



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.



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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

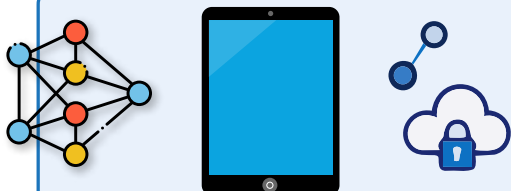
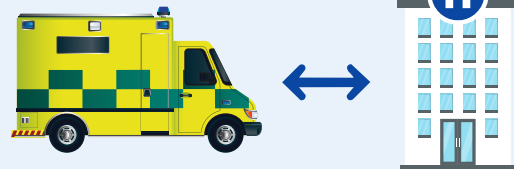


5

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.

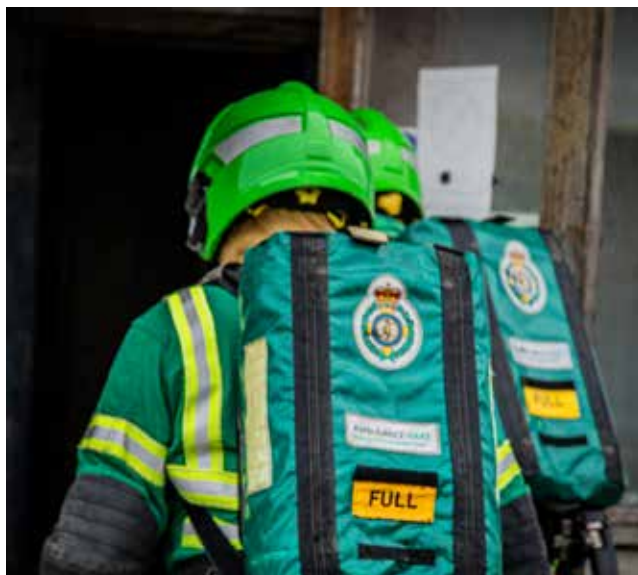
Operational demand remained high throughout the year. Specialist teams including Hazardous Area Response Team (HART), Specialist Operations Response Team (SORT) and Tactical Response Unit (TRU) delivered sustained, safe responses to high-risk incidents across London. Business continuity arrangements 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.





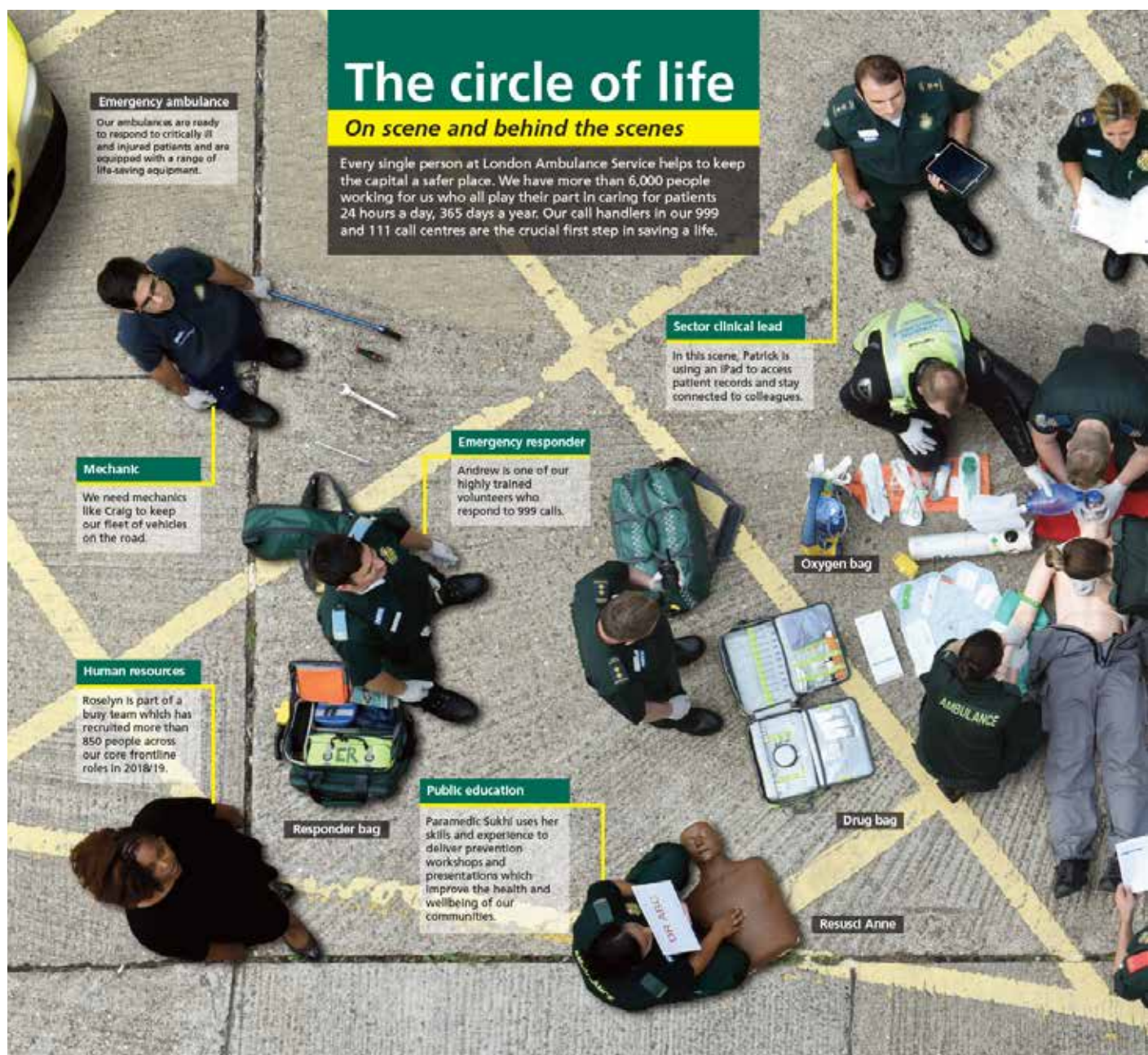
Clinical quality and patient safety

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

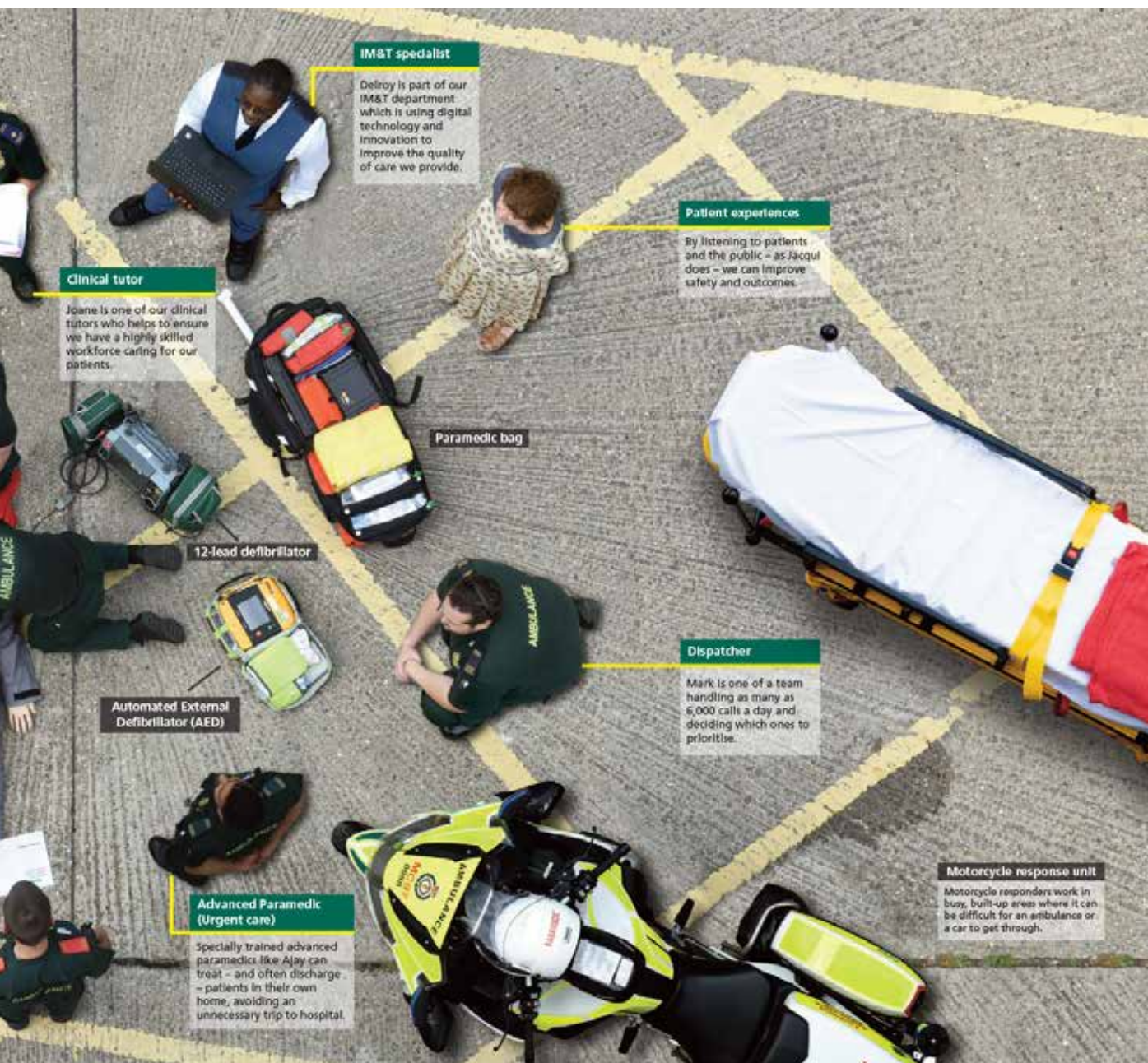


all incidents. This has informed targeted work programmes focused on equipment availability, reliability and assurance. Dispatch and call handling (9.7%), communication, care and consent (8.3%), and clinical treatment (8.4%) remain important areas of focus.

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

Overall
rating

Inadequate

Requires
improvement

Good

Outstanding

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

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care drive targeted action in healthcare inequalities improvement

Target population

CORE20 PLUS5

Key clinical areas of health inequalities



1 MATERNITY

ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups



2 SEVERE MENTAL ILLNESS (SMI)

ensure annual Physical Health Checks for people with SMI to at least, nationally set targets



3 CHRONIC RESPIRATORY DISEASE

a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



4 EARLY CANCER DIAGNOSIS

75% of cases diagnosed at stage 1 or 2 by 2028

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

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



ER

stage 1

HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

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

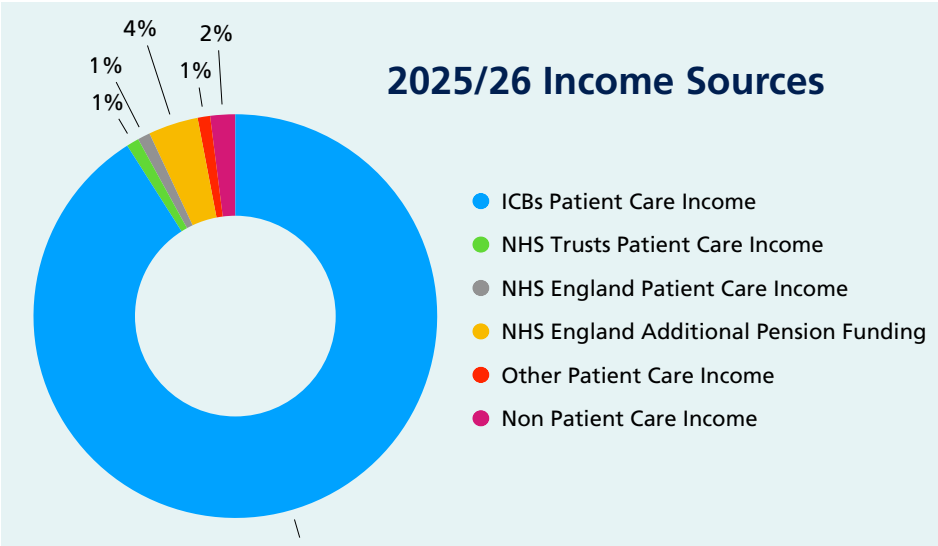
Where our money comes from

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.

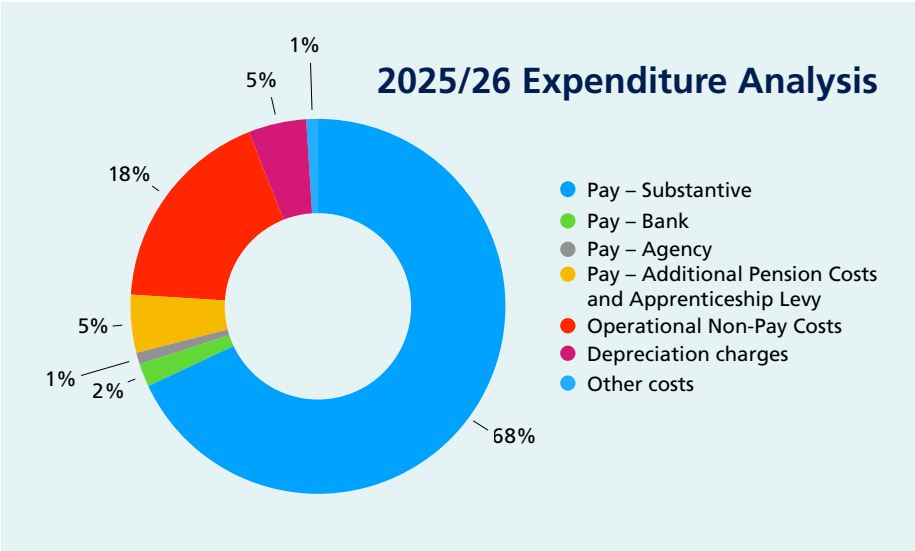
Patient Care Income was received from the following sources: Integrated Care Boards (£732.9m), NHSE England to fund additional pensions costs (£33.9m), NHS England services (£5.4m), NHS trusts (£4.5m) and other non-NHS income (£7.0m).



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 next 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

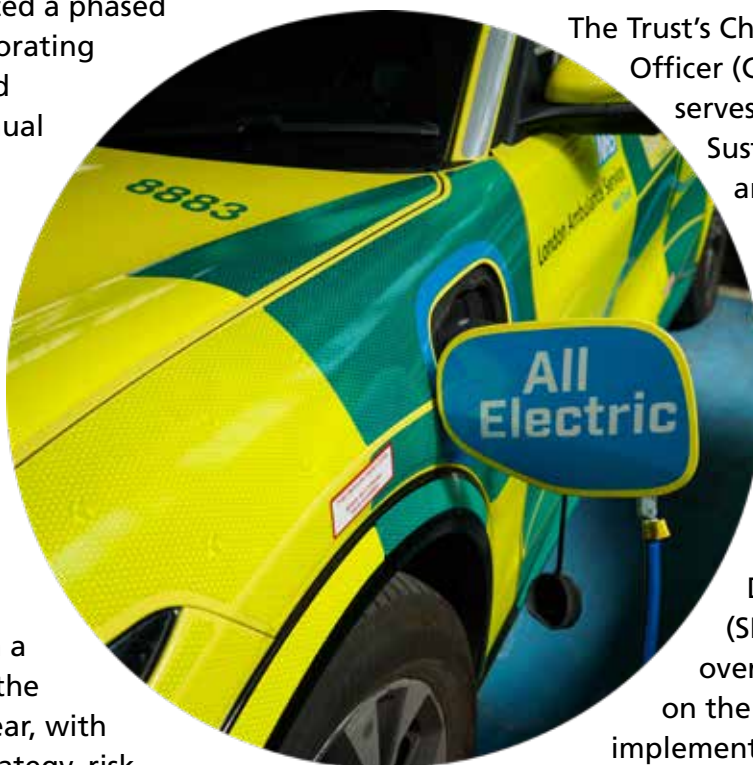
The Trust has adopted a phased approach to incorporating TCFD-recommended disclosures into annual sustainability reporting for NHS bodies, in line with HM Treasury's aligned disclosure guidance for public sector annual reports. These disclosures, as interpreted and adapted for the public sector, will 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.

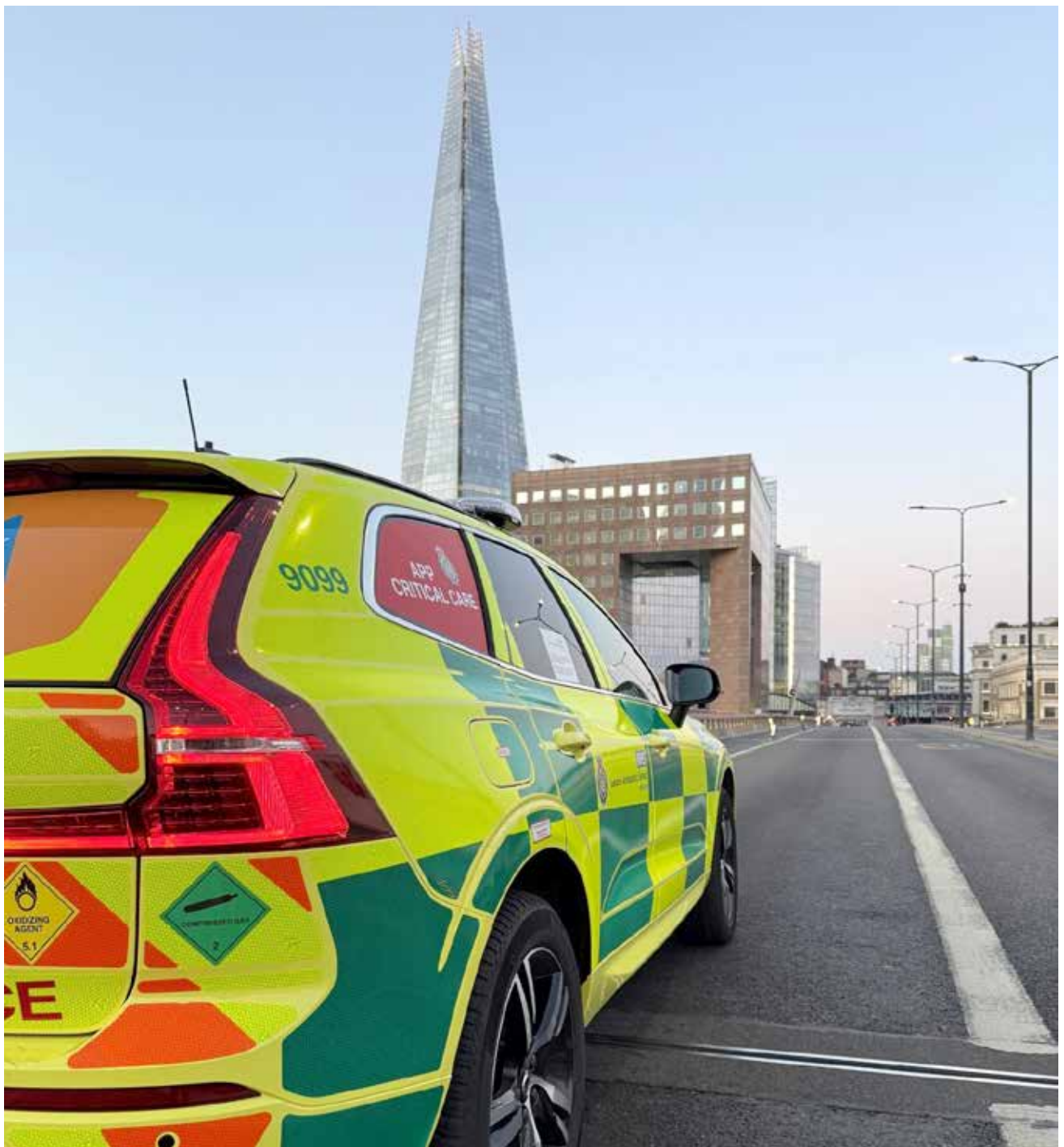
The Trust does not utilise internal carbon pricing. Carbon assessments and validation exercises are undertaken annually. This process supports the appraisal and evaluation of capital projects and procurement contracts.

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.

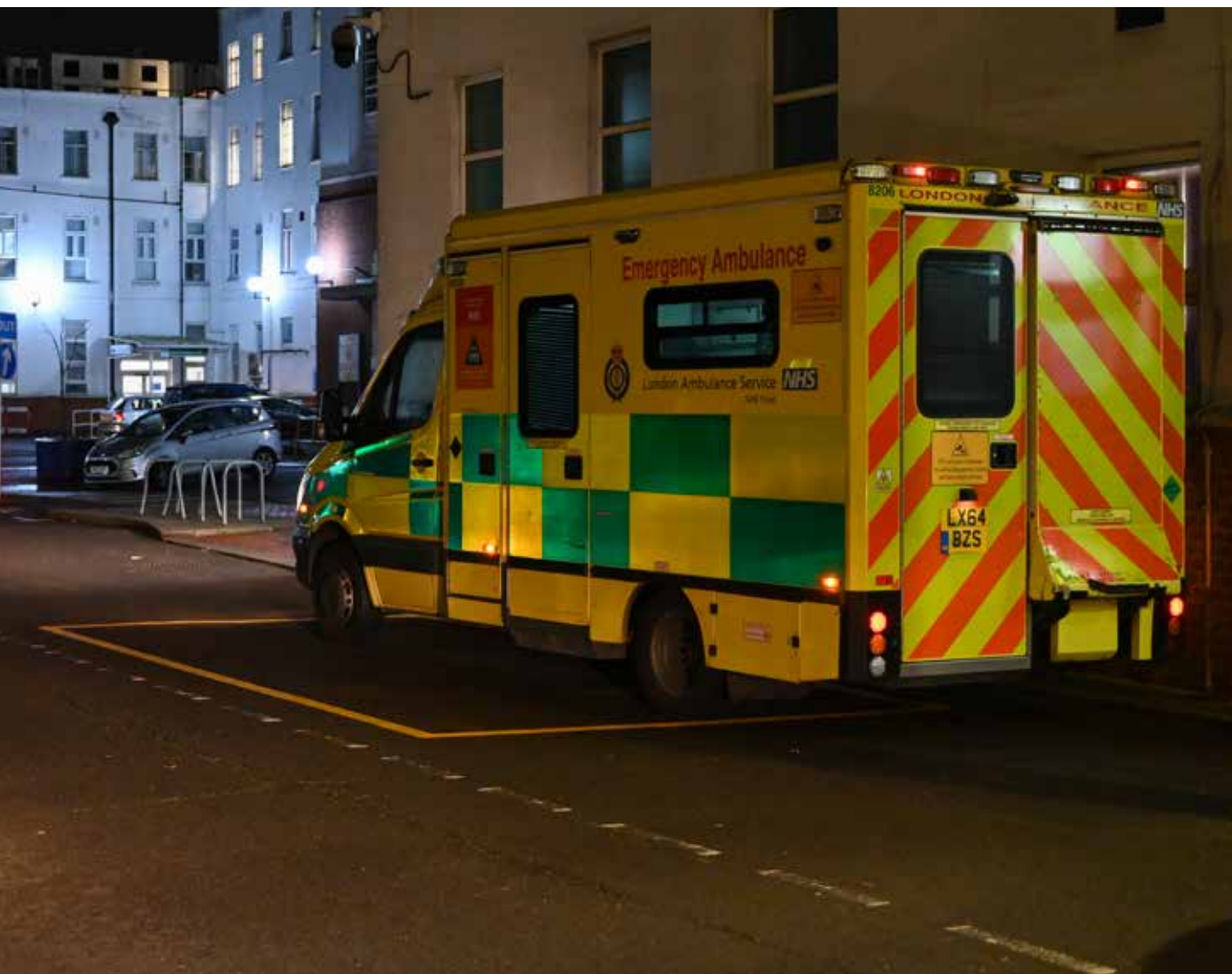
All assurance committees undertake an

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 McGuiness 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

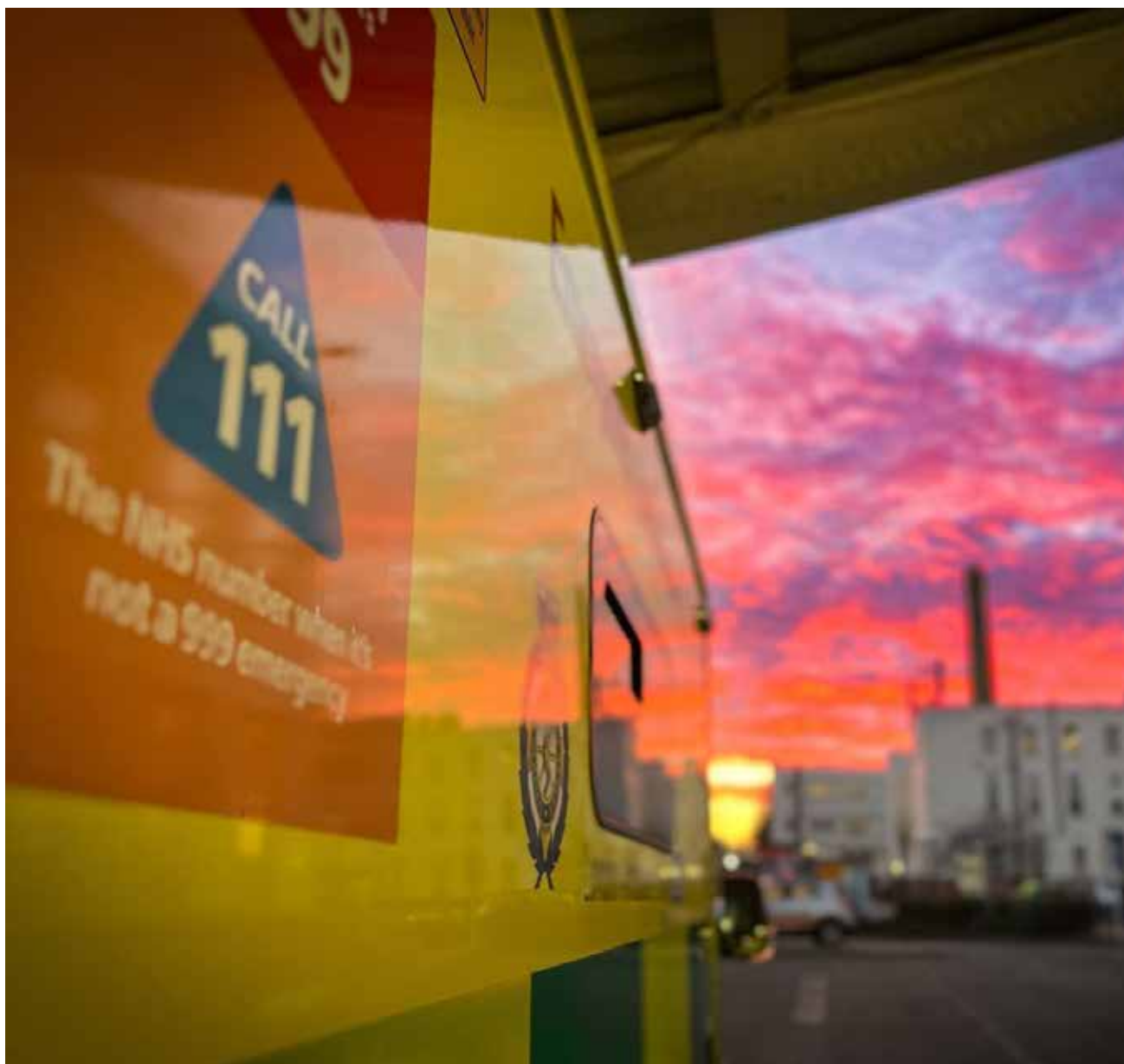
Quality risks are managed through a comprehensive assurance framework. The Trust's Quality Strategy aligns with Care Quality Commission fundamental standards, and annual quality improvement priorities are agreed by the Board and

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.

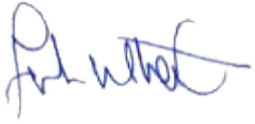
In assessing the level of assurance to be given, we have taken into account:

- 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) (FTE)
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.

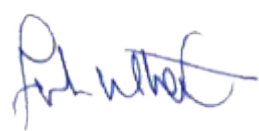
We want to be an employer of choice, and to attract the best and most talented people from all walks of life to a career where they can develop to their full potential.

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





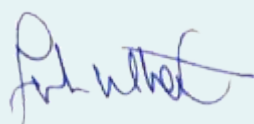
Statement of the chief executive's responsibilities as the accountable officer of the trust

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:

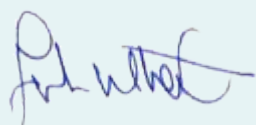
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and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

23 June 2026

London Ambulance Service NHS Trust

Annual accounts for the year ended 31 March 2026

Statement of Comprehensive Income

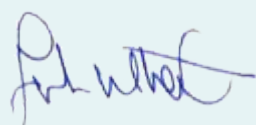
		2025/26	2024/25
	Note	£000	£000
Operating income from patient care activities	3	783,692	741,897
Other operating income	3	17,397	14,057
Operating expenses	4	(793,450)	(755,551)
Operating surplus from continuing operations		7,639	403
Finance income	5	2,643	1,889
Finance expenses	6	(2,192)	(970)
PDC dividends 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 £000	Non-contract income £000	Contract income £000	Non-contract income £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 £000	2024/25 £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:

	2025/26 £000	2024/25 £000
within one year	1,433	1,142
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
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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.



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