Paper No.	PB/25/12

Report to: **Trust Board**

Date: **14 January 2025**

Report title:	Integrated Board Report
Author:	Faye Nicholls, Head of Performance and Information
Presented by:	Nicole Atkinson, Medical Director

Purpose of report

To provide an overview of the key metrics for the Trust Board aligned to the Trust's Strategic Ambitions.			
Type of report	Decision-making	Assurance X	Consideration

Executive summary

This report is designed to provide an overview of the key numeric information relating to the Trust's Strategic Ambitions and outlines where there is variance against the target or trends. The information in the report is based on validated data for November 2024. Unvalidated data sourced from the Trust's computer assisted dispatch system is available immediately after the month end and therefore data for December relating to performance against response targets, resourcing, activity, handover and other operational metrics have also been included in the Integrated Board Report. Workforce related data, quality data, finance data and other measures are not available until the middle of the following month and therefore the December data could not be included in this report. Appendix A shows unvalidated performance and hospital handover divisional data for December 2024.

Recommendation

That the Trust Board:

- **TAKES ASSURANCE** from the Integrated Board Report.

Have the following assessments been undertaken in relation to this report?

- **Quality Impact Assessment?** Not applicable
- **Equality Impact Assessment?** Not applicable
- **Privacy Impact Assessment?** Not applicable
- **Wellbeing Impact Assessment?** Not applicable

Committees or groups this report has already been presented to:

Relevant sub section of the Integrated Board report and metrics have been provided to Finance and Performance Committee for November data.

Summary of the conclusions of that committee or group:

Assurance taken

Risk Management:

New risks arising because of this report	Risk Assessment – current score		
	Likelihood (A)	**Consequence (B)**	**Score (A x B)**
None			
Planned Mitigations	Not applicable		

Strategic Fit: Which of the following strategic objectives does this report relate to?

	Relevant
We will deliver outstanding patient care by developing new, innovative clinical practices and by working in collaboration with our partners and the public.	**X**
We will be an attractive employer of choice, developing and retaining highly skilled, engaged, and diverse people reflective of our local communities.	**X**
We will deliver improved outcomes for our patients through the most appropriate equipment, technology, vehicles, and facilities.	**X**
We will deliver safe, effective, compassionate care for patients, embedding a culture of compassion, continuous improvement, and productivity.	**X**
We will work in partnership to reduce health inequalities and improve the health of our population and ensure sustainability.	**X**

Background and Information

This report presents the Trust Integrated Board Report (IBR) metrics. Where information is not currently available, this will be added and back dated once available.

The high-level analysis below focusses on those measures that are variating from the target or showing a changing trend, alongside any relevant contextual information.

As part of the wider NHS COVID recovery the national Urgent and Emergency Care Recovery Plan included objectives to address increasing response times across all ambulance services for Category 2 (C2) incidents. All ambulance Trusts were asked to provide plans to increase capacity and manage demand to achieve a national C2 response time of 30 minutes in 2024/25.

EMAS developed a plan around three main pillars: Increasing Capacity, Managing Demand and Supporting Staff with associated contributary C2 response improvement trajectories with a C2 mean response time target of 30 minutes for the year.

As the 2024/25 Accident and Emergency contract has only recently been confirmed, activity targets are based on 2023/24 data in the interim.

Unvalidated December data has been used to provide Trust Board with the most up-to-date picture of activity, resourcing, operational performance and hospital handovers.

Drivers of Performance

Despite slight improvements in performance in November, performance in December deteriorated as demand and hospital handover delays increased towards the end of November and into December. Following a significant increase in calls and incidents on 25 November 2024, the Trust moved to Resource Escalation Action Plan (REAP) 4 to manage the additional system pressures. While the majority of demand was managed through Hear and Treat, and conveyance remained stable, handover delays increased, which, in turn, impacted performance response times. December 2024 was the second busiest ever month for the Trust with over 93,000 incidents and the second ever worst month for handover delays with over 25,000 lost hours in pre-clinical handover.

Operational resource output hours exceeded forecast in November and December, with more hours made available in December than previous months (and an average daily output of over 7,000 hours – like November). This increase was due to additional recruitment, overtime, and the use of Private Ambulance Services. The Trust is consistently outperforming the number of hours planned in the performance trajectory.

Despite Emergency Department conveyance rates being the lowest so far, the total hours lost in pre-clinical handover increased to over 25,400, more than double some previous months this year. Average pre-handover times rose in November and rose steeply again in December to just under 55 minutes (which is 40 minutes longer than the nationally allocated 15 minutes.) The average figures mask significant variation by hospital site, with sporadic and long delays from the end of November and throughout December. Northamptonshire division had the longest average delays (appendix A) at one hour 25 minutes in December.

Response times to patients increased in December, with the longest performance times of 2024/25, with spikes in demand and winter system pressures especially hospital handover delays. Category 2 mean performance was over 66 minutes in December, increasing the year-to-date performance to just over 44 minutes. Despite the extra resource hours that were made available in December, the lost hours at hospital (equating to 68 twelve hour shifts each day) lead to increased delays for patients, with 40% of Category 2 patients experiencing a prolonged wait.

Quality

In November there was an increase in the amount of Patient Safety Incidents (PSIs) as a total proportion of all incidents. From within a total of 866 incident reports (IR1s), 310 PSIs were reported. There was a continued increase in breaches of the minimum care safety standards (MCSS) with 402 being reported across the month of November. Of the PSIs reported, three met the Patient Safety Incident Response Framework threshold for further investigation. It could be concluded that across the East Midlands there is evidence of pressurised systems and the impact of this on the quality of care from a patient safety perspective. This represents a risk to delivery of fundamentals of care with regards to Care Quality Commission Regulation 12: Safe Care and Treatment.

Clinical

The Clinical Quality Metrics currently included within the report are the Ambulance Clinical Quality indicators (ACQIs). Internally these are reported one month in arrears. The metrics have four key topic areas, Cardiac Arrest, Stroke, Myocardial Infarction and Falls; except for Falls, each of these indicators has multiple sub sections which are shown within the October data set. There are no targets attributed to each of these indicators. Key to all the indicators are the cycles of improvement and the care that is offered to patients within the region.

The ACQI reporting is showing the clinical performance to be consistent and within statistical normal variation. The Resuscitation Bundle continues to outperform the national average while Return of Spontaneous Circulation and Survival To 30 days continue to remain steady.

As wider metrics are developed, which are not rigidly aligned to the narrow scope of the ACQIs but align fully with the clinical strategy, these will be shown within the IBR such as frailty metrics. The use of wider knowledge from either clinical data sets/quality data sets will enhance the knowledge base and provide the vital link to performance data.

Workforce

Essential education rates and appraisal rates remain below target for both staff groups. Plans are in place to ensure staff are booked on training sessions to achieve the end of year target.

Sickness levels in November increased, following the pattern of gradual increased rates since August. The Trust has a C2 sickness absence project which is reviewing processes and exploring new opportunities to reduce sickness absence and improve staff attendance at work through health and wellbeing initiatives.

Sickness is also monitored via targeted meetings with Divisional Senior Leadership Teams and via the Oversight and Improvement Forums. Additional investments and initiatives into staff health and wellbeing have also been introduced.

Finance

The Trust's income and expenditure position for month 8 is slightly behind plan. This is due to part delivery of the Trust's Cost Improvement Plan. The monthly finance report covers the financial position in more detail.

Net Zero

The Trust is ahead of the target emissions for November and over the year to date. Gas emissions, though higher than previous months, are below expectations and emissions from fleet were also reduced compared to other months. There has been a measurable increase in electric vehicle emissions compared to diesel, likely due to the deployment of electric Fast Response Vehicles reducing the Trust's carbon footprint.

Recommendation

That the Trust Board:

- **TAKES ASSURANCE** from the Integrated Board Report

Unvalidated Supplementary Information – December 2024

Integrated Board Report - supplementary information - unvalidated

This report shows unvalidated additional performance and handover information operational division for the month of December 2024.
- Performance information is calculated on the patient location, where the incident occurred, as per National Ambulance System Indicator Guidance.
- Clinical handover times and lost hours are also calculated on the location of the incident, and therefore for a small number of cases will include handover times for hospitals outside of the geographical boundary.
- Clinical handover refers to the time taken when an ambulance arrives at hospital until the patient is handed over clinically to the hospital. The national target time for this is 15 minutes maximum.

Operational Division	Category 1 - mean	Category 1 - 90th percentile	Category 2 - mean	Category 2 - 90th percentile	Number of Ambulances Arrived At Hospital	Average Clinical Handover Time Per Patient	Total Lost Hours Clinical Handover >15min (h:m)
Derbyshire	00:09:51	00:16:57	01:01:54	02:11:31	7697	00:50:18	4653:11:49
Leicestershire	00:09:05	00:15:42	01:14:02	02:34:14	6695	00:56:32	4733:28:41
Lincolnshire	00:11:18	00:21:02	00:55:45	01:59:21	9043	00:56:52	6425:34:23
Northamptonshire	00:10:15	00:18:19	01:51:10	04:04:32	5246	01:25:56	6168:21:50
Nottinghamshire	00:08:48	00:14:44	00:49:58	01:44:11	8894	00:36:25	3331:00:22
Total including Out of Area	**00:09:50**	**00:17:19**	**01:06:30**	**02:20:43**	**30720**	**0:54:38**	**25432:24:40**

Integrated Board Report

Ambition 1: We will deliver outstanding patient care by developing new, innovative clinical practices and by working in collaboration with our partners and the public.

Strategic Objectives:
- We will ensure that patients are cared for in the most appropriate setting.
- We will develop emergency and urgent/ non-emergency ambulance models ensuring we right size our capacity to enable delivery of most appropriate response and meet ambulance response targets
- We will connect our services as seamlessly as possible with our partners and deliver our non-emergency ambulance offer in partnership with local systems maximising use of local pathways.
- We will support effective system flow, recognising our role, working with partners, in supporting both admission avoidance and effective hospital discharge.
- We will continually develop our emergency preparedness, resilience and response to major incident/ mass casualty events working in collaboration with national and local resilience partnerships to protect staff and public, minimising disruption to services and maintaining response to other emergencies

KPI Number	KPI	KPI Committee	Expected Standards	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Variation against target	24/25 YTD	Variation against target YTD	General Trend	Data Quality	Source	Data Owner	Responsible Committee Risk
1.1	Category 1 mean	Finance and Performance Committee	0:07:00	00:08:55	00:08:55	00:09:11	00:08:53	00:08:47	00:09:22	00:09:41	00:09:39	00:09:49				0:02:49	0:09:16	0:02:16	Measures have been consistently below targets.	April and May is the same performance time for Category 1	Ambulance System Indicators	Performance Management & Information Team	Finance and Performance Committee
1.2	Category 1 90th Percentile		0:15:00	00:15:44	00:15:45	00:16:16	00:15:32	00:15:26	00:16:26	00:16:59	00:17:02	00:17:14				0:02:14	0:16:20	0:01:20					
1.3	Category 2 mean		0:18:00	00:33:56	00:34:57	00:38:10	00:36:14	00:30:58	00:41:07	00:58:10	00:56:30	01:06:25				0:48:25	0:44:15	0:26:15	Response times consistently not performing against the national standards				
1.4	Accumulative Category 2 mean YTD against revised Cateogry 2 trajectory for 2024/25		0:30:00	0:33:56	0:34:26	0:35:41	0:35:49	0:34:51	0:35:54	0:39:05	0:41:15	00:44:03				0:14:03	0:44:15	0:14:15					
1.5	Category 2 90th Percentile		0:40:00	01:11:24	01:12:48	01:20:29	01:15:28	01:04:47	01:26:55	02:02:35	01:58:27	02:20:35				1:40:35	1:34:45	0:54:45					
1.6	Category 3 90th Percentile		2:00:00	04:43:05	05:18:53	06:05:34	05:39:02	04:23:20	06:20:56	09:27:18	09:33:10	11:01:19				9:01:19	6:46:47	4:46:47	Measures have been consistently below targets except for HCP Level 4 which achieved in April and August 2024				
1.7	Category 4 90th Percentile		3:00:00	03:43:05	04:01:01	04:47:02	04:57:34	03:50:25	05:57:45	11:20:17	13:52:44	15:42:06				12:42:06	7:02:05	4:02:05					
1.8	HCP 4 90th Percentile		4:00:00	3:44:06	04:14:13	04:28:59	04:02:42	3:32:20	04:46:00	06:44:01	05:41:47	10:24:42				6:24:42	4:47:56	0:47:56					
1.9	% responses that are Category 2 (National Tariff)	Finance & Performance Committee		66%	67%	67%	66%	65%	67%	68%	68%	70%				No target	67%	No target	Measure is based on all National tariff activity. Relatively stable.		Ambulance System Indicators	Performance Management & Information Team	Finance and Performance Committee
1.10	Pre handover hours lost		No target	12793:56:27	12831:28:47	12988:37:01	13319:34:49	11172:13:24	14998:27:39	22220:47:58	22428:27:00	25416:08:46				No target	148169:41:51	No target	Hospital handover delay remain high and more than three times the national standard.				
1.11	Average pre handover		0:15:00	00:34:30	00:33:34	00:34:42	00:34:33	00:31:33	00:38:09	00:49:50	00:50:27	00:54:36				0:39:36	0:40:09	0:25:09					
1.12	Average post handover		0:15:00	00:19:52	00:19:41	00:18:14	00:17:37	00:18:14	00:17:32	00:16:22	00:16:43	00:16:27				0:01:27	0:17:52	0:02:52	Relatively stable although below target				
1.13	Resource hours (CAD) all			213543	217921	204914	205540	203036	198977	209382	211087	217173				No target	1881576	No target	Relatively stable		999 operational return incl. FRV, PAS, DCA, VAS, Urgent	Performance Management & Information Team	
1.14	Average time on scene (DCA & Solo)			00:54:08	00:53:14	00:53:11	00:52:20	00:52:31	00:52:58	00:53:51	00:54:40	00:55:49				No target	0:53:41	No target	Relatively stable		Pin Calls Cycle report	Performance Management & Information Team	
1.15	Successful referrals to other service (ASI refer and treat)	Finance and Performance Committee	Actual	6167	7646	7445	7905	7314	7556	8824	9706	12427				No target	74990	No target	The rise in average daily values from 323 to 400 in December reflects a consistent increase in activity over the period, with a notable upward trend in recent weeks.		Calaucated figure based partly on Ambulance System Indicators	Performance Management & Information Team	Finance and Performance Committee
			Average daily	205	246	248	255	235	251	284	323	400				No target	272	No target					
1.16	% ED patients conveyed (Incidents)		No target	41.4%	40.2%	39.6%	39.8%	40.9%	38.6%	35.5%	35.7%	33.8%				No target	38.3%	No target	Relatively stable		Ambulance System Indicators	Performance Management & Information Team	
1.17	Average 999 call pick up time (Pri & Sec)		00:00:10	0:00:06	0:00:10	0:00:10	0:00:10	0:00:09	0:00:11	0:00:10	0:00:10	0:00:08				0:00:02	0:00:09	0:00:01	Target achieved				Finance and Performance Committee
1.18	Formal Complaints Received	Quality and Governance Committee	No target	19	15	11	21	8	6	12	5					No target	97	No target	Stable		Ulysses	Quality	Quality and Governance Committee
1.19	PALS Received		No target	63	64	53	61	60	66	57	51						475		Stable		Ulysses		
1.20	Formal complaints acknowledged within three working days		No target	19	15	11	21	8	6	12	5					No target	97	No target	Stable		Ulysses	Quality	Quality and Governance Committee
1.21	Formal compliants closed within 60 days		No target	7	9	7	14	7	9	9	8						70		Stable		Ulysses		

Ambition 2: We will be an attractive employer of choice, developing and retaining highly skilled, engaged and diverse people reflective of our local communities.
Strategic Objectives:
•We will deliver the NHS People promise to improve the experience of working in the NHS for everyone. We will develop a positive and healthy workplace culture which attracts and retains highly skilled, motivated, caring, and compassionate professionals proud to be part of the EMAS team.
•We will ensure we have the right number of people (including staff and volunteers) in post with the right mix of skills, knowledge, and access to training to respond flexibly to meet patient needs.
•We will develop collective leadership capability that is authentic, compassionate, and supportive.
•We will attract and recruit a diverse workforce representative of the populations that we serve. We will reposition EMAS as a go to employer for people from all backgrounds.
•We will be part of 'one workforce' with our wider health and care partners offering development opportunities through an integrated workforce approach.

KPI Number	KPI	KPI Committee	Expected Standards	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Variation against target	24/25 YTD	Variation against target YTD	General Trend	Data Quality	Source	Data Owner	Responsible Committee Risk
2.1	Ratio of Complaints to Compliments (whole trust measure)	Quality and Governance Committee	No target	1:5	1:7	1:8	1:1	1:21	1:11	1:5	1:16					No target	1:9	No target	Ratios have remained relatively stable with more compliments than complaints		Data Ulysses. Calculated measure.	Quality & PMIT	Quality and Governance Committee
2.2	Attrition	Workforce Committee	No target	8.6%	8.8%	8.7%	8.8%	8.7%	8.5%	8.8%	8.7%					No target	8.7%	No target	Attrition has remained relatively stable		ESR	Workforce	Workforce Committee
2.3	Sickness Absence (ESR YTD)		5.0%	7.5%	7.2%	7.3%	7.9%	7.6%	7.7%	7.8%	8.1%					N/A	7.6%	N/A	Sickness remains higher than the target.				
2.4	% of staff with appraisal Frontline (rolling 12 month compliance)	Workforce Committee	95.0%	79.3%	79.7%	79.3%	78.0%	76.2%	72.8%	73.1%	78.4%					-16.6%	77.1%	-17.9%	Front line appraisal are below target		ESR	Workforce	
2.5	% of staff with appraisal Non Frontline (rolling 12 month compliance)			75.4%	73.3%	74.3%	75.5%	75.4%	74.3%	73.9%	74.4%					-20.6%	74.6%	-20.4%	Non front line appraisals are below target.				
2.6	Staff Survey Engagement Score Compassionate Leadership Score (out of 10)	Workforce Committee	National Picker Average	6.4	6.4	6.4	6.4	6.4	6.4	6.4	6.4					No target	6.4	0.3	This is an annual national survey conducted in Oct/Nov each year with results the following year. EMAS is higher than the average for compassionate leadership. The score shown is for the previous year 23/24. EMAS had a good completion rate for the 2024 survey.	National validated report	Staff Survey Engagement Report	NHS Survey Coordination Centre	Workforce Committee
			EMAS score	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7						6.7						

Ambition 3: We will deliver improved outcomes for our patients through the most appropriate equipment, technology, vehicles, and facilities.
Strategic Objectives:
•We will use digital technology and information to improve clinical triage, advice and decision making and reduce inequity of care.
•We will develop IT systems that enable sharing of data across the whole patient pathway within EMAS and wider sharing with GPs and other clinicians.
•We will maximise our estates including the opportunities of shared premises with other NHS providers and one public estate/ blue light collaboration.
•We will continue to develop our fleet to ensure best design to maximise patient outcomes in line with our clinical strategy and most sustainable configuration
•We will continue to review new technologies for use in our vehicles to deliver better on scene care.

KPI Number	KPI	KPI Committee	Expected Standards	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Variation against target	24/25 YTD	Variation against target YTD	General Trend	Data Quality	Source	Data Owner	Responsible Committee Risk
3.1	Capital Plan (£000)-Monthly	Finance and Performance Committee		£0	£143	£82	£0	£350	£342	£411	£100					No target	£3,242	-£1,814	The capital programme is on plan.		Integra	Finance Team	Finance and Performance Committee
3.2	Capital Actual (£000)-Monthly			£129	£14	£807	£60	£262	£76	£938	£956					No target							
3.3	Cash Plan (£000)-Monthly			£17,053	£18,713	£20,379	£22,066	£23,502	£23,496	£23,127	£23,350					No target	£13,339	-£158,347	The cash position has remained below plan in November. This is due to the part delivery of the Cost Improvement Programme.		Integra	Finance Team	
3.4	Cash Actual (£000)-Monthly			£16,737	£14,961	£13,491	£14,846	£15,967	£16,927	£15,518	£13,339					No target							
3.5	Revenue Plan (£000)-Monthly			£564	£541	£553	£590	£351	£148	-£259	-£446					No target	£1,505	-£537	The Trust's revenue position for month 8 is behind the plan		Integra	Finance Team	
3.6	Revenue Actual (£000)-Monthly			£95	£373	£888	£657	£259	£272	-£1,143	£104												

Ambition 4: We will deliver safe, effective, compassionate care for patients, embedding a culture of compassion, continuous improvement, and productivity.
Strategic Objectives:
•We will ensure a culture of compassion for staff and for patients. Treating people as individuals, understanding, listening, learning and enabling teamwork in line with our EMAS values.
•We will deliver clinically effective care that is evidence based, responsive to the needs of our populations and delivers the intended outcomes for patients
•We will embed a quality culture of continuous learning, improvement, and innovation where our staff feel empowered to identify and implement improvements that will reduce variations experienced by patients and improving outcomes or experience.
•We will deliver safe care through learning from both where things go wrong and where they go well, maximising learning across EMAS and with partner organisations.
•We will maximise productivity opportunities to make the best use of NHS resources. A focus on quality of care and a well engaged and happy workforce will enable more efficient use of our resources ensuring better outcomes for more patients

KPI Number	KPI	KPI Committee	Expected Standards	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Variation against target	24/25 YTD	Variation against target YTD	General Trend	Data Quality	Source	Data Owner	Responsible Committee Risk
4.1	% of prolonged waits (C2)	Finance and Performance Committee	No target	14%	16%	18%	16%	12%	21%	35%	33%	40%				No target	23%	No target	Some variation but relatively stable.		A&E CAD	PMIT	
4.2	IR1s Received		No target	769	907	928	899	871	831	932	866					No target	7003	No target	Some variation but relatively stable.		Ulysses/ A&E CAD	Quality & PMIT	
4.3	IR1 Patient Safety Incident		No target	194	239	238	227	218	229	343	310					No target	1998	No target	Generally increasing trend since the start of the year.		Ulysses/ A&E CAD		
4.4	Patient Safety Incident Investigation (PSII) submitted with 72 hours		No target	5	2	4	1	2	0	2	2					No target	18	No target	Some variation but relatively stable.				Quality and Governance Committee
4.5	Number of contacts through Duty of Candor (aligned to regulation 20)	Quality and Governance Committee	No target	3	3	4	2	0	1	2	3					No target	18	No target	Stable			Quality	
4.6	PSII – Patient Safety Incident Investigation		No target	5	2	4	1	2	0	2	2					No target	18	No target	Stable		Ulysses		
4.7	AAR – After Action Review		No target	4	2	1	2	1	2	1	0					No target	13	No target	Stable				
4.8	MCSS - Minimum Care Safety Standards		No target	183	208	195	214	148	214	344	426					No target	1932	No target	Stable				
4.9	Stemi Care Bundle		No national targets set for the Ambulance Clinical Quality indicators as the measures focus on quality improvement. If local targets are agreed and set they will be added once available.	77.1%	87.8%	86.7%	85.2%	78.0%	83.6%	N/A						No target	83.1%	N/A	As further months are added there will be fluctuation within the clinical metrics, where the fluctuation is close to or outside the statistical bounds these will be highlighted, fluctuation will be evident due to the relatively low number of cases which are within each cohort of patients.	High data quality - internal data assurance processes, and measured in line with national guidance.	Ambulance Clinical Quality Indicators	Clinical Audit and Research	Quality and Governance Committee
4.10	Survival to 30 days			7.6%	7.3%	9.0%	9.4%	8.4%	11.5%	6.6%							8.5%						
4.11	Utstein Survival to 30 days	Quality and Governance Committee		39.4%	25.0%	30.0%	24.4%	29.6%	35.0%	17.3%						No target	28.7%						
4.12	ROSC at Hospital			28.8%	23.4%	28.2%	23.8%	29.6%	23.9%	29.1%							26.7%						
4.13	Utstein ROSC at Hospital			51.4%	50.0%	56.3%	44.4%	54.6%	62.8%	55.8%							53.6%						
4.14	Resuscitation Bundle			93.5%	97.2%	93.2%	93.5%	96.2%	92.5%	92.3%							94.1%						
4.15	Statutory and Mandatory Training Frontline (Rolling)	Workforce Committee	95.0%	82.1%	84.7%	84.8%	84.8%	86.0%	86.6%	86.8%	86.9%						85.3%	-9.7%	Some variation but relatively stable. Below target		From internal Totora system	Workforce	
4.16	Statutory and Mandatory Training Non Frontline (Rolling)		95.0%	82.7%	63.77%	62.8%	61.9%	60.4%	60.2%	61.1%	61.8%						64.4%	-30.6%	Some variation but relatively stable. Below target			Workforce	

Ambition 5: We will work in partnership to reduce health inequalities and improve the health and wellbeing of our population and ensure sustainability.
Strategic Objectives:
•We will promote an organisational culture that champions reducing health inequalities and preventative healthcare as core business.
•We will work in partnership with our local health and care systems to better understand the needs of our communities through improved engagement, in-sight and patient experience.
•We will develop our role as an anchor institution working in partnership to support broader social and economic development.
•We will become net zero by 2040 by educating and informing our staff and reducing the carbon footprint of our estates and vehicles.

KPI Number	KPI	KPI Committee	Expected Standards	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Variation against target	24/25 YTD	Variation against target YTD	General Information	Data Quality	Source	Data Owner	Responsible Committee Risk
5.1	Carbon Footprint in tCO2e	Finance and Performance Committee	Actual	959	1037	894	1011	867	875	1049	996					78	7688	-444	Change largely driven by increased fleet diesel consumption, this is partially offset by reduced gas use.		Carbon Footprint Calculator	Sustainabilty Team	Finance and Performance Committee
			Average daily	32	33	30	33	28	29	34	33					No target	32	No target					
			Expected Standard	1057	1022	991	980	981	997	1030	1074					N/A	8132	N/A					
5.2	AACE Health inequalities self assessment score	Workforce Committee	No target						Not currently available														