

Integrated Performance Report

May-25



OUR
PATIENTS



OUR
PEOPLE



OUR
PARTNERS



OUR
PERFORMANCE

Managing Director's Summary

2025/26 Priorities

May - 25



Our patients

Our people

Our partners

Our performance

Mortality remains within the expected range. The new stroke metrics (SSNAP) are not yet available. Long waits for patients with mental health needs continue to exceed the expected level, with the majority due to delays in assessments and availability of mental health beds. A higher number of complaints were received in month and our 60-day response has deteriorated. Patient satisfaction remains high. Infection prevention and control metrics remain broadly compliant.

Modest improvement in operational performance continued, particularly in Ambulance offload delays, averaging 35 minutes, and in 4h and 12h waits in our emergency department. The reduction in the number of patients with no criteria to reside has been maintained, while non-elective length of stay has increased. The number of patients waiting over 65wks for planned care has increased slightly and is an area of particular focus. The proportion of patients waiting 18 weeks and over 52 weeks continues to be ahead of plan. 62-day Cancer performance is above the standard.

Long-term sickness absence has improved slightly bringing the in-month sickness rate to 5.4%. The annualised sickness absence continues to be above target at 6%. Mandatory training remains compliant at 93%. Overall appraisal rates for non-medical staff remain static at 77%.

Agency expenditure remains below plan. Cost improvement (CIP) is ahead of plan. The ERF performance is behind plan and recovery actions are now underway.

Work has commenced on our new same-day emergency care centre (SDEC) which will provide improved care pathways for patients needing urgent care from the autumn.

Quality and Safety



Metric	Target	Actual	Perf
SHMI	1.16	1.16	✓
SSNAP	80	66	✗
12 Hour Mental Health in ED	20	31	✗
Complaints Received	16	18	✗
Complaints Responded to In 60 Days	100.0%	8.30%	✗
Inpatient Satisfaction	95.0%	97.60%	✓
VTE	95.0%	95.38%	✓
MRSA	0	0	✓
CDiff	3	3	✓
Gram-Negative	2	4	✗
Falls With Harm per 1000 Bed Days	0.130	0.135	✗
Registered Nurse and HCA Fill Rate	90.0%	85.30%	✗
Midwifery Fill Rate	90.0%	86.99%	✗
Still Birth Rate	3.5%	0.00%	✓
Preterm Birth Rate	6.0%	10.69%	✗

Operational Performance



Metric	Target	Actual	Perf
RTT Incomplete Within 18 weeks	51.2%	52.92%	✓
Incomplete PTL Size	34,402	34,816	✗
65+ Week Waits	0	215	✗
52+ Week Percentage of PTL	5.3%	5.72%	✗
First Attendance Within 18 Weeks	64.9%	60.62%	✗
6 Week Diagnostics	90.5%	68.84%	✗
28 Day Faster Diagnosis	75.0%	74.71%	✗
Cancer 62 Day Treatment	70.0%	72.08%	✓
Cancer 62 Day Backlog	47	78	✗
ED 4 Hour Performance	78.0%	67.81%	✗
Ambulance Handovers Over 30 Minutes	0	537	✗
ED 12 Hours in Department	0	503	✗
Non Elective LoS	8.00	12.09	✗
Non Criteria to Reside	80	115	✗

People and Culture



Metric	Target	Actual	Perf
Sickness Rate	4.6%	5.99%	✗
Leaver Rate	10.0%	6.03%	✓
Implied Productivity	15.80	11.51	✗
Mandatory Training	90.0%	93.10%	✓
Non Medical Appraisal	90.0%	77.31%	✗

Finance



Metric	Target	Actual	Perf
ERF Performance £000	0	-1,109	✗
Agency Expenditure £000	528	488	✓
Pay Per Unit of Activity	261	365	✗
Non Pay Per Unit of Activity	117	188	✗
Efficiency Plan £000	0	466	✓
Better Payment Practice	95.0%	89.98%	✗
Financial Productivity	423	513	✗



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Quality and Safety



Mortality : Summary Hospital Mortality Indicator (SHMI) death rate has increased this month as predicted although remains within as “expected range” and consequently continues to meet the metric target.

Stroke Metrics (SSNAP): Availability of confirmed and validated data for stroke metrics continues to be on hold whilst the new national dataset for SSNAP updates are being finalised and published. The grades for January to March 2025 have been received and are currently being reviewed by the specialty.

12-hour Mental Health in ED: Despite a small decrease in the number of patients in Ed over 12 hours we exceeded the threshold for long waits for Mental Health patients waiting over 12 hours. The main contributory factor continues to be delays in mental health beds and assessments were the continued themes.

Inpatient satisfaction: All new complaints were acknowledged within 3 days however we did not meet our response to complaints within 60 days for both complex and 45 days non-complex complaints. There was a higher-than-expected deterioration in the compliance levels achieved this month and a recovery plan is in development. The patient satisfaction target was achieved and remains high scoring.

Venous Thromboembolism (VTE): VTE risk assessment compliance has been maintained with some improvement noted. There were zero Hospital Associated Thrombosis recorded this month.

Infection Prevention and Control: There were zero MRSA Bacteraemia cases this month. There were 3 C-Diff cases of which two were HOHA and one COHA. Gram Negative infection rates failed to meet the target however overall remain in a good position. Notification of the 25/26 thresholds for the reportable C Diff and gram-negative rates has been received and generally align with the 24/25 targets.

Patient Safety Metrics: Most categories are showing normal variation. Hospital Acquired Pressure Ulcers per 1000 bed days has increased, however validation is not yet complete, and it is anticipated to change this position as overall incidences has reduced. Falls with harm per 1000 bed days show a negligible increase this month however there was an increase in actual falls incidences. Overall QSAFE incident reporting has reduced however remains in normal variation. This will be monitored to ensure, and reporting patterns remain within expected range for a good reporting culture.

Registered Nurse Shift Fill: The combined registered nurse and HCA shift fill did not meet the target and was 85.3% combined. Registered nurse fill specifically was 80.13% average across days and nights. This is a consistent position and is driven by short term sickness, maternity leave not covered and staff not picking up additional shifts. Vacancy levels are starting to observe a change with increases noted across the inpatient wards.

Maternity Shift Fill: Although the target was not reached there was an increase in midwifery shift fill this month. The pause in the Continuity of Carer model has had a positive influence as has a reduction in sickness levels.

Still Birth Rate: This metric was met with zero still births this month and one year to date.

Preterm Birth Rate: there were fourteen preterm cases in May, remaining within normal variation limits but above the target % rate.

Metric	Period	Target	Actual	Compliance	Variation	Assurance
SHMI	Dec-24	1.16	1.16	✓	⚠	?
SSNAP	Sep-24	80	66	✗	⚠	?
12 Hour Mental Health in ED	May-25	20	31	✗	⚠	?
Complaints Received	May-25	16	18	✗	⚠	?
Complaints Responded to In 60 Days	May-25	100.0%	8.30%	✗	⚠	?
Inpatient Satisfaction	May-25	95.0%	97.60%	✓	⚠	Ⓟ
VTE	May-25	95.0%	95.38%	✓	⚠	?
MRSA	May-25	0	0	✓	⚠	Ⓟ
CDiff	May-25	3	3	✓	⚠	?
Gram-Negative	May-25	2	4	✗	⚠	?
Falls With Harm per 1000 Bed Days	May-25	0.130	0.135	✗	⚠	?
Registered Nurse and HCA Fill Rate	May-25	90.0%	85.30%	✗	⚠	?
Midwifery Fill Rate	May-25	90.0%	86.99%	✗	⚠	?
Still Birth Rate	May-25	3.5%	0.00%	✓	⚠	?
Preterm Birth Rate	May-25	6.0%	10.69%	✗	⚠	?

CareQuality Commission
James Paget University Hospitals NHS Foundation Trust
Last rated 31 May 2023

James Paget Hospital

Overall rating: **Good**

Also includes: **Good**

Safe? **Good**
Effective? **Good**
Caring? **Good**
Responsive? **Good**
Well-led? **Good**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including acute mental health)	Good	Good	Good	Good	Good	Good
Services for children & young people	Good	Good	Good	Good	Good	Good
Continence 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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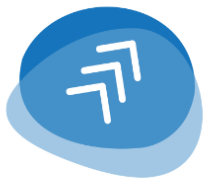


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Operational Performance



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May saw a continuation of marginal improvement in performance across some metrics although performance remains inconsistent across the portfolio. It is pleasing to note continued improvement in ambulance offload times which saw an average handover time of 35 minutes despite still having a lot of work to do to achieve our ambitions of more timely offloads. Our 4 hour ED performance, whilst some way from the 78% standard, is showing improvement and is in line with our month on month plan submission.

Progress on Length of Stay is stagnant and remains an area of focus. NCTR has stabilised at a much lower number than had been seen in previous months.

There remains significant regional and national interest in our plans to clear our 65 ww cohort. The Trust has the second highest number of patients waiting in excess of 65 weeks in the East of England. Additionality approved by HMG on 13 May 2025 is now in place and day to day operational challenges continued to be managed. The risk for 30 June is in the range of 90-200 patients. The following grip and control measures are in place:

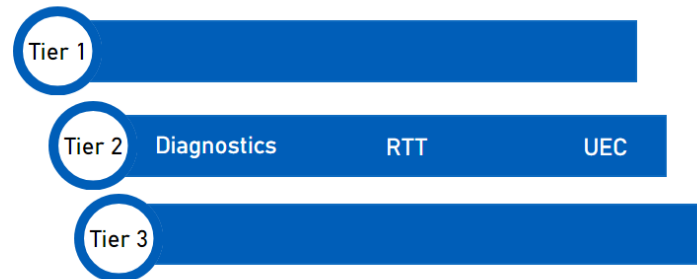
- Daily meetings with senior operational 'buddy' support for each DOM in Division of Surgery.
- Mid-week mandatory Long Waiter Review meetings held with DOMs & BSMs
- Divisional IAP Delivery meetings held every Wednesday.
- Division of Surgery three weekly 78/65ww meetings.
- Weekend working for Urology to provide super weekends to reduce backlog of NEW OPAs.

Plans for June

- Continued teams on elective recovery and elimination of long waiters coupled with an improvement of the 18 week position
- Working with Productive Partners on our Outpatient Transformation Programme
- Working with Productive Partners to rebase our IAP to deliver the constitutional standards and financial plan
- Validation Sprint planning for Q2

Metric	Period	Target	Actual	Compliance	Variation	Assurance
RTT Incomplete Within 18 weeks	May-25	51.2%	52.92%	✓		
Incomplete PTL Size	May-25	34,402	34,816	✗		
65+ Week Waits	May-25	0	215	✗		
52+ Week Percentage of PTL	May-25	5.3%	5.72%	✗		
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ED 12 Hours in Department	May-25	0	503	✗		
Non Elective LoS	May-25	8.00	12.09	✗		
Non Criteria to Reside	May-25	80	115	✗		

NHS England Operational Performance Tiering



Tier 1

Tier 2

Diagnostics

RTT

UEC

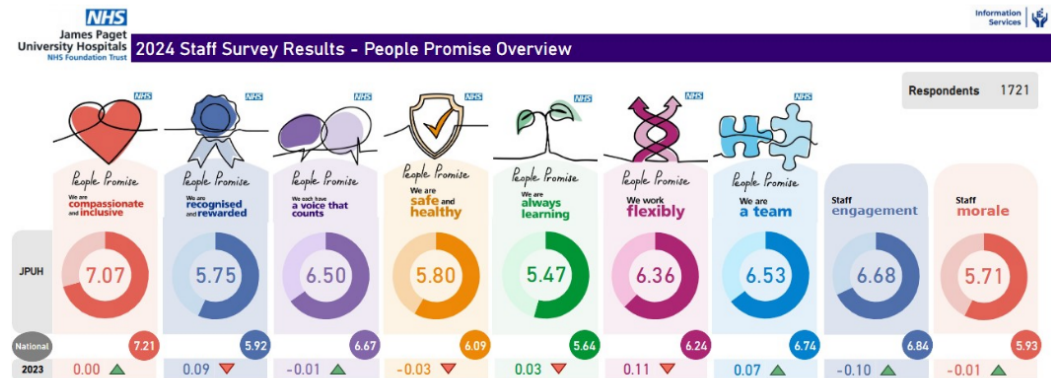
Tier 3

People and Culture



- Annualised **sickness absence**, a driver for temporary staffing demand, continues to show a deteriorating trend at 6.0%, although the monthly rate has improved to 5.4%, largely driven by an improvement in long term sickness. Short term sickness remains a challenge. A Sickness Improvement Delivery Group is overseeing the implementation of plans which includes a revised policy, manager training and improved focus on consistent management of absence.
- Retention** performance remains strong, but our low voluntary turnover rate of 3.6% is a challenge given the need to reduce workforce growth, with admin and clerical turnover being at its lowest in 18 months. Low turnover may also be impacting sickness rates.
- Implied Productivity** is below target at 11.5%, with no common cause variation. Work to improve productivity is being overseen by the Financial Intervention Programme Board, however, there has been no notable change since this metric was introduced but work being implemented to reduce temporary staffing reliance should start to have an impact.
- Overall **mandatory training** performance remains above target at 93.1% but with variation by subject, particularly in relation to face-to-face training which is impacted by 'do not attends', due to inability to release staffing due to staffing pressures, including sickness. Addressing this issue therefore has wider benefits.
- Appraisal** performance continues to be well below target at 77.3%, and has deteriorated over the last five months, in part impacted by manager capacity with a focus on financial efficiency priorities. The appraisal improvement plan has not had the desired impact and therefore firmer scrutiny on plans to reach target are being picked up through Divisional Performance Meetings and through Executive Team Meetings for Corporate areas.

Metric	Period	Target	Actual	Compliance	Variation	Assurance
Sickness Rate	May-25	4.6%	5.99%	⊗	⚠	⚠
Leaver Rate	May-25	10.0%	6.03%	✓	📉	?
Implied Productivity	May-25	15.80	11.51	⊗	📉	?
Mandatory Training	May-25	90.0%	93.10%	✓	📈	📈
Non Medical Appraisal	May-25	90.0%	77.31%	⊗	📉	?



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Finance



I&E Deficit

The 25/26 financial plan for a breakeven position includes £19m of deficit funding, which is being received each month, in equal 12's. Receipt of this income is dependent on the Trust delivering to the plan.

The bottom right graph shows planned phasing of the deficit for the year including deficits in some months and surpluses in others. This phasing is impacted by some non-recurrent spend (most notably, the cost of achieving the required reductions to the non-clinical workforce, in Q4) as well as the phasing of ERF income across the year. The gradually reducing deficit reflects the CIP delivery plan being slightly higher towards the back end of the year.

The YTD plan for month 2 was a £2.18m deficit while actual achievement was a £2.74m deficit, a £0.56m negative variance to plan. The driver of the variance is ERF income which is £2.1m behind plan. This is caused by under-utilised weekday capacity, OEH benefits not being fully realised, and productivity improvements not being delivered in accordance with the plan.

The in-month improvement is partly owing to achievement of efficiencies alongside underspends seen in both pay and non-pay.

Efficiencies

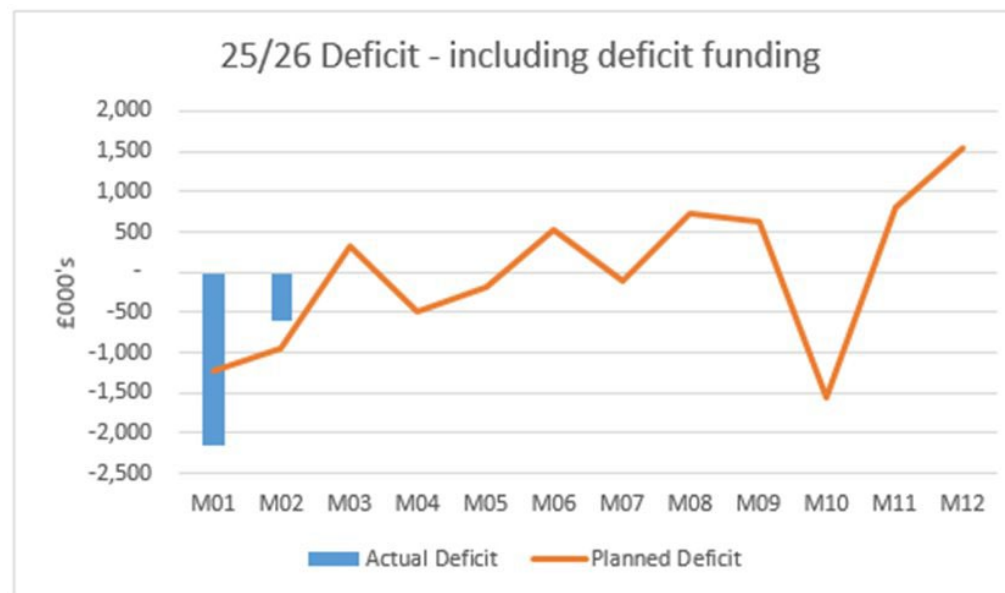
Efficiencies for month 2 are £2.3m against a target of £1.8m meaning an overachievement in-month of £0.5m. The 25/26 plan for efficiencies is £25.9m, of which £10.4m was planned as non-recurrent and the remaining £15.5m as recurrent.

Efficiencies YTD are now only £0.3m behind the plan of £3.6m due to a catch up on recognition of savings in month 2.

Agency

Agency spend was below the plan with £0.93m spend against a plan of £1.09m

Metric	Period	Target	Actual	Compliance	Variation	Assurance
ERF Performance £000	May-25	0	-1,109	⊗	📉	?
Agency Expenditure £000	May-25	528	488	✅	📈	?
Pay Per Unit of Activity	May-25	261	365	⊗	📉	F
Non Pay Per Unit of Activity	May-25	117	188	⊗	📉	F
Efficiency Plan £000	May-25	0	466	✅	📈	?
Better Payment Practice	May-25	95.0%	89.98%	⊗	📉	?
Financial Productivity	May-25	423	513	⊗	📉	?



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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	Apr-25	63.2%	73.8%	75.0%	13/14	73.5%	75.5%	125/141	47.0% 100.0%
ED 4 Hour Performance - Type 1	Apr-25	56.3%	61.5%	61.5%	11/13	60.2%	60.0%	79/121	39.4% 92.8%
RTT Performance	Apr-25	54.3%	53.4%	54.4%	7/13	58.8%	63.1%	123/152	.0% 99.9%
PTL Size	Apr-25	34,991	870,584	66,968	3/13	6,998,814	46,045	65/152	4 192,230
52+ Wks	Apr-25	1,720	35,857	2,758	6/13	186,464	1,227	114/152	0 10,948
78+ Wks	Apr-25	12	161	12	11/13	846	6	133/152	0 121
DM01 Performance	Apr-25	29.3%	30.1%	32.7%	7/14	21.9%	20.1%	124/156	.0% 98.3%
104+ Wks	Apr-25	1	1	0	13/13	31	0	139/152	0 14



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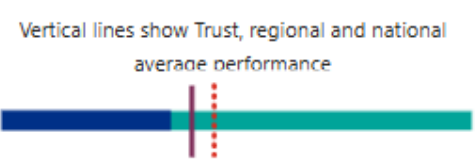
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Benchmarking data displayed above is presented in both numerical and graphical format - the performance summary visualisation shows where current Trust performance is in relation to regional and national performance on each metric. Vertical lines represent 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



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





Glossary

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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