

# Integrated Performance Report

Jan-25



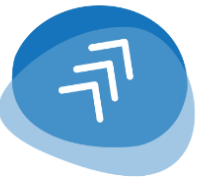
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## Chief Executive Summary

Our patients

Our people

Our partners

Our  
performance

Performance across all domains remains challenging with the aim to deliver balance between quality, performance and finance.

Key priorities are reduction in Length of Stay and reduction in short term sickness. Both are drivers for poor patient experience, performance and financial overspend.

Positive areas to note are continuous improvement in cancer metrics and exit from NHSE tiering for cancer, our mandatory training compliance and our inpatient satisfaction scores.

As the Norfolk and Waveney system has been included in the NHSE interrogation and intervention regime a financial turnaround team has commenced working with the trust to explore further opportunities to improve the financial position for 2024/25 and deliver a balanced position in 2025/26.

## 2024/25 Priorities

Jan-25



Quality and Safety			
Metric	Target	Actual	Perf
SHMI	1.13	1.14	✗
SSNAP	80	66	✗
12 Hour Mental Health in ED	20	38	✗
Complaints Received	16	9	✓
Complaints Responded to In 60 Days	100.0%	11.05%	✗
Inpatient Satisfaction	95.0%	98.51%	✓
VTE	95.0%	96.16%	✓
MRSA	0	1	✗
CDiff	3	2	✓
Gram-Negative	2	6	✗
Falls With Harm per 1000 Bed Days	0.130	0.192	✗
Registered Nurse and HCA Fill Rate	90.0%	83.11%	✗
Midwifery Fill Rate	90.0%	76.93%	✗
Still Birth Rate	3.5%	0.00%	✓
Preterm Birth Rate	6.0%	5.80%	✓

Operational Performance			
Metric	Target	Actual	Perf
104+ Week Waits	0	0	✓
78+ Week Waits	0	11	✗
65+ Week Waits	0	180	✗
6 Week Diagnostics	90.5%	66.40%	✗
28 Day Faster Diagnosis	75.0%	77.88%	✓
Cancer 62 Day Treatment	70.0%	78.43%	✓
Cancer 62 Day Backlog	47	84	✗
First and Procedure Outpatients	46.0%	45.30%	✗
DNA Rate	5.0%	7.99%	✗
ED 4 Hour Performance	78.0%	61.76%	✗
Ambulance Handovers Over 30 Minutes	0	1,004	✗
ED 12 Hours in Department	0	751	✗
Non Elective LoS	8.00	12.24	✗
Non Criteria to Reside	80	134	✗

People and Culture			
Metric	Target	Actual	Perf
Sickness Rate	4.6%	6.12%	✗
Leaver Rate	10.0%	6.43%	✓
Implied Productivity	15.80	13.53	✗
Mandatory Training	90.0%	93.06%	✓
Non Medical Appraisal	90.0%	82.52%	✗

Finance			
Metric	Target	Actual	Perf
ERF Performance £000	0	-1,289	✗
Agency Expenditure £000	477	538	✗
Pay Per Unit of Activity	261	349	✗
Non Pay Per Unit of Activity	117	172	✗
Efficiency Plan £000	0	-1,366	✗
Better Payment Practice	95.0%	83.10%	✗
Financial Productivity	423	403	✓



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## Quality and Safety



**Mortality** : remains overall within as “expected range”. Secondary malignancies remains ‘HIGHER THAN EXPECTED’. Multiple aspects of this have been reviewed with an association being found between the types of cancers and performance issues in these areas (lung, GI, gynae).

**Stroke Metrics (SSNAP)** : Stroke metrics are not incorporated within this month's quality and safety report, as October 2024 is the first period of the new national dataset for the SSNAP audit. The previous 10 domains, will be reducing to 7 but with an increased dataset overall.

**12 hour Mental Health in ED** :We exceeded the threshold for long waits for Mental Health patients waiting over 12 hours. Delays in mental health beds and assessments were the continued themes

**Inpatient satisfaction**: We did not meet our response to complaints within 60 days for both complex and non-complex complaints. There is partial achievement of the recovery with completed or in final draft by the end of December 2025, Detailed updated reporting to HMG and PSQ.

**Venous Thromboembolism (VTE)**: remaining in normal variation

**Infection Prevention and Control** : An MRSA Bacteraemia case is the first since the end of January 2023

There were a total of 2 Cdiff Toxin cases for December. These were 2 HOHA cases.

Gram Negative we remain below in month threshold and under the year to date threshold

**Patient Safety Metrics** : Most categories are showing normal variation.

Hospital Acquired Pressure Ulcers per 1000 bed days are demonstrating an improving picture.

Falls per 1000 bed days is showing continued improvement this month, however increase in harms resulting from a fall. Reporting incidences remains below the mean for a second month, impacts due to escalation and Critical incident resulting in staff not having time to report.

However there is an upward trend of increasing incidents per 1000 bed days which will require monitoring

**Maternity Fill Rate** : 76.9% actual vs planned fill rate which is below mean but within normal variation and has remained for around the past 11 months, but is on a downward trend. Short term sickness and maternity leave are main drivers for this and we are unable to cover maternity leave which then relies on Bank and limited agency.

**Registered Nurse Fill Rate**: 83.11% actual vs planned fill rate which is below mean but within normal variation, this too is driven by short term sickness, maternity leave not covered and staff not picking up additional shifts due to loss of enhancements, secondary to financial controls.

**Still Birth Rate** ; there has been 4 cases, year to date

**Preterm Birth Rate** ; rate remains around the mean and within normal variation limits

Metric	Period	Target	Actual	Compliance	Variation	Assurance
SHMI	Aug-24	1.13	1.14	✗	🔥	?
SSNAP	Sep-24	80	66	✗	📉	?
12 Hour Mental Health in ED	Jan-25	20	38	✗	📉	?
Complaints Received	Jan-25	16	9	✓	📉	?
Complaints Responded to In 60 Days	Jan-25	100.0%	11.05%	✗	📉	?
Inpatient Satisfaction	Jan-25	95.0%	98.51%	✓	📉	Ⓟ
VTE	Jan-25	95.0%	96.16%	✓	📉	?
MRSA	Jan-25	0	1	✗	🔥	?
CDiff	Jan-25	3	2	✓	📉	?
Gram-Negative	Jan-25	2	6	✗	📉	?
Falls With Harm per 1000 Bed Days	Jan-25	0.130	0.192	✗	📉	?
Registered Nurse and HCA Fill Rate	Jan-25	90.0%	83.11%	✗	🔥	?
Midwifery Fill Rate	Jan-25	90.0%	76.93%	✗	🔥	?
Still Birth Rate	Jan-25	3.5%	0.00%	✓	📉	?
Preterm Birth Rate	Jan-25	6.0%	5.80%	✓	📉	?

Care Quality  
Commission  
James Paget Hospital  
Last rated  
31 May 2023



	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people & care)	Good	Good	Good	Good	Good	Good
Services for children & young people	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Maternity	Good	Good	Good	Good	Good	Good
Outpatients	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Support and emergency services	Good	Good	Good	Good	Good	Good



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## Operational Performance



January saw a further deterioration across performance metrics, primarily driven by significant operational pressures across the UEC portfolio. High levels of elective cancellations has exacerbated the risks to elective recovery with a further deteriorating 65 week position. Unfortunately the 65 ww position reversed in month with January showing a slight increase on the December reported number.

Whilst we received notification that we will de-escalate to Tier 2 for diagnostics and elective, there remain concerns around delivery, especially our rates of booking. UEC metrics continue to be challenging to improve and Length of Stay remains a Trust area of focus, whether that be to reduce NCTR patients, focus on handovers. A trajectory for the improvement of NCTR will be included in the papers for March F&PC

The period towards the end of December and into January was incredibly challenged with the East of England Region declaring a Level 3 Incident on 31 December 2024.

At the start of January we surged into 67 escalation beds and at the time of writing, we have been unable to deescalate from Ward 22 which had been ringfenced for the schemes in our seasonal resilience plan.

### Plans for February

- Completion of booking for all February and March 65 ww cohort patients by 21/02/2025
- Refocus teams on elective recovery and elimination of long waiters
- Completion of a Criteria to Admit audit by RiO team
- Hold a MADE prior to half term to focus on discharges
- De-escalation from surge capacity and getting right patients in the right places
- Reinvigorate the implementation of our seasonal resilience plan
- Planning for 25/26

Our Cancer Performance remains strong and we have been removed from the Tiering regime for Cancer altogether.

Metric	Period	Target	Actual	Compliance	Variation	Assurance
104+ Week Waits	Jan-25	0	0	✓		
78+ Week Waits	Jan-25	0	11	✗		
65+ Week Waits	Jan-25	0	180	✗		
6 Week Diagnostics	Jan-25	90.5%	66.40%	✗		
28 Day Faster Diagnosis	Dec-24	75.0%	77.88%	✓		
Cancer 62 Day Treatment	Dec-24	70.0%	78.43%	✓		
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NHS England  
Operational  
Performance  
Tiering

Tier 1

Tier 2

Diagnostics

RTT

UEC

Tier 3

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## People and Culture



**Sickness** – Deteriorating trend, well above (negatively) the target and Norfolk and Waveney NHS average and impacting temporary staffing demand and cost. Improvement seen in long term sickness but increases over the last three months in short term, largely driven by seasonal illness. Working Group in place to oversee reduction plans.

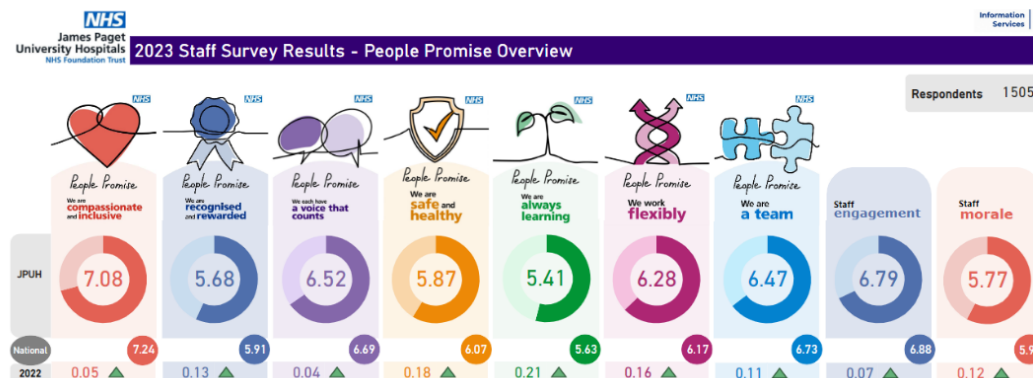
**Leavers** – Continuing positive retention performance, better than regional and national averages.

**Implied Productivity** – Slight improvement in last month, although below target. Work to improve productivity is being overseen by the Financial Recovery Group.

**Mandatory Training** – Performance remains above target and regional and national averages, although variation by subject, which is being monitored by the Education, Training and Development Steering Group.

**Non-Medical Appraisal** – Performance continues to be below target but is on an improving trend across all divisions. An improvement plan is in place.

Metric	Period	Target	Actual	Compliance	Variation	Assurance
Sickness Rate	Jan-25	4.6%	6.12%	✗	H	F
Leaver Rate	Jan-25	10.0%	6.43%	✓	L	?
Implied Productivity	Jan-25	15.80	13.53	✗	L	?
Mandatory Training	Jan-25	90.0%	93.06%	✓	H	?
Non Medical Appraisal	Jan-25	90.0%	82.52%	✗	H	?



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## Finance



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**I&E Deficit** The 24/25 financial plan was a £13.4m deficit. However, deficit funding of £12.3m was allocated to the JPUH, giving the Trust a revised annual plan of £1.1m deficit. £11.2m of this additional funding was added into the plan and actual income as at month 10. The chart opposite shows the original plan and performance excluding this additional deficit funding, to enable performance to be compared month on month. The Trust's YTD performance at month 10 is £7.8m negative variance to plan. The implementation of temporary pay controls improved the financial performance from month 4 to 7, however pressures have deteriorated the position in months 8, 9 and 10.

**Forecast Outturn (FOT)** is for an £8.9m deficit, £7.8m adverse variance to plan. The Board of Directors has approved this by following the NHSE FOT change protocol, which included very robust challenge and a commitment to pursue every opportunity to minimise the its deficit. the key drivers for the forecast deficit are set out in the table.

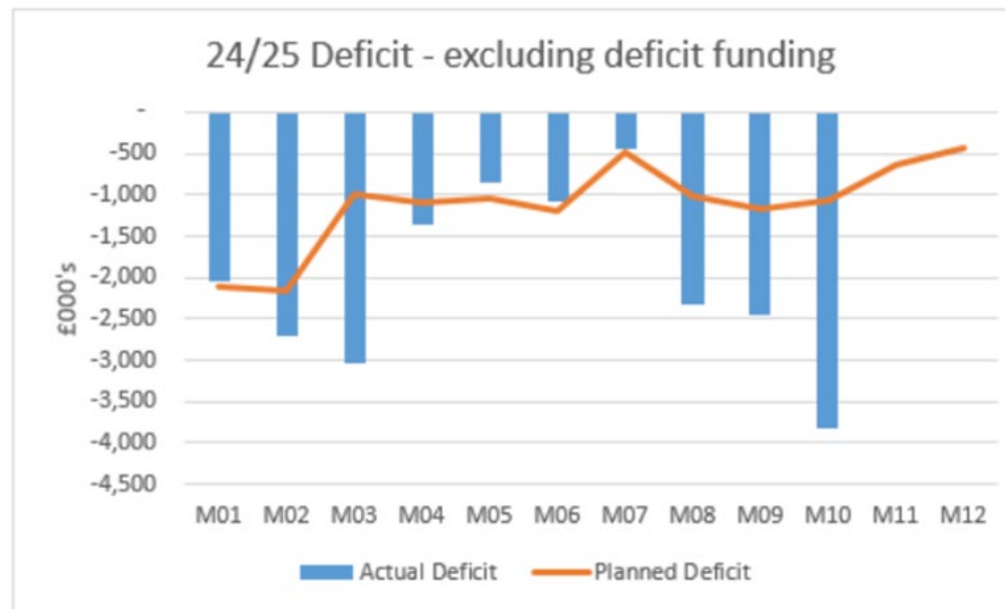
Risks and Forecast outturn - Year ended 31 March 2025			
Risk Area	Current Risk to Forecast Outturn £m	Risk held outside of Forecast outturn position	Reported Forecast outturn position £m
Inflation Costs	1.4	0.0	1.4
Savings	1.6	0.0	1.6
Operational pressures	0.9	0.0	0.9
Industrial Action	0.7	0.0	0.7
Elective hub	2.5	0.0	2.5
Band 2 to 3 HCA review	1.1	0.3	0.8
50% of system financial improvement	0.0	0.0	0.0
<b>Total</b>	<b>8.1</b>	<b>0.3</b>	<b>7.8</b>

**Efficiencies** are £1.5m behind plan YTD, and FOT of £20.8m, £1.6m behind plan. The key driver is temporary pay cost reductions below plan.

**ERF income** earned is £9.0m above the 109% target, but is £2.3m behind the financial plan.

**Agency costs** are £2.6m above plan YTD, although expenditure has reduced each month since May 2024 through financial recovery actions.

Metric	Period	Target	Actual	Compliance	Variation	Assurance
ERF Performance £000	Jan-25	0	-1,289	⊗	📉	?
Agency Expenditure £000	Jan-25	477	538	⊗	📉	?
Pay Per Unit of Activity	Jan-25	261	349	⊗	📉	F
Non Pay Per Unit of Activity	Jan-25	117	172	⊗	📉	F
Efficiency Plan £000	Jan-25	0	-1,366	⊗	📉	?
Better Payment Practice	Jan-25	95.0%	83.10%	⊗	📉	?
Financial Productivity	Jan-25	423	403	✓	📈	?





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## Benchmarking - Planned Care and UEC

■ Better than National
 ■ Worse than National
 | Trust
 | Regional Avg
 | National Avg

Metric	Date	Trust Performance	Region Performance	Regional Average	Regional Rank	National Performance	National Average	National Rank	Performance Summary
ED 4 Hour Performance	Dec-24	62.1%	68.4%	69.0%	10/14	69.6%	71.5%	115/141	47.1%  100.0%
ED 4 Hour Performance - Type 1	Dec-24	54.2%	53.6%	52.6%	5/13	55.3%	55.0%	67/122	35.7%  88.1%
RTT Performance	Dec-24	54.7%	53.4%	53.6%	6/13	58.0%	62.4%	116/155	.9%  100.0%
PTL Size	Dec-24	31,669	846,740	65,134	2/13	7,076,011	45,652	56/155	38  199,425
52+ Wks	Dec-24	1,474	32,444	2,496	5/13	195,762	1,263	105/155	0  9,091
78+ Wks	Dec-24	9	131	10	9/13	1,861	12	119/155	0  633
DM01 Performance	Dec-24	30.6%	36.1%	37.6%	6/14	23.2%	20.8%	120/156	.0%  85.7%
104+ Wks	Dec-24	0	3	0	1/13	42	0	1/155	0  7

Benchmarking data displayed above is presented in both numerical and graphical format - the performance summary visualisation shows where current Trust performance is in relation to regional and national performance on each metric. Vertical lines represent the current JPUH performance and the national and regional averages for the metric. The horizontal bar is coloured based on where the Trust is in relation to the national averages. A rank of 1 indicates the Trust is performing better or equal than all other organisations.

A blue horizontal bar indicates that the Trust is performing worse than average national performance

Vertical lines show Trust, regional and national average performance

If the horizontal bar is green this indicates that the Trust is performing better than the average national performance





## Chief Executive Summary

### Quality and Safety

**SHMI** - Summary Hospital Mortality Indicator

**SSNAP** - Sentinel Stroke National Audit Programme

**MRSA** - Methicillin-resistant Staphylococcus aureus

**CDIFF** - Clostridium difficile

### Operational

**RTT** - Referral to Treatment

**ED** - Emergency Department (also referred to as Accident and Emergency)







### Finance

**CIP** - Cost Improvement Programme

**ERF** - Elective Recovery Fund

**YTD** - Year to date

### SPC Icons

Variation			Assurance		
					
Common Cause - no significant variation	Special Cause of concerning nature due to (H)igher or (L)ower values	Special Cause of improving nature due to (H)igher or (L)ower values	Variation indicates inconsistently passing/failing target	Variation indicates consistently passing target	Variation indicates consistently failing target



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