service framework (if any);
- (c) the provision of reliable information on activity and associated cost;
- (d) the latest NHS planning guidance;
- (e) that contracts build where appropriate on existing Joint Investment Plans;
and
- (f) that contracts are based on integrated care pathways.

10.1.3 No Officer of the Trust may provide Trust services to another organisation or entity, unless those services are specified in contractual agreements agreed to and signed

by the Chief Executive Officer or their delegate as defined in the scheme of delegation.

- 10.1.4 The Trust board is responsible for approving arrangements for the submission of tenders to provide services by the Trust.

10.2 INVOLVING PARTNERS AND JOINTLY MANAGING RISK

- 10.2.1 A good contractual arrangement will result from a collaborative dialogue between Commissioners of the service and the Trust (for example clinicians, users, carers, public health professionals and managers). It will reflect knowledge of local needs and inequalities. This will require the Chief Executive to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the service required. The contractual arrangements will apportion responsibility for handling a particular risk to the party or parties in the best position(s) to influence the event and financial arrangements should reflect this. In this way that Trust can jointly manage risk with all interested parties.

10.3 REPORTS TO BOARD ON CONTRACTUAL ARRANGEMENTS AND SLAS

- 10.3.1 The Chief Executive, as the Accountable Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast income from the contract.

10.4 SHARED AND HOSTED SERVICE ARRANGEMENTS

- 10.4.1 Where the Trust uses a shared or hosted service provided by another NHS organisation or private company to undertake part of its functions, these functions shall remain the ultimate responsibility of the Trust.
- 10.4.2 Where an external organisation is responsible for the provision of a Financial Shared Service on behalf of the Trust, the Shared Financial Service provider must be contractually bound to deliver the financial services to the Trust, and the Chief Finance Officer shall oversee and retain overall accountability in relation to the delivery of the financial services provided to the Trust.
- 10.4.3 The contractual agreement with an overarching SLA agreed between the Trust and the Shared Financial Services provider must set out the arrangements for the delivery of a Shared Financial Service with a clearly defined mechanism in order to monitor and report the performance in full.
- 10.4.4 All arrangements detailing accountability, responsibilities and authority of the respective parties must be clearly set out in the KPIs. The KPIs must also set out the framework by which the Trust and its auditors can gain assurance and the timescales by which this will be provided.
- 10.4.5 In the case of Shared Financial Services, the Chief Finance Officer shall ensure an adequate Internal Audit Service is specified in any contractual agreement between the Trust and the Shared Financial Service provider, and shall specify the assurance arrangements between the Internal and External Auditors for the Trust and the Shared Financial Services' Auditors.

11. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE TRUST BOARD AND EMPLOYEES

11.1 REMUNERATION

11.1.1 In accordance with Standing Orders the Board shall establish a Remuneration and Nominations Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

11.1.2 The Committee will:

- (a) advise the Board about appropriate remuneration and terms of service for the Chief Executive, other officer members employed by the Trust as determined by the committee but normally to include the first layer of management below Board of Director level including:
 - i. all aspects of salary (including any performance related elements or bonuses);
 - ii. provisions for other benefits, including pensions and cars;
 - iii. arrangements for termination of employment and other contractual terms;
- (b) make such recommendations to the Board on the remuneration and terms of service of office members of the Board as per 11.2.1 (a) to ensure they are fairly rewarded for their individual contribution to the Trust having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;
- (c) monitor and evaluate the performance of individual officer members and other senior employees as per SFI 11.1.2 (a);
- (d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

11.1.3 The Committee Chairman shall report formally to the Board on its proceedings after each meeting on all matters within its duties and responsibilities. The minutes of the relevant Board meetings are formally to record decisions taken.

11.1.4 The Board will consider and need to approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for senior management, the definition of which shall be determined by the Committee.

11.1.5 The Trust will pay allowances to the Chairman and non-officer members of the Board in accordance with instructions issued by the Secretary of State for Health and Social Care.

11.2 FUNDED ESTABLISHMENT

- 11.2.1 The workforce plans incorporated within the annual budget will form the funded establishment.
- 11.2.2 The funded establishment of any department may not be varied without the approval of both Chief People Officer and the Chief Finance Officer, the Executive Team or the Chief Executive except as detailed in 11.3 and 11.4 below.
- 11.2.3 Changes resulting in variation from the annual budget exceeding £500k must be approved by the Trust Board.

11.3 STAFF ESTABLISHMENT AND APPOINTMENTS

- 11.3.1 No officer or member of the Trust Board may:

- (a) establish a new post;
- (b) engage, re-engage, or re-grade employees, either on a permanent or temporary nature;
- (c) hire agency staff; or
- (d) agree to changes in any aspect of remuneration (including the issuing of schemes of incentives and incentivised overtime);

unless the authorisation of the Chief Executive Officer has been provided in writing and communicated to the Chief Finance Officer and Chief People Officer.

- 11.3.2 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.

11.4 OVERTIME AND OTHER VARIABLE REMUNERATION CLAIM APPROVAL

- 11.4.1 The Chief Executive Officer is responsible for approving a system and process for submitting and authorising Overtime and other variable remuneration claims.
- 11.4.2 The approved system/process must provide any information required by the Chief Finance Officer in order to maintain appropriate financial control, and must provide any information required by the Chief People Officer in order to process claims for payment, in a timely manner.
- 11.4.3 The system and process must:
 - (a) ensure that overtime has been pre-approved before it is worked (except in the case of shift over run overtime at end of shift) and that budget is available for that overtime;
 - (b) ensure confirmation is received that the work the payment is due for was completed satisfactorily;

- (c) ensure claims are approved by the budget holder responsible for the area the work is completed in;
- (d) allow the purpose and location for which the overtime or other remuneration was applied to be identified and reported on;
- (e) detail where overtime and other variable remuneration is due, and whether claims in relation to it have been paid or remain unpaid, and provide for this to be reported.

11.6 PROCESSING OF PAYROLL

11.6.1 The Chief People Officer is responsible for:

- (a) specifying timetables for submission of properly authorised time records and other notification;
- (b) the final determination of pay remitted and allowances;
- (c) making payment on agreed dates; and
- (d) agreeing method of payment.

11.6.2 The Chief People Officer will issue instructions regarding:

- (a) verification and documentation of data;
- (b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- (d) security and confidentiality of payroll information;
- (e) checks to be applied to completed payroll before and after payment; and
- (f) authority to release payroll data under the provisions of the Data Protection Act.

11.6.3 The Chief Finance Officer will issue instructions to the Shared Financial Services provider in respect of:

- (a) methods of payment available to various categories of employee;
- (b) procedures for payment by cheque, bank credit to employees;
- (c) procedure for the recall of cheques and bank credits;
- (d) maintenance of regular and independent reconciliation of pay control accounts;
- (e) separation of duties of preparing records and handling cash; and
- (f) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.

11.6.4 Appropriately nominated managers have delegated responsibility for:

- (a) submitting time records, and other notifications in accordance with agreed timetables;
- (b) completing time records and other notifications in accordance with the instructions of the Chief People Officer and in the form prescribed by Chief People Officer and
- (c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. Where an employee fails to report for duty or fulfil obligations in circumstances that suggest they have left without notice, the Chief People Officer must be informed immediately.

11.6.5 Regardless of the arrangements for providing service, Chief People Officer shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

11.7 STAFF APPOINTMENTS, TERMINATIONS AND CHANGES

11.7.1 The Board shall delegate responsibility to the Chief People Officer for:

- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation;
- (b) dealing with variations to, or termination of, contracts of employment;
- (c) signing employment contracts, variations and other related documents on behalf of the Trust; and
- (d) ensuring electronic copies of all employment contracts, and related variations are maintained in an accessible manner.
- (e) ensuring compliance with HMRC IR35 regulations.

12. NON-PAY EXPENDITURE

12.1 DELEGATION OF AUTHORITY

12.1.1 The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

12.1.2 The Chief Executive will set out:

- (a) the list of managers who are authorised to approve requisitions for the supply of goods and services;
- (b) the maximum level of each requisition and the system for authorisation above that level; and

- (c) the list of managers who are authorised to sign official documents on behalf of the Trust; a list of authorised signatories will be held by the Finance Department.

12.1.3 The list of authorised signatories held by the Finance Department with such thresholds will be advised to the Shared Financial Services on a regular basis to ensure on-going compliance. This is specified in the contractual agreement between the Trust and the Shared Financial Services.

12.1.4 The Chief Finance Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

12.1.4 Budget holders are expected to manage within their delegated non-pay budgets.

12.1.6 Changes to delegated non-pay budgets must be approved by the Chief Executive Officer in writing and communicated to the Chief Finance Officer.

12.1.7 Changes resulting in variation from the annual budget exceeding £500k must be approved by the Trust Board.

12.2 CHOICE, REQUISITIONING, ORDERING, RECEIPT AND PAYMENT FOR GOODS AND SERVICES

12.2.1 The Budget Holder, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Chief Finance Officer or his/her nominated officer shall be sought.

12.2.2 Requisitions are not to be split or otherwise raised in a manner devised so as to avoid the financial thresholds. No requisition is to be raised which would cause a budget overspend, unless expressly agreed in advance in writing by the Chief Finance Officer, and a budget virement agreed. Breaches of this requirement may result in the enactment of the disciplinary process determined by the Chief Finance Officer.

12.2.3 The Chief Finance Officer shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance. Shared Financial Services are contracted to carry out the above procedure on behalf of the Trust, this is part of the contractual agreement between the Shared Financial Services and the Trust.

12.2.4 The Chief Finance Officer will:

- (a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed;
- (b) prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds;
- (c) be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:

- (i) a list of directors and employees (including specimens of their signatures) authorised to certify invoices.
- (ii) Certification that:
 - goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and that charges are correct;
 - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined.
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - the account is arithmetically correct;
 - the account is in order for payment.
- (iii) A timetable and system for submission to the Chief Finance Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.
- (iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.
- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received, (except as below).

12.2.5 The Shared Financial Services will provide the Trust with the appropriate monitoring on the Better Payment Practice Code as required. Pre-payments are only permitted where exceptional circumstances apply. In such instances:

- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cashflows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%, or where in the nature of the business, prepayment is a normal term and condition eg telephone line rental).
- (b) the appropriate officer must provide, in the form of a written report to the Chief Finance Officer, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to make his commitments;
- (c) the Chief Finance Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold); and
- (d) the budget holder is responsible for ensuring that all items due under a pre-

payment contract are received and he/she must immediately inform the appropriate Director or Chief Executive if problems are encountered.

12.2.6 Official Orders must:

- (a) be consecutively numbered;
- (b) be in a form approved by the Chief Finance Officer;
- (c) state the Trust's terms and conditions of trade; and
- (d) only be issued to, and used by, those duly authorised by the Chief Executive.

12.2.7 Budget Holders must ensure that they comply fully with the guidance and limits specified by the Chief Finance Officer and that:

- (a) all contracts (except as provided in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Finance Officer in advance of any commitment being made;
- (b) contracts above specified thresholds are advertised and awarded in accordance relevant laws and regulations.
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health and Social Care
- (d) no requisition/order may be approved for any item or items for which there is no budget provision unless authorised by the Chief Finance Officer on behalf of the Chief Executive;
- (e) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract, purchases on purchasing cards within the limits of the instructions issued by the Chief Finance Officer and purchases from petty cash;
- (f) verbal orders must only be issued very exceptionally – by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- (g) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (h) goods are not taken on trial or loan in circumstances that could commit the Trust to a future un-competitive purchase;
- (i) changes to the list of directors/employees authorised to certify invoices are notified to the Chief Finance Officer;
- (j) purchases from petty cash are restricted in value and by type or purchase in accordance with instructions issued by the Chief Finance Officer;
- (k) petty cash records are maintained in a form as determined by the Chief Finance Officer.

- (l) purchases using purchasing cards are restricted in value and by type of purchase in accordance with instructions issued by the Chief Finance Officer.
- (m) Purchasing card records are maintained in a form as determined by the Chief Finance Officer.

12.2.8 The Chief Executive must ensure that the Trust's Standing Orders are compatible with the requirements issued by the NHS in respect of building and engineering contracts and land and property transactions (The Efficient Management of Healthcare Estates and Facilities (HBN 00-08)). The technical audit of these contracts shall be the responsibility of the Director managing those areas. The Chief Finance Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within these codes.

13 EXTERNAL BORROWING AND INVESTMENTS

13.1 EXTERNAL BORROWING

- 13.1.1 The Chief Finance Officer will advise the Board concerning the Trust's ability to pay interest on, and repay, both the Trust's Public Dividend Capital (PDC) and any proposed new borrowing, within the limits set by NHSE. The Chief Finance Officer is also responsible for reporting periodically to the Board concerning the originating debt and all loans and overdrafts.
- 13.1.2 The Board will agree the list of employees (including specimen of their signatures) who are authorised to make short term borrowing on behalf of the Trust. This must contain the Chief Executive and the Chief Finance Officer.
- 13.1.3 Any application for a loan or overdraft will only be made by the Chief Finance Officer or by an employee so delegated by him and the Board will be informed of this at the following meeting.
- 13.1.4 The Chief Finance Officer must prepare detailed procedural instructions concerning applications for loans and overdrafts.
- 13.1.5 All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position, represent good value for money and comply with the latest guidance from the Department of Health and Social Care.
- 13.1.6 Any short-term borrowing must be with the authority of two members of an authorised panel, one of which must be the Chief Executive or the Chief Finance Officer. The Board must be made aware of all short-term borrowings at the next Board meeting.
- 13.1.7 All long term borrowing must be consistent with the plans outlined in the current Business Plan.

13.2 INVESTMENTS

- 13.2.1 Temporary cash surpluses must be held only in such public or private sector investments as notified by the Secretary of State and authorised by the Board via the Treasury policy.

- 13.2.2 The Chief Finance Officer is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.
- 13.2.3 The Chief Finance Officer will maintain the Cash Management Policy and prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.
- 13.2.4 The Chief Finance Officer will agree the list of employees (including specimen of their signatures) who are authorised to make short term investments on behalf of the Trust. This must contain the Chief Executive and the Chief Finance Officer.

14 FINANCIAL FRAMEWORK

- 14.1 The Chief Finance Officer should ensure that members of the Board are aware of all relevant guidance issued by the Trust's regulating authority (NHS England). The Chief Finance Officer should also ensure that the direction and guidance issued by the Trust's regulating authority is followed by the Trust.

15 CAPITAL INVESTMENT, PRIVATE FINANCING, ASSET AND EQUIPMENT REGISTERS AND SECURITY OF ASSETS AND EQUIPMENT

15.1 INVESTMENT (CAPITAL AND REVENUE)

- 15.1.1 The Finance, Infrastructure and Productivity Committee (FIPC) will oversee its allocation of capital investment and to approve business cases for both capital and revenue investment. The Chief Finance Officer will ensure that there is an adequate appraisal and approval process in place for determining expenditure priorities and the effect of each proposal upon the Trust's Business Planning process.
- 15.1.2 The FIPC will oversee the development and monitoring annual capital plan, including any changes to the plan as necessary in year. The Executive Leadership Team and Trust Board will approve the annual capital plan.
- 15.1.3 The Chief Finance Officer shall establish systems to ensure that approved investment schemes are progressed effectively and that budgets, phasing and cash flows are properly monitored.
- 15.1.4 The Chief Finance Officer may approve in year virements.
- 15.1.5 The financial performance of the capital programme, including virements above £250,000, shall be reported to Trust Board, via the Finance, Infrastructure and Productivity Committee.
- 15.1.6 **Approval of Investment (Capital and Revenue) Business Cases**
- 15.1.7 The Chief Executive shall require that a business case is produced for investment proposals in line with the Trust's Scheme of Delegation.
- 15.1.8 Business cases must meet the following criteria:

- (a) Strategic case – Ensures strategic fit with organisational priorities and outlines the case for change;
- (b) Economic case – Demonstrates that the proposal optimises public value.

evaluates options and identifies the preferred option;

- (c) Financial Case – Evidences that the preferred option will result in a fundable and affordable deal;
- (d) Commercial Case – Demonstrates that the preferred option will result in a viable procurement;
- (e) Management case – Demonstrates that the preferred option is capable of being delivered successfully

15.1.9 Expenditure must not be incurred on any scheme prior to approval unless with the express consent of the Chief Executive or Chief Finance Officer.

15.1.10 The Chief Finance Officer shall assess on an annual basis the requirements for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.

15.1.11 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of the Efficient Management of Healthcare Estates and Facilities (HBN 00-08) guidance.

15.2 PRIVATE FINANCE

15.2.1 When the Trust proposes to use finance which is to be provided other than through its EFL, the following procedures shall apply:

- (a) The Chief Finance Officer shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
- (b) Where the sum involved does not exceed delegated limits, the business case may be approved by the Trust Board.
- (c) Where the sum involved exceeds delegated limits, the business case must be referred to the Department of Health and Social Care (or other organisation in line with current regulatory authority guidelines), and only following receipt of authorisation from that organisation may the proposal be approved by the Trust Board.

15.3 ASSET REGISTERS

15.3.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer and Directors responsible for Trust assets, concerning the form of the register and the method for updating it. The Chief Executive is responsible for arranging for a physical check of assets against the asset register to be conducted at least once a year.

15.3.2 The Trust shall maintain an asset register for recording capitalised assets. The minimum data set to be held within these registers shall be designed so as to generate the standard accounting figures to enable the annual accounts to be produced, and will comply with any guidance issued by the Department of Health and Social Care or NHS England.

15.3.3 Additions to the capital asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- (b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and
- (c) lease agreements in respect of assets held under a right of use asset and capitalised.

15.3.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

15.3.5 The Chief Finance Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers. The value of each asset shall be indexed to current values in accordance with guidance issued by the Department of Health and Social Care or NHS England.

15.3.6 The value of each asset shall be depreciated using methods and rates as specified in guidance issued by the Department of Health and Social Care or NHS England.

15.3.7 The Chief Finance Officer shall calculate and pay PDC as specified in guidance issued by the Department of Health and Social Care or NHS England.

15.4 SECURITY OF ASSETS

15.4.1 The overall control of capital assets is the responsibility of the Chief Executive.

15.4.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Chief Finance Officer. This procedure shall make provision for:

- (d) recording managerial responsibility for each asset;
- (e) identification of additions and disposals;
- (f) physical security of assets;
- (g) periodic verification of the existence of assets recorded;
- (h) identification and reporting of all costs associated with the retention of an asset; and
- (i) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

15.4.3 All discrepancies revealed by verification of physical assets to the fixed asset register shall be notified to the Chief Finance Officer.

15.4.4 Whilst each employee has a responsibility for the security of property of the Trust, it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

15.4.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of

equipment, stores or supplies must be reported by directors and employees to the Chief Finance Officer in accordance with the procedure for reporting losses. The Chief Finance Officer will escalate the report to the Chief Executive and will refer any suspicions of fraud or other criminal activity to the appropriate authority.

15.4.6 Where practical, assets should be marked as Trust property.

15.5 NON-CAPITALISED ASSETS AND EQUIPMENT

15.5.1 The Chief Executive retains overall responsibility for the control and management of non-capitalised assets and equipment.

15.5.2 Directors and Budget Holders must maintain a register of the non-capitalised assets and equipment they are responsible for, in a form defined by the Chief Finance Officer. At a minimum, the register must contain:

- (a) A description of the item;
- (b) The location of the item;
- (c) The date of purchase (or the approximate date if not available);
- (d) The cost of the item;
- (e) The approximate date the item would need to be replaced; and
- (f) Who the item is issued to (if applicable).

15.5.3 These registers must be kept up to date, be available to finance on request and will be subject to audit.

16 STORES AND RECEIPT OF GOODS

16.1 Stores of equipment and consumables (either controlled central stores or local departmental stores for immediate use) should be:

- (a) kept to a minimum;
- (b) subjected to regular stock-take (at least once per year);
- (c) valued at the lower of cost or net realisable value.

16.2 Subject to the responsibility of the Chief Finance Officer for the system of control, overall responsibility for the control of:

- (a) central consumable stores and pharmaceutical stocks shall be delegated to the Director responsible for Logistics;
- (b) stocks of vehicle parts, fuel stocks, oil and lubricants shall be the responsibility of the Director responsible for Fleet;
- (c) stocks of Information Management and Technology (IM&T) equipment shall be the responsibility of the Chief Digital Officer; and

~~(d) station consumables, equipment and specialised equipment stores shall be~~

the responsibility of the Directors of Ambulance Services.

- 16.3 The day-to-day responsibility may be delegated by the above Directors to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Chief Finance Officer.
- 16.4 The responsibility for security arrangements and the custody of keys for all stores at ambulance stations shall be clearly defined in writing by the Directors of Ambulance Services. Wherever practical, stocks should be marked as health service property.
- 16.5 The Chief Finance Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores and losses. Directors noted in 16.2 above must ensure these procedures are followed and that records detailing the above transactions and stock levels are available upon request.
- 16.6 Stocktaking arrangements shall be agreed with the Chief Finance Officer and there shall be a physical check covering all items in store at least once a year. Directors noted in 16.2 above must ensure these checks are completed and that records detailing the check and stock levels are available upon request.
- 16.7 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Finance Officer.
- 16.8 There will be a system approved by the Chief Finance Officer for a review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable articles. The Directors noted in 16.2 above shall report to the Chief Finance Officer any evidence of significant overstocking and of any negligence or malpractice (see also section 17, Disposals and Condemnations, Losses and Special Payments, Gifts and Donations). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

17 DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS, GIFTS AND DONATIONS

17.1 DISPOSALS AND CONDEMNATIONS

- 17.1.1 The Chief Finance Officer must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.
- 17.1.2 When it is decided to dispose of a Trust asset, the Director or authorised deputy will determine and advise the Chief Finance Officer of the estimated market value of the item, taking account of professional advice where appropriate.
- 17.1.3 All unserviceable articles shall be:
 - (a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Finance Officer;
 - (b) recorded by the condemning officer in a form approved by the Chief Finance Officer which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the

Chief Finance Officer.

17.1.4 The condemning officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Finance Officer who will take the appropriate action.

17.1.5 Where a criminal offence is suspected, Chief Finance Officer must inform the police if theft or arson is involved. In cases of fraud, bribery and corruption the Chief Finance Officer must inform the LCFS and NHSCFA.

17.2 LOSSES AND SPECIAL PAYMENTS

17.2.1 The Chief Finance Officer must prepare procedural instructions on the recording of and accounting for losses and special payments, which are in line with HM Treasury Managing Public Money Guidance and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM). These will be authorised by the Audit Committee.

17.2.2 Any employee discovering or suspecting a loss of any kind must immediately inform their Head of Department. The Head of Department must in turn immediately inform the Chief Executive and the Chief Finance Officer, or inform an officer charged with the responsibility for responding to concerns involving loss. If an officer other than the Chief Executive or Chief Finance Officer is informed, they must then inform the Chief Finance Officer and/or Chief Executive as appropriate. Where a criminal offence is suspected, the Chief Finance Officer must immediately inform the police if theft or arson is involved. Disciplinary and recovery action should be undertaken wherever appropriate.

17.2.3 In cases of fraud and bribery, the Chief Finance Officer must inform the LCFS in accordance with NHS requirements to meet Government Functional Standard 013: Counter Fraud.

17.2.4 The Chief Finance Officer must notify the External Auditor of all frauds.

17.2.5 For losses apparently caused by theft, fraud, arson, neglect of duty or gross carelessness, except if trivial, the Chief Finance Officer must immediately notify:

- (a) the Board;
- (b) the LCFS; and
- (c) the External Auditor.

17.2.6 Within limits delegated to it by the Department of Health and Social Care, the Board shall approve the writing-off of losses.

17.2.7 The Chief Finance Officer shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

17.2.8 For any loss, the Chief Finance Officer should consider whether any insurance claim can be made against insurers.

17.2.9 The Chief Finance Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.

17.2.10 No special payments exceeding delegated limits shall be made without the

prior approval of the Department of Health and Social Care.

17.2.11 A losses and special payments report must be provided to the Audit Committee quarterly.

17.2.12 Any significant losses must be reported to the Audit Committee immediately.

17.3 GIFTS AND DONATIONS OF TRUST PROPERTY

17.3.1 A gift is something voluntarily donated, with no preconditions and without the expectation of any benefit in return.

17.3.2 Items of Trust property may only be gifted or donated to another organisation where it can be demonstrated that the value that could be realised by selling the item is lower than the costs associated with its sale.

17.3.3 Items may only be gifted or donated to non-profit making organisations, and may not be donated to individuals.

17.3.4 The Chief Executive must approve all gifts with a value of less than £5,000, the Trust Board will approve all gifts of £5,000 and below £300,000. Treasury approval is needed for all gifts valued at more than £300,000.

17.3.5 Donations or gifts may not be made to political parties.

17.3.6 For further guidance consult the Trusts Conflicts of Interest policy.

18 INFORMATION TECHNOLOGY

18.1 The Chief Finance Officer and the Chief Digital Officer are responsible for the accuracy and security of the computerised financial data of the Trust, and shall:

- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 2018;
- (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment; and
- (d) ensure that adequate management (audit) trails exists through the computerised system and that such computer audit reviews as are considered necessary are being carried out.

18.2 The Trust's main finance system is managed on its behalf by an external shared financial services provider. The detailed requirements are specified in the Service Level Agreement with the contractual agreements between the Trust and the shared financial services provider and should align with the above requirements.

- 18.3 The Chief Finance Officer shall be satisfied that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.
- 18.4 The Director of Corporate Affairs shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the Trust that is made publicly available.
- 18.5 The Chief Finance Officer shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
- 18.6 Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.
- 18.7 Where computer systems used within the Trust have an impact on, feed information into, or receive information out of corporate financial systems, the Chief Finance Officer and the Chief Digital Officer shall be satisfied that:
- (a) systems acquisitions, development and maintenance are in line with corporate policies and strategies;
 - (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
 - (c) Finance staff have access to such data in a timely manner; and
 - (d) such computer audit reviews as are considered necessary are being carried out.
- 18.8 In the case of computer systems which are proposed general applications (i.e. those applications which the majority of trusts in an NHS environment normally wish to sponsor jointly), all responsible directors and employees will send to the Chief Digital Officer:
- (a) details of the outline design of the system;
 - (b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.
- 18.10 A person must not knowingly or recklessly, without the consent of the data controller:
- Obtain or disclose personal data or the information contained in personal data; or

- Procure the disclosure to another person.

Unless they can show:

- This was necessary for the purpose of preventing or detecting crime, or was required or authorised by or under any enactment, by any rule of law or by the order of a court;
- That he acted in the reasonable belief that he had in law the right to obtain or disclose the data;
- That he acted in the reasonable belief that he would have had the consent of the data controller; or
- That in the particular circumstances the action was justified as being in the public interest.

Any person found breaching the above could be liable to criminal offences in accordance with Section 170 of the Data Protection Act.

- 18.11 The Chief Finance Officer and the Chief Digital Officer shall ensure that risks to the Trust arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

19 PATIENTS' PROPERTY

- 19.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients or found in the possession of deceased patients.
- 19.2 The Directors of Ambulance Services must provide detailed written instructions on the collection, custody, and safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients.
- 19.3 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.
- 19.4 The Trust will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

20 CHARITABLE FUNDS

20.1 INTRODUCTION

20.1.1 The discharge of the Trust's corporate trustee responsibilities is distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes. The Chief Finance Officer shall ensure that each fund is managed appropriately with regard to its purpose and to its requirements.

20.1.2 This Section of the SFIs shall be interpreted and applied in conjunction with the rest of these Instructions, subject to modifications contained herein.

20.1.3 The Chief Finance Officer will have primary responsibility to the Board for ensuring that these SFIs are applied to charitable funds.

20.2 EXISTING FUNDS

20.2.1 The Chief Finance Officer shall arrange for the administration of all existing charitable funds. They shall ensure that a governing instrument exists for every trust fund and shall produce detailed codes of procedure covering every aspect of the financial management of funds held on trust, for the guidance of directors and employees. Such guidelines shall identify the restricted nature of certain funds.

20.2.2 The Chief Finance Officer shall periodically review the funds in existence and shall make recommendations to the Board regarding the potential for rationalisation of such funds within statutory guidelines.

20.2.3 The Chief Finance Officer may recommend an increase in the number of funds where this is consistent with the Trust's policy for ensuring the safe and appropriate management of restricted funds, e.g., designation for specific stations or departments.

20.2.4 The trustee responsibilities must be discharged separately and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for all funds held on trust.

20.2.5 The Scheme of Matters Reserved to the Board (Appendix B) and the Scheme of Delegation make clear where decisions regarding the exercise of discretion rearing the disposal and use of the funds are to be taken by whom. All Trust Board members and Trust officers must take account of that guidance before taking action.

20.2.6 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

20.3 NEW FUNDS

20.3.1 The Chief Finance Officer shall. arrange for the creation of a new trust where funds and/or other assets, received in accordance with this Body's policies, cannot adequately be managed as part of an existing trust.

20.3.2 The Chief Finance Officer shall present the governing document to the Board for adoption as required in Standing Orders for each new trust. Such document shall clearly identify, inter alia, the objects of the new trust, the capacity of this Trust to delegate powers to manage and the power to assign the residue of the trust to another fund contingent upon certain conditions, e.g. Discharge of original objects.

20.4 SOURCES OF NEW FUNDS

20.4.1 In respect of Donations, the Chief Finance Officer shall:

- (a) provide guidelines to officers of the Trust as to how to proceed when offered funds. These to include:
 - (i) the identification of the donor's intentions;
 - (ii) where possible, the avoidance of new trusts;
 - (iii) the avoidance of impossible, undesirable or administratively difficult objects;
 - (iv) sources of immediate further advice; and treatment of offers for personal gifts; and
- (b) provide secure and appropriate receipting arrangements which will indicate that funds have been accepted directly into the Trust's charitable funds and that the donor's intentions have been noted and accepted.

20.4.2 In respect of **Legacies and Bequests**, the Chief Finance Officer shall, with appropriate legal advice:

- (a) provide guidelines to officers of the Trust covering any approach regarding:
 - (i) the wording of wills;
 - (ii) the receipt of funds/other assets from executors;
- (b) where necessary, obtain grant of probate, or make application for grant of letters of administration, where the Trust is the beneficiary;
- (c) be empowered, on behalf of the Trust, to negotiate arrangements regarding the administration of a will with executors and to discharge them from their duty; and
- (d) be directly responsible, in conjunction with the, for the appropriate treatment of all legacies and bequests.

20.4.3 In respect of **Fund-raising**, the Chief Finance Officer shall:

- (a) deal with all arrangements for fund- raising by and/or on behalf of the Trust and ensure compliance with all statutes and regulations;
- (b) be empowered to liaise with other organisations/persons raising funds for the Trust and provide them with an adequate discharge. The Chief Finance Officer shall be the only officer empowered to give approval for such fund-raising subject to the overriding direction of the Board;

- (c) be responsible. for alerting the Board to any irregularities regarding the use of the Trust's name or its registration numbers; and
- (d) be responsible for the appropriate treatment of all funds received from this source.

20.4.4 In respect of **Trading Income**, the Chief Finance Officer shall:

- (a) be primarily responsible for any trading undertaken by the Trust as corporate trustee; and
- (b) be primarily responsible. for the appropriate treatment of all funds received from this source.

20.5 INVESTMENT MANAGEMENT

20.5.1 The Chief Finance Officer shall be responsible for all aspects of the management of the investment of income and funds held on trust. The issues on which he shall be required to provide advice to the Board shall include:

- (a) the formulation of investment policy within the powers of this Body under Statute and within governing instruments to meet its requirements with regard to income generation and the enhancement of capital value;
- (b) the appointment of advisers, brokers, and where appropriate, fund managers and:
 - (i) the Chief Finance Officer shall agree the terms of such appointments; and for which
 - (ii) written agreements shall be signed by the Chief Executive;
- (c) pooling of investment resources and the preparation of a submission to the Charity Commission for them to make a scheme;
- (d) the participation by this Body in common investment funds and the agreement of terms of entry and withdrawal from such funds;
- (e) that the use of NHS Trust assets shall be appropriately authorised in writing and charges raised within policy guidelines;
- (f) the review of the performance of brokers and fund managers;
- (g) the reporting of investment performance.

20.6 DISPOSITION MANAGEMENT

20.6.1 The exercise of the Trust's dispositive discretion shall be managed by the Chief Finance Officer in conjunction with the Board. In so doing he shall be aware of the following:

- (a) the objects of various funds and the designated objectives;
- (b) the availability of liquid funds within each charitable fund;
- (c) the powers of delegation available to commit resources;
- (d) the avoidance of the use of exchequer funds to discharge charitable fund liabilities (except where administratively unavoidable), and to ensure that any indebtedness to the Exchequer shall be discharged by trust funds at the earliest possible time;
- (e) that funds are to be spent rather than preserved, subject to the wishes of the donor and the needs of the Trust; and
- (f) the definitions of "charitable purposes" as agreed by the NHS and the Charity Commission.

20.7 BANKING SERVICES

20.7.1 The Chief Finance Officer shall advise the Board and, with its approval, shall ensure that appropriate banking services are available to the Trust as corporate trustee. These bank accounts should permit the separate identification of liquid funds to each trust where this is deemed necessary by the Charity Commission.

20.8 ASSET MANAGEMENT

20.8.1 Charitable fund assets in the ownership of or used by the Trust as corporate trustee, shall be maintained along with the general estate and inventory of assets. The Chief Finance Officer shall ensure:

- (a) that appropriate records of all assets owned by the Trust as corporate trustee are maintained, and that all assets, at agreed valuations, are brought to account;
- (b) that appropriate measures are taken to protect and/or to replace assets. These to include decisions regarding insurance, inventory control, and the reporting of losses;
- (c) that donated assets received on trust shall be accounted for appropriately;
- (d) that all assets acquired from funds held on trust which are intended to be retained within the charitable funds are appropriately accounted for, and that all other assets so acquired are brought to account in the name of the Trust.

20.9 REPORTING

20.9.1 The Chief Finance Officer shall ensure that regular reports are made to the Board with regard to, inter alia, the receipt of funds, investments, and the disposition of resources.

20.9.2 The Chief Finance Officer shall prepare annual accounts in the required manner which shall be submitted to the Board within agreed timescales.

20.9.3 The Chief Finance Officer shall prepare an annual trustees' report (separate reports for charitable and non-charitable trusts) and the required returns to the NHS and to the Charity Commission for adoption by the Board.

20.10 ACCOUNTING AND AUDIT

20.10.1 The Chief Finance Officer shall maintain all financial records to enable the production of reports as above and to the satisfaction of internal and external audit.

20.10.2 The Chief Finance Officer shall ensure that the records, accounts and returns receive adequate scrutiny by internal audit during the year. He will liaise with external audit and provide them with all necessary information.

20.10.3 The Board shall be advised by the Chief Finance Officer on the outcome of the annual audit. The Chief Executive shall submit the Management Letter to the Board.

20.11 ADMINISTRATION COSTS

20.11.1 The Chief Finance Officer shall identify all costs directly incurred in the administration of funds held on trust and, in agreement with the Board, shall charge such costs to the appropriate trust accounts.

20.12 TAXATION AND EXCISE DUTY

20.12.1 The Chief Finance Officer shall ensure that the Trust's liability to taxation and excise duty (excluding PAYE, NI and Pensions) is managed appropriately, taking full advantage of available concessions, through the maintenance of appropriate records, the preparation and submission of the required returns and the recovery of deductions at source.

20.12.2 The Chief People Officer is responsible for ensuring the Trust's liability to PAYE, NI and Pensions are managed appropriately, taking full advantage of available concessions, through the maintenance of appropriate records, the preparation and submission of the required returns and the recovery of deductions at source.

21 ACCEPTANCE OF GIFTS BY STAFF

21.1 The Director of Corporate Affairs shall ensure that all staff are made aware of the Trust policy on acceptance of gifts and other benefits in kind by staff. This policy should follow the guidance contained in the Department of Health Standards of Business Conduct for NHS Staff.

22 RETENTION OF RECORDS

22.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with Department of Health and Social Care guidelines, currently the Records Management: NHS Code of Practice.

22.2 The records held in archives shall be capable of retrieval by authorised persons.

22.3 Records held in accordance with the Records Management: NHS Code of Practice shall only be destroyed at the express instigation of the Information Governance Manager within the authority delegated by the Chief Executive. Records shall to be maintained of documents so destroyed.

23 RISK MANAGEMENT

23.1 The Chief Executive shall ensure that the Trust has a programme of risk management, in accordance with current Department of Health and Social Care assurance framework requirements, which must be approved and monitored by the Board.

23.2 The programme of risk management shall include:

- (a) a process for identifying and quantifying risks and potential liabilities;
- (b) engendering among all levels of staff a positive attitude towards the control of risk; management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- (c) contingency plans to offset the impact of adverse events;
- (d) audit arrangements including; internal audit, clinical audit, health and safety review;
- (e) a clear indication of which risks shall be insured; and
- (f) arrangements to regularly review the risk management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make the annual governance statement (AGS) within the Annual Report and Accounts as required by current Department of Health and Social Care guidance.

23.3 The Board shall decide if the Trust will insure through the risk pooling schemes administered by the NHS Resolution or self-insure for some or all of the risks covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme, this decision shall be reviewed annually.

23.4 There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, four exceptions when trusts may enter into insurance arrangements with commercial insurers. The exceptions are:

- 1) Trusts may enter commercial arrangements for insuring motor vehicles owned by the Trust including insuring third party liability arising from their use;
- 2) Where the Trust is involved with a consortium in a Private Finance Initiative contract and the other consortium members require that commercial insurance arrangements are entered into;
- 3) Where income generation activities take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from NHS Resolution; and
- 4) Where the Trust cannot obtain appropriate cover from the NHS Resolution and any required regulatory authority approval is sought and provided.

In any case of doubt concerning a Trust's powers to enter into commercial

insurance arrangements, the Chief Finance Officer should consult the Department of Health and Social Care.

- 23.5 Where the Board decides to use the risk pooling schemes administered by the NHS Resolution, the Director of Corporate Affairs shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance Officer shall ensure that documented procedures cover these arrangements.
- 23.6 Where the Board decides not to use the risk pooling schemes administered by the NHS Resolution for one or other of the risks covered by the schemes, the Chief Finance Officer shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Chief Finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.
- 23.7 All the risk-pooling schemes require members to make some contributions to the settlement of claims (the 'deductible'). The Chief Finance Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

Appendix A

London Ambulance Service NHS Trust Competitive Tendering Register Record of Invitations to Tender

[illegible]

Appendix B: Matters Reserved for the Board

1. Code of Accountability

1.1 The Code of Conduct and Accountability which has been adopted by the Trust requires the Board Members to determine those matters on which decisions are reserved to it and to ensure that management arrangements are in place to enable the clear delegation of its other responsibilities.

2. General Enabling Provision

2.1 The Trust Board may determine any matter it wishes at a full meeting within its Standing Orders and statutory powers.

3. Regulation and Control

3.1 The Trust Board remains accountable for all of its functions, including those which have been delegated, and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

3.2 All powers of the Trust which have not been retained as reserved by the Trust Board or delegated to a Board Committee shall be exercised on behalf of the Board by the Chief Executive. The Scheme of Delegation identifies any functions which the Chief Executive shall perform personally and those delegated to other directors or officers. All powers delegated by the Chief Executive can be re-assumed by their self should the need arise.

3.3 The Scheme of Delegation shows only the “top level” of delegation within the Trust. The Scheme is to be used in conjunction with the system of budgetary control and other established procedures within the Trust.

3.4 Approval, suspension, variation or amendment of Standing Orders, Standing Financial Instructions, Schedule of Matters Reserved to the Trust Board, and the Scheme of Delegation of Powers from the Board to officers.

3.5 Specification of financial and performance reporting arrangements.

3.6 Requiring and receiving the declaration of Directors’ interests which may conflict with those of the Trust and determining the extent to which that Director may remain involved with the matter under consideration.

3.7 To receive reports from committees, including those which the Trust is required by the Secretary of State or other regulation to establish, and to take appropriate action thereon.

3.8 Ratifications of any urgent decisions taken by the Chair and Chief Executive, in consultation with two Non-Executive Directors.

3.9 Approval of arrangements relating to the discharge of the Trust’s responsibilities as a corporate trustee for funds held on Trust.

4. Appointments

4.1. Appointment and agreement of the terms of reference of Board Committees.

4.2 Through the Remuneration and Nominations Committee appoint, appraise, discipline and dismiss individuals directly accountable to the Board.

4.3 Appoint Deputy Chair of the Board.

5. Policy Determination

5.1 Approval of all policies is delegated to the Trust's management executive.

5.2 Approval of strategy, business plans and budgets.

5.3 Approval of the Trust's Annual Plan prior to submission to NHSE.

6. Direct Operational Decisions

6.1 Approval of the acquisition, disposal or change of use of land and/or buildings as specified in the table of financial limits as delegated within the Scheme of Delegation.

6.2 Approval of transactions with a value in excess of that currently specified in the table of financial limits as delegated within the Scheme of Delegation.

6.3 Agreement of action on litigation against or on behalf of the Trust with the exception, of clinical negligence payments, is delegated to the Chief Finance Officer.

6.4 Approval of loans taken out with repayment periods in excess of one year.

7. Financial and Performance Reporting Arrangements

7.1 Continuous appraisal of the affairs of the Trust by means of the receipt of reports as it sees fit from Directors, committees and officers of the Trust.

7.2 Approval of the Trust's Annual Report, including the Annual Accounts and Annual Governance Statement, prior to submission to Department of Health and Social Care.

7.3 Approval of the Trust's Quality Account, prior to submission to Department of Health and Social Care.

7.4 Receipt and approval of the Annual Report(s) for funds held on trust.

8. Governance Arrangements

8.1 Assurance Framework: Provide evidence that the Trust is doing "its responsible best" to manage itself to meet its objectives and protect patients, staff, volunteers and the public and other stakeholders against risks of all kinds.

9. Scheme of Delegation to Officers

9.1 Delegated matters in respect of decisions which may have a far reaching effect must be reported to the Chief Executive. The delegation shown within the Scheme of Delegation is the lowest level to which authority is delegated. Delegation to lower levels is only permitted with written approval of the Chief Executive who will, before authorising such delegations, consult with other Senior Officers as appropriate. Each Director is responsible for the delegation within their Directorate. All items concerning finance must be carried out in accordance with Standing Financial Instructions and Standing Orders of the Trust Board.