

# Integrated Performance Report

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Mar-25



OUR  
PATIENTS



OUR  
PEOPLE



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## Chief Executive Summary

Our patients

Our people

Our partners

Our performance

**Performance:** March saw a deterioration across a number of performance metrics, primarily driven by significant operational pressures across the UEC portfolio. UEC metrics continue to be challenging. Length of Stay remains a Trust area of focus, including to reduce NCTR patients (continued to reduce throughout March and into April) & focus on ambulance handovers. Whilst we are in Tier 2 for diagnostics and elective, there remain concerns around delivery, especially our rates of booking. We report a slight recovery across Cancer metrics and a further reduction in long waiting patients with improvements in the 78 and 65 week position.

**Quality & Safety:** Mortality overall remains in the “expected range” and patient safety metrics are showing normal variation. We exceeded the threshold for long waits for Mental Health patients waiting over 12 hours with delays in mental health beds and assessments continued for the third month in a row. We did not meet our response to complaints within 60 days for both complex and non-complex complaints but the performance is improving.

**People and Culture:** Total annualised sickness absence, a driver for temporary staffing demand, continues to show a deteriorating trend at 6.1%, although the monthly rate has improved to 5.5% over the last 2 months, largely driven by an improvement in long term sickness. Mandatory training performance remains above target at 92.8%. Appraisal performance remains well below target at 78.4%, and has deteriorated over the last few months, an improvement plan is in place.

**Finance:** The 24/25 financial plan was a £13.4m deficit. After Deficit Funding etc. the Trust achieved a break-even position. Efficiencies ended the year £1.8m behind plan (mainly due to temporary pay cost reductions below plan.) ERF income earned is £10.2m above the 109% target, £4.3m behind the financial plan. Agency costs are £2.8m above plan YTD, 3.4% against the target of 3.2%.

## 2024/25 Priorities

Mar-25



### Quality and Safety



Metric	Target	Actual	Perf
SHMI	1.14	1.13	✓
SSNAP	80	66	✗
12 Hour Mental Health in ED	20	41	✗
Complaints Received	16	18	✗
Complaints Responded to In 60 Days	100.0%	75.00%	✗
Inpatient Satisfaction	95.0%	98.56%	✓
VTE	95.0%	97.24%	✓
MRSA	0	0	✓
CDiff	3	3	✓
Gram-Negative	2	3	✗
Falls With Harm per 1000 Bed Days	0.130	0.000	✓
Registered Nurse and HCA Fill Rate	90.0%	83.04%	✗
Midwifery Fill Rate	90.0%	75.53%	✗
Still Birth Rate	3.5%	0.00%	✓
Preterm Birth Rate	6.0%	6.40%	✗

### Operational Performance



Metric	Target	Actual	Perf
104+ Week Waits	0	0	✓
78+ Week Waits	0	6	✗
65+ Week Waits	0	117	✗
6 Week Diagnostics	90.5%	73.01%	✗
28 Day Faster Diagnosis	75.0%	74.74%	✗
Cancer 62 Day Treatment	70.0%	69.92%	✗
Cancer 62 Day Backlog	47	89	✗
First and Procedure Outpatients	46.0%	46.48%	✓
DNA Rate	5.0%	6.22%	✗
ED 4 Hour Performance	78.0%	63.36%	✗
Ambulance Handovers Over 30 Minutes	0	1,084	✗
ED 12 Hours in Department	0	785	✗
Non Elective LoS	8.00	11.54	✗
Non Criteria to Reside	80	133	✗

### People and Culture



Metric	Target	Actual	Perf
Sickness Rate	4.6%	6.07%	✗
Leaver Rate	10.0%	6.17%	✓
Implied Productivity	15.80	12.53	✗
Mandatory Training	90.0%	92.81%	✓
Non Medical Appraisal	90.0%	78.36%	✗

### Finance



Metric	Target	Actual	Perf
ERF Performance £000	0	-1,272	✗
Agency Expenditure £000	477	559	✗
Pay Per Unit of Activity	261	613	✗
Non Pay Per Unit of Activity	117	201	✗
Efficiency Plan £000	0	-101	✗
Better Payment Practice	95.0%	88.66%	✗
Financial Productivity	423	440	✗



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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. However using the old tool, we are scoring a C which is a deterioration.

**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 for the third month in a row

**Inpatient satisfaction**: We did not meet our response to complaints within 60 days for both complex and non-complex complaints. There is an improving picture with a 75% achievement this month. A Detailed updated reporting to HMG and PSQ continues. Patient satisfaction score was achieved.

**Venous Thromboembolism (VTE)**: remaining in normal variation and zero Hospital Associated Thrombosis

**Infection Prevention and Control** : Zero MRSA Bacteremia cases this month. There was 3 COHA C-Diff case. 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 third 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 has stabilised this month

**Maternity Fill Rate** : 75.53% actual vs planned fill rate which is below mean but with in normal variation and is a slight improvement. There has been a pause in the Continuity of Carer model due to staffing challenges and a review is underway. 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**: 83.04% actual vs planned fill rate which is below mean but with in normal variation but is continuing a downward trend, 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 with in normal variation limits

Metric	Period	Target	Actual	Compliance	Variation	Assurance
SHMI	Oct-24	1.14	1.13	✓	⚠	Ⓟ
SSNAP	Sep-24	80	66	✗	⚠	?
12 Hour Mental Health in ED	Mar-25	20	41	✗	⚠	?
Complaints Received	Mar-25	16	18	✗	⚠	Ⓟ
Complaints Responded to In 60 Days	Mar-25	100.0%	75.00%	✗	⚠	⚠
Inpatient Satisfaction	Mar-25	95.0%	98.56%	✓	⚠	Ⓟ
VTE	Mar-25	95.0%	97.24%	✓	⚠	?
MRSA	Mar-25	0	0	✓	⚠	Ⓟ
CDiff	Mar-25	3	3	✓	⚠	Ⓟ
Gram-Negative	Mar-25	2	3	✗	⚠	Ⓟ
Falls With Harm per 1000 Bed Days	Mar-25	0.130	0.000	✓	⚠	Ⓟ
Registered Nurse and HCA Fill Rate	Mar-25	90.0%	83.04%	✗	⚠	?
Midwifery Fill Rate	Mar-25	90.0%	75.53%	✗	⚠	?
Still Birth Rate	Mar-25	3.5%	0.00%	✓	⚠	Ⓟ
Preterm Birth Rate	Mar-25	6.0%	6.40%	✗	⚠	Ⓟ



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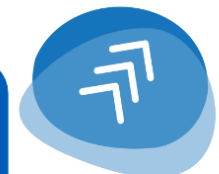


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# Operational Performance



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March saw a deterioration across a number of performance metrics, primarily driven by significant operational pressures across the UEC portfolio although noting a slight recovery across Cancer metrics and a further reduction in long waiting patients with improvements in the 78 and 65 week position.

Whilst we are in Tier 2 for diagnostics and elective, there remain concerns around delivery, especially our rates of booking. A new approach to planning has been enacted this year and this is the subject of the deep dive for Finance and Performance Committee in April 2025.

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. NCTR has continued to reduce throughout March and into April.

Increasing and more intense scrutiny is being applied across the UEC delivery portfolio. As previously reported, an NHSE chaired focused support session was held at the start of March 2025 with an aim to decompress the site and plan for additional actions to be taken to deliver the planning guidance. This has included the following:

- 46 additional discharges took place across the first two weeks of March into additional ICB commissioned capacity in the community.
- Continuing work to colocate Norfolk CC and Suffolk CC social workers on site to reduce the length of time for care act assessments to be undertaken and enhance team meeting. Office space in the process of being identified
- On site support from ECIST and NHSE commenced in w/c 7 April 2025
- Ongoing review of IDT and 7 day services across the Trust

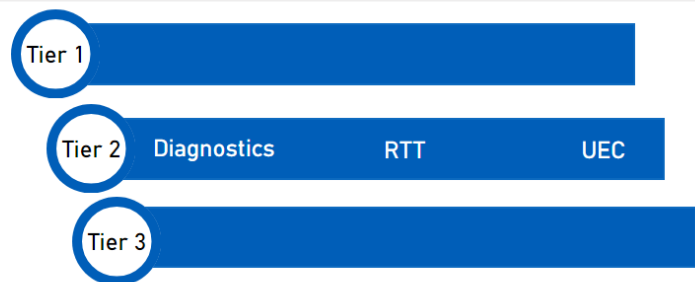
Ward 22 escalation was closed on 28<sup>th</sup> March and we are enacting service moves on site to accelerate SDEC pathway development in our existing footprint.

Plans for April

- Easter and May bank holiday plans approved by HMG
- Refocus teams on elective recovery and elimination of long waiters coupled with an improvement of the 18 week position

Metric	Period	Target	Actual	Compliance	Variation	Assurance
104+ Week Waits	Mar-25	0	0	✓		
78+ Week Waits	Mar-25	0	6	✗		
65+ Week Waits	Mar-25	0	117	✗		
6 Week Diagnostics	Mar-25	90.5%	73.01%	✗		
28 Day Faster Diagnosis	Feb-25	75.0%	74.74%	✗		
Cancer 62 Day Treatment	Feb-25	70.0%	69.92%	✗		
Cancer 62 Day Backlog	Feb-25	47	89	✗		
First and Procedure Outpatients	Mar-25	46.0%	46.48%	✓		
DNA Rate	Mar-25	5.0%	6.22%	✗		
ED 4 Hour Performance	Mar-25	78.0%	63.36%	✗		
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Non Elective LoS	Mar-25	8.00	11.54	✗		
Non Criteria to Reside	Mar-25	80	133	✗		

NHS England  
Operational  
Performance  
Tiering



Tier 1

Tier 2

Diagnostics

RTT

UEC

Tier 3

# People and Culture



- Total annualised **sickness absence**, a driver for temporary staffing demand, continues to show a deteriorating trend at 6.1%, although the monthly rate has improved to 5.5% over the last couple of months, largely driven by an improvement in long term sickness. A Project Initiation Document for the reduction of absence by 1% during 2025/26 has been developed, with work to reduce sickness being overseen by a working group. A dedicated lead will be in place from May.
- We continue to have strong overall performance across all **retention** metrics and better than regional and national averages. Medical and Dental turnover has been increasing since June 2024 and is now at target; reasons are being monitored.
- **Implied Productivity** is below target with no common cause variation. Work to improve productivity is being overseen by the Financial Intervention Programme Board.
- **Mandatory training** performance has remained above target at 92.8% but with variation by subject, particularly in relation to face-to-face training which is impacted by 'do not attends', in part, due to challenges releasing staffing due to sickness and other staffing pressures. Plans to address sickness will therefore have a positive impact.
- **Appraisal** performance continues to be well below target at 78.4%, and has deteriorated over the last few months, impacted by annual leave / bank holidays, sickness and also reduced administrative support. An improvement plan agreed by the Hospital Management Group is in place. Performance is monitored through Divisional Performance Meetings and Executives have been tasked with ensuring plans are in place for improvement within Corporate Services.

Metric	Period	Target	Actual	Compliance	Variation	Assurance
Sickness Rate	Mar-25	4.6%	6.07%	⊗	⚠	?
Leaver Rate	Mar-25	10.0%	6.17%	✓	📈	📈
Implied Productivity	Feb-25	15.80	12.53	⊗	📉	📉
Mandatory Training	Mar-25	90.0%	92.81%	✓	📈	?
Non Medical Appraisal	Mar-25	90.0%	78.36%	⊗	📉	📉



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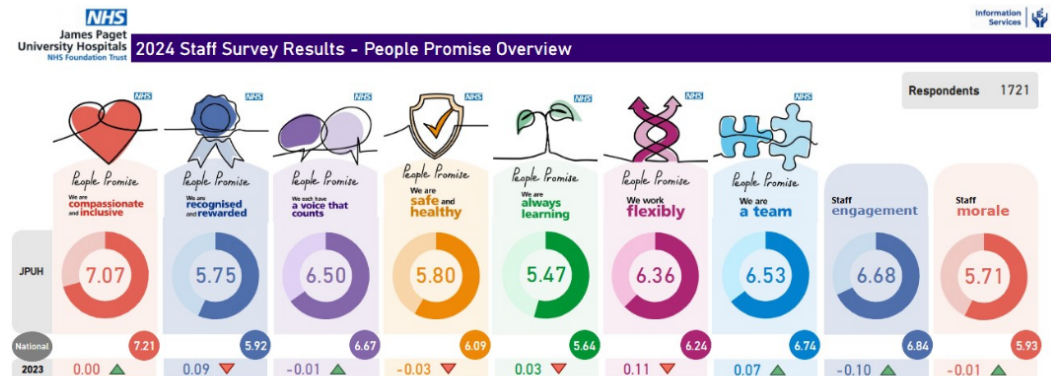
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## Finance



**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. Subsequently, a further £8.9m of income was allocated allowing the Trust to achieve a break-even position (£1.1m favourable variance to plan). 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 draft Annual Accounts achieve a break-even position.

The implementation of temporary pay controls improved the financial performance from month 4 to 7, however operational pressures deteriorated the position in months 8, 9 and 10. The month 11 and 12 improvement is due to additional income, with costs remaining stable with slight improvements despite operational pressures continuing.

**Outturn** The Trust's draft Annual Accounts achieve a break-even position, £1.1m favourable variance to plan. Excluding the most recent allocation of deficit support funding, a deficit of £8.9m would have remained and the Trust would have been £7.8m off-plan. The key drivers for the previous £7.8m of variance, are set out in the table as mitigated risks.

Risk Area	Risk highlighted in financial plan £m	Risk Mitigated in YTD position	Risk realised in YTD position £m	Comments
Inflation Costs	1.2	1.3	0.0	Pay increases not fully funded but mitigated by deficit funding
ERF Income	13.0	2.2	0.0	£2.2m of lost income on ERF included in 3 rows below but mitigated by deficit funding
Savings	5.2	1.7	0.0	Savings currently £1.7m behind plan but mitigated by deficit funding
Operational pressures	4.0	1.9	0.0	Impact of pressures currently within YTD position but mitigated by deficit funding
Industrial Action	0.0	0.7	0.0	YTD Net cost of industrial action £1m - funding of £257k received and the remainder mitigated in position
Elective hub	0.0	0.0	0.0	Risk present from delayed OEH opening
System improvement	0.0	0.0	0.0	YTD position now includes planned system improvement
<b>Total</b>	<b>23.4</b>	<b>7.8</b>	<b>0.0</b>	

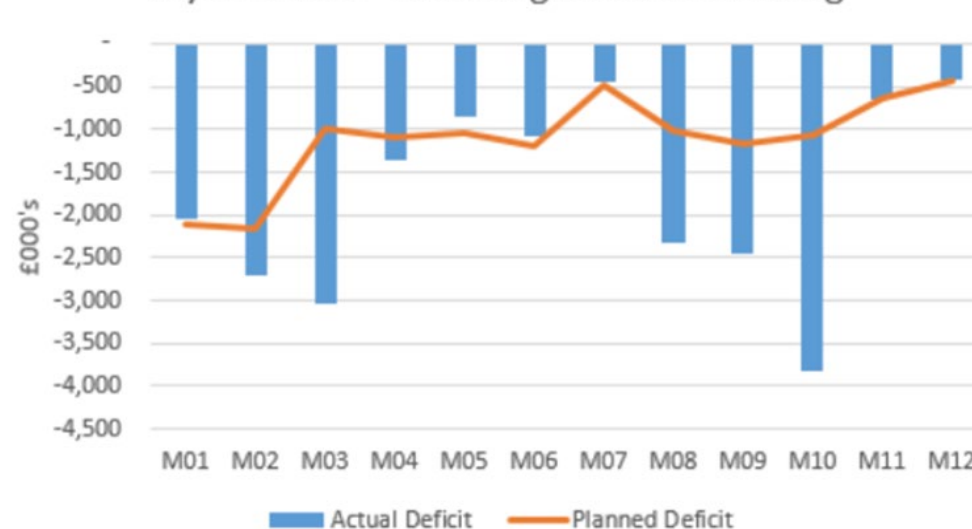
**Efficiencies** ended the year £1.8m behind plan. The key driver was temporary pay cost reductions below plan.

**ERF income** earned is £10.2m above the 109% target, £4.3m behind the financial plan.

**Agency costs** are £2.8m above plan YTD, 3.4% against the target of 3.2%.

Metric	Period	Target	Actual	Compliance	Variation	Assurance
ERF Performance £000	Mar-25	0	-1,272	⊗	📉	?
Agency Expenditure £000	Mar-25	477	559	⊗	📈	P
Pay Per Unit of Activity	Mar-25	261	613	⊗	📈	?
Non Pay Per Unit of Activity	Mar-25	117	201	⊗	📉	P
Efficiency Plan £000	Mar-25	0	-101	⊗	📉	?
Better Payment Practice	Mar-25	95.0%	88.66%	⊗	📉	?
Financial Productivity	Mar-25	423	440	⊗	📈	P

24/25 Deficit - excluding all deficit funding



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## Benchmarking - Planned Care and UEC

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



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Metric	Date	Trust Performance	Region Performance	Regional Average	Regional Rank	National Performance	National Average	National Rank	Performance Summary
ED 4 Hour Performance	Feb-25	64.6%	71.1%	71.8%	12/14	71.9%	74.0%	118/141	50.5... 100.0%
ED 4 Hour Performance - Type 1	Feb-25	56.8%	57.5%	56.5%	6/13	58.4%	58.2%	63/121	38.8% 91.0%
RTT Performance	Feb-25	54.8%	53.6%	54.2%	7/13	58.3%	62.9%	115/153	36.8% 100.0%
PTL Size	Feb-25	32,103	863,646	66,434	3/13	7,027,053	45,928	57/153	19 197,034
52+ Wks	Feb-25	1,488	33,558	2,581	5/13	189,549	1,239	103/153	0 9,915
78+ Wks	Feb-25	14	114	9	11/13	1,441	9	129/153	0 356
DM01 Performance	Feb-25	25.6%	27.3%	30.0%	7/14	17.9%	16.2%	121/155	.0% 78.0%
104+ Wks	Feb-25	0	2	0	1/13	65	0	1/153	0 20



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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

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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