



Single Oversight Framework

Reporting Period: Month 2
2022/23

Inspected and rated

Good



Single Oversight Framework – Month 2 Overview (1)



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care	<p>During May we continued to encounter significant challenges on our service with winter and surge remaining open. Despite this the experience of those accessing our services remains positive. We have had no serious incidents declared where staffing was a contributing factor. Hospital acquired pressure ulcers remain consistently low. Infection control remains a priority, both in terms of our continued Covid-19 and Cdiff.</p> <p>During April there are 4 exception reports:</p> <ul style="list-style-type: none"> • Falls: the falls rate for April is 7.62, which remains above the national average of 6.63. Work is being undertaken by the falls team to reduce falls with progress being made to reduce the number of repeat fallers. • VTE risk assessments: performance 90.34% (YTD 93.2%) target 95%. GSU are work with the NerveCentre team to support the roll out of the electronic screening and supporting key areas with daily prompts. • Emergency Department FFT: score was 89.6% positive against a standard of >90% (YTD 90.2%). The new system was introduced in March 2022, with the new system requiring training to staff members. • FFT: May's Friends and Family's inpatient test score was 94.8% against a standard of >96%. We have implemented a new system from April. Colleagues are being trained on how to use the new system and access real time data. 	MD, CN

Single Oversight Framework – M2 Overview



Domain	Overview & risks	Lead
<p>People & Culture</p>	<p>People</p> <p>In M2 our sickness absence levels and overall workforce loss have shown a reduction from last month. The current sickness level is reported as 3.7% and had reduced from 5.2% in April 2022. This sits below the revised trust target (4.0%) and near the lower SPC levels. The main reasons for sickness are reported as Stress and Anxiety and Chest and Respiratory problems. Total workforce loss (Inc. sickness, maternity and infection precaution) sits at 7.3%, this sits above the target 6.3% but we are anticipating a reduction in these level over the next few months.</p> <p>We are still seeing a high proportion of absences relating to stress and anxiety but our soft intelligence informs us this related to personal stressors outside of the workplace rather than work related reasons. Measures to support this include:</p> <ul style="list-style-type: none"> • Wellbeing support continues across the Trust and ensuring this is embedded within the divisions, • Clinical Psychology support is now in place on a permanent basis for staff support, • Divisional coaching and 121 support for managers is in place with the People Partner team, • A range of online sickness absence management training is also available via Sherwood E-Academy, • Extended wellbeing support/signposting in place through permanent Wellbeing team that extended to offers outside the Trust such as financial wellbeing, citizens advice. • Colleague support leaflet introduced and circulated to all managers through People and Performance <p>Overall resourcing indicators for May 2022 are positive, our overall vacancy's show an decrease and turnover sits under the trust target.</p> <p>Improvement</p> <p>Significant progress is being made in developing a citizen 'Involvement Charter' that will increase service user engagement within our Quality, Transformation, Safety and Improvement agendas. This will be shared with key stakeholders in June/July. Results of the 'SFH QI Maturity Matrix' have been received from EM Academic Health and Science Network, which has independently collated the responses. This is intended to be shared with SLT in June. A clinical and operationally-led significant Improvement Programme is being scoped to support patient flow, with a launch date scheduled for July.</p> <p>Cultural Engagement</p> <p>2021 Staff Survey results were released from embargo at the end of March 22. This identified 3 key themes for commitment to improve; valuing you, caring about you and developing you. Engagement was undertaken with Divisional teams across April and May including discussion at DPRs, to determine priorities for improvement at a Divisional level.</p> <p>Results from the quarterly Pulse survey in April are currently being analysed. There are plans to connect future Pulse surveys to the NSS21 commitment areas ongoing, to align key themes. The next Pulse Survey will run in July.</p> <p>The Culture Insights tool continues in development with engagement underway with Divisions to understand what a supportive rather than punitive process would look and feel like.</p>	<p>DOP, DCI</p>

Single Oversight Framework – M2 Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead																																																																																																																																																		
<p>People & Culture</p>	<p>Learning and Development</p> <p>Our Mandatory Training and Development compliance currently sits at 87%. This is marginally below the Trust target (90%). Training has now resumed as normal and hope to see an upturn in the coming months. Mandatory Training workbook reviews continue, with engagement sessions to colleagues around changes. The introduction of the ‘Request for new workbooks’ form continues to work well following launch in April. We are developing plans to support increasing capacity due to relaxing of IPC regulations and implementation plans for the new MAST and induction programmes</p> <p>Appraisals levels have seen an increase and currently sit at 88.0%, this is below the Trust target this shows a positive upwards trend.</p> <p>COVID Absence – The Trust produces a daily Workforce SitRep for the organisation; this includes all COVID related absence elements which are wider than the sickness element reported above. When this is reviewed the total COVID related absence for April 2022 was 3.8%, (April 2022 5.2%). This is expressed in figure 1.</p> <p>Lateral Flow Tests – Overall there were 14,419 test distributed, with 9,111 test registered (63.2%). Of the completed tests there has been 2,679 positive test (0.9% positive results). This is expressed in figure 2.</p> <div data-bbox="324 829 1132 1315" data-label="Figure"> <p>Figure 1 – Total COVID Workforce Loss</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Infection Precaution & Shielding</th> <th>COVID Sickness</th> <th>Non COVID Sickness</th> <th>Total Loss</th> </tr> </thead> <tbody> <tr><td>Mar</td><td>1.2%</td><td>3.9%</td><td>2.9%</td><td>5.1%</td></tr> <tr><td>Apr</td><td>2.9%</td><td>2.0%</td><td>0.9%</td><td>3.4%</td></tr> <tr><td>May</td><td>2.9%</td><td>3.2%</td><td>0.5%</td><td>3.0%</td></tr> <tr><td>Jun</td><td>0.8%</td><td>3.0%</td><td>0.3%</td><td>3.0%</td></tr> <tr><td>Jul</td><td>0.5%</td><td>3.3%</td><td>0.5%</td><td>3.6%</td></tr> <tr><td>Aug</td><td>0.5%</td><td>3.8%</td><td>1.2%</td><td>3.8%</td></tr> <tr><td>Sep</td><td>0.8%</td><td>1.5%</td><td>2.7%</td><td>3.9%</td></tr> <tr><td>Oct</td><td>1.3%</td><td>3.8%</td><td>1.3%</td><td>3.5%</td></tr> <tr><td>Nov</td><td>2.5%</td><td>2.2%</td><td>0.9%</td><td>3.5%</td></tr> <tr><td>Dec</td><td>1.9%</td><td>3.5%</td><td>0.7%</td><td>2.8%</td></tr> <tr><td>Jan</td><td>1.9%</td><td>2.8%</td><td>0.7%</td><td>3.4%</td></tr> <tr><td>Feb</td><td>0.3%</td><td>4.0%</td><td>0.2%</td><td>3.9%</td></tr> <tr><td>Mar</td><td>0.4%</td><td>4.1%</td><td>0.5%</td><td>3.7%</td></tr> <tr><td>Apr</td><td>1.1%</td><td>3.7%</td><td>0.9%</td><td>3.8%</td></tr> <tr><td>May</td><td>0.6%</td><td>3.8%</td><td>1.1%</td><td>3.9%</td></tr> <tr><td>Jun</td><td>1.4%</td><td>4.1%</td><td>0.8%</td><td>3.7%</td></tr> <tr><td>Jul</td><td>1.0%</td><td>3.7%</td><td>1.0%</td><td>3.8%</td></tr> <tr><td>Aug</td><td>0.8%</td><td>3.9%</td><td>1.4%</td><td>3.1%</td></tr> <tr><td>Sep</td><td>0.3%</td><td>3.8%</td><td>1.1%</td><td>3.5%</td></tr> <tr><td>Oct</td><td>0.1%</td><td>3.5%</td><td>1.1%</td><td>3.5%</td></tr> <tr><td>Nov</td><td>0.1%</td><td>3.5%</td><td>1.1%</td><td>3.5%</td></tr> <tr><td>Dec</td><td>0.1%</td><td>3.5%</td><td>1.1%</td><td>3.5%</td></tr> <tr><td>Jan</td><td>0.1%</td><td>3.5%</td><td>1.1%</td><td>3.5%</td></tr> <tr><td>Feb</td><td>0.1%</td><td>3.5%</td><td>1.1%</td><td>3.5%</td></tr> <tr><td>Mar</td><td>0.1%</td><td>3.5%</td><td>1.1%</td><td>3.5%</td></tr> <tr><td>Apr</td><td>0.1%</td><td>3.5%</td><td>1.1%</td><td>3.5%</td></tr> <tr><td>May</td><td>0.1%</td><td>3.5%</td><td>1.1%</td><td>3.5%</td></tr> </tbody> </table> </div> <div data-bbox="1257 829 1688 1315" data-label="Figure"> <p>Figure 2 – Lateral Flow Tests</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Total not Registered</td> <td>9,111 (63.2%)</td> </tr> <tr> <td>Test Registered</td> <td>5,308 (36.8%)</td> </tr> </tbody> </table> </div>	Month	Infection Precaution & Shielding	COVID Sickness	Non COVID Sickness	Total Loss	Mar	1.2%	3.9%	2.9%	5.1%	Apr	2.9%	2.0%	0.9%	3.4%	May	2.9%	3.2%	0.5%	3.0%	Jun	0.8%	3.0%	0.3%	3.0%	Jul	0.5%	3.3%	0.5%	3.6%	Aug	0.5%	3.8%	1.2%	3.8%	Sep	0.8%	1.5%	2.7%	3.9%	Oct	1.3%	3.8%	1.3%	3.5%	Nov	2.5%	2.2%	0.9%	3.5%	Dec	1.9%	3.5%	0.7%	2.8%	Jan	1.9%	2.8%	0.7%	3.4%	Feb	0.3%	4.0%	0.2%	3.9%	Mar	0.4%	4.1%	0.5%	3.7%	Apr	1.1%	3.7%	0.9%	3.8%	May	0.6%	3.8%	1.1%	3.9%	Jun	1.4%	4.1%	0.8%	3.7%	Jul	1.0%	3.7%	1.0%	3.8%	Aug	0.8%	3.9%	1.4%	3.1%	Sep	0.3%	3.8%	1.1%	3.5%	Oct	0.1%	3.5%	1.1%	3.5%	Nov	0.1%	3.5%	1.1%	3.5%	Dec	0.1%	3.5%	1.1%	3.5%	Jan	0.1%	3.5%	1.1%	3.5%	Feb	0.1%	3.5%	1.1%	3.5%	Mar	0.1%	3.5%	1.1%	3.5%	Apr	0.1%	3.5%	1.1%	3.5%	May	0.1%	3.5%	1.1%	3.5%	Category	Value	Total not Registered	9,111 (63.2%)	Test Registered	5,308 (36.8%)	<p>DOP, DCI</p>
Month	Infection Precaution & Shielding	COVID Sickness	Non COVID Sickness	Total Loss																																																																																																																																																
Mar	1.2%	3.9%	2.9%	5.1%																																																																																																																																																
Apr	2.9%	2.0%	0.9%	3.4%																																																																																																																																																
May	2.9%	3.2%	0.5%	3.0%																																																																																																																																																
Jun	0.8%	3.0%	0.3%	3.0%																																																																																																																																																
Jul	0.5%	3.3%	0.5%	3.6%																																																																																																																																																
Aug	0.5%	3.8%	1.2%	3.8%																																																																																																																																																
Sep	0.8%	1.5%	2.7%	3.9%																																																																																																																																																
Oct	1.3%	3.8%	1.3%	3.5%																																																																																																																																																
Nov	2.5%	2.2%	0.9%	3.5%																																																																																																																																																
Dec	1.9%	3.5%	0.7%	2.8%																																																																																																																																																
Jan	1.9%	2.8%	0.7%	3.4%																																																																																																																																																
Feb	0.3%	4.0%	0.2%	3.9%																																																																																																																																																
Mar	0.4%	4.1%	0.5%	3.7%																																																																																																																																																
Apr	1.1%	3.7%	0.9%	3.8%																																																																																																																																																
May	0.6%	3.8%	1.1%	3.9%																																																																																																																																																
Jun	1.4%	4.1%	0.8%	3.7%																																																																																																																																																
Jul	1.0%	3.7%	1.0%	3.8%																																																																																																																																																
Aug	0.8%	3.9%	1.4%	3.1%																																																																																																																																																
Sep	0.3%	3.8%	1.1%	3.5%																																																																																																																																																
Oct	0.1%	3.5%	1.1%	3.5%																																																																																																																																																
Nov	0.1%	3.5%	1.1%	3.5%																																																																																																																																																
Dec	0.1%	3.5%	1.1%	3.5%																																																																																																																																																
Jan	0.1%	3.5%	1.1%	3.5%																																																																																																																																																
Feb	0.1%	3.5%	1.1%	3.5%																																																																																																																																																
Mar	0.1%	3.5%	1.1%	3.5%																																																																																																																																																
Apr	0.1%	3.5%	1.1%	3.5%																																																																																																																																																
May	0.1%	3.5%	1.1%	3.5%																																																																																																																																																
Category	Value																																																																																																																																																			
Total not Registered	9,111 (63.2%)																																																																																																																																																			
Test Registered	5,308 (36.8%)																																																																																																																																																			

Single Oversight Framework – M2 Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
<p>Timely care</p>	<p>May continued to prove a challenging month for the emergency pathway, ending with the 4 day Jubilee bank holiday weekend. The trust continued to declare OPEL level 4 throughout the month, with patients experiencing long delays in ED. SFH 4hr performance was 80.2% for May 2022 which ranked us 6th nationally out of all comparison trusts. Bed occupancy remains higher than the national (92%) and regional (93.1%) levels and whilst this is not having a material impact on the overall ED performance, it has resulted in long waits for patients and overcrowding in ED.</p> <p>Attendances in May (15664) increased by 1409 compared to April 2022 (14255) and 1711 more than May 2021. Admissions to medical beds remain stable and comparative to May 2021. The number of MSFT patients remains in excess of the ICS agreed threshold and is showing a deteriorating position. MSFT is driving a total of 4 wards worth of demand against a threshold of one. A recovery plan developed across the ICS to mitigate the impact of the increased MFFD patients in acute beds is in place however no tangible improvement has been seen.</p> <p>The number of patients waiting more than 62 days on a suspected cancer pathway in May was 137 (April was 121 patients) which is above trajectory. Whilst this is disappointing, the deterioration has been seen regionally and nationally with SFHT improving their national ranking (58 of 125 trusts). 62 day performance for April was 69.3% in comparison to the national position of 65.2%. The average wait for first definitive treatment in April was 63 days (the same as April 19). The number of patients waiting >104 days at the end of April was 7. The Faster Diagnosis Standard (FDS) performance was 78.4% achieving the 75% standard in April, with SFHT ranked 20/125.</p> <p>The trust submitted a plan in the 2022/23 planning round that showed we would not be compliant with the reduction in follow up metric. The data has not been included in the pack and SFHT continue not to meet the standard.</p>	<p>COO</p>

Single Oversight Framework – M2 Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Best Value care	<p>Income & Expenditure:</p> <ul style="list-style-type: none"> NHS England & NHS Improvement (NHSE/I) has confirmed additional allocations to the Nottinghamshire ICS in relation to excess inflation costs, and this additional income was recognised in the Trust and ICS plan resubmissions of 20th June 2022. The updated financial plan for SFH shows a deficit of £4.7m, while the overall planned deficit for the ICS is now £17.0m. The Trust has reported a deficit of £3.2m for the month of May 2022 and £4.3m for the year-to-date (on an ICS Achievement basis). This is a £0.2m adverse variance to the planned deficit, due to the costs of capacity in place to support operational pressures. The Trust continues to incur costs relating to Covid-19 and for May 2022 these costs totalled £0.8m, a reduction of £0.2m compared to the prior month. Costs relating to the Covid Vaccination Programme continue to be reimbursed on a pass-through basis, and these totalled £0.9m in Month 2. Elective Recovery Fund (ERF) income has been included in line with the planned values, although this is still to be confirmed by NHSE/I. The forecast outturn reported at Month 2 is aligned to the revised financial plan, as a deficit of £4.7m. A number of risks remain inherent in the 2022/23 financial plan and a detailed forecast outturn, including sensitivity analysis, will be worked through at the end of Quarter 1. <p>Financial Improvement Programme (FIP):</p> <ul style="list-style-type: none"> The Financial Improvement Programme (FIP) delivered savings of £0.3m in May 2022, compared to a plan of £ 0.2m. The expected full-year savings for 2022/23 total £13.9m, including the expected benefit of Elective Recovery Funding (ERF). <p>Capital Expenditure & Cash:</p> <ul style="list-style-type: none"> The Trust has an indicative capital expenditure plan of £19.5m for the financial year 2022/23. This is still to be confirmed and agreed at an ICS level. Capital expenditure of £0.5m has been reported for Month 2. The closing cash position at 31st May 2022 was £2.0m, which is £0.6m lower than planned. The Trust has complied with the 95% Better Payment Practice Code (BPPC) target in month (on a paid by value basis). 	CFO

Single Oversight Framework – Month 2 Overview (1)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency	
Quality Care	Patient safety incidents per rolling 12 month 1000 OBDs	>44	May-22	47.82	50.50		G	MD/CN	M	
	All Falls per 1000 OBDs	6.63	May-22	8.10	7.62		A	CN	M	
	Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	May-22	13.83	5.53		G	CN	M	
	Covid-19 Hospital onset	<37	May-22	25	10		G	CN	M	
	Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	May-22	2.77	0.00		G	CN	M	
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Apr-22	90.3%	90.3%		R	CN	M	
	Safe staffing care hours per patient day (CHPPD)	>8	May-22	9.1	9.1		G	CN	M	
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	May-22	1.44	1.49		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<90%	May-22	90.2%	89.6%		A	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	<96%	May-22	94.7%	94.8%		A	MD/CN	M
Effective	Cardiac arrest rate per 1000 admissions	<1.0	May-22	0.53	0.41		G	MD	M	

Single Oversight Framework – Month 2 Overview (2)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency	
People and Culture	Staff health & well being	Sickness Absence	<4.0%	May-22	4.5%	3.7%		G	DoP	M
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	May-22	7.3%	7.3%		A	DoP	M
		Employee Relations Management	<10-12	May-22	17	7		G	DoP	M
	Resourcing	Vacancy rate	≤6.0%	May-22	4.3%	4.1%		G	DoP	M
		Turnover in month (excluding rotational Drs.)	<0.9%	May-22	0.7%	0.8%		G	DoP	M
		Mandatory & Statutory Training	>90%	May-22	87.0%	87.0%		A	DoCI	M
		Appraisals	≥95%	May-22	87.0%	88.0%		R	DoCI	M

Single Oversight Framework – Month 2 Overview (3)



Sherwood Forest Hospitals
NHS Foundation Trust

Timely Care	Emergency Care	Number of patients waiting >4 hours for admission or discharge from ED	90.0%	May-22	80.5%	80.2%		R	COO	M
		Mean waiting time in ED (in minutes)	220	May-22	199	199		G	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	May-22	4.2%	3.8%		G	COO	M
		Number of patients who have spent 12 hours or more in ED from arrival to departure as a % of all ED Attendances	shadow monitoring	May-22	2.0%	1.7%			COO	M
		Mean number of patients who are medically safe for transfer	<22	May-22	97	96		R	COO	M
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	May-22	94.5%	95.5%		R	COO	M
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	May-22	18.1%	18.0%		R	COO	M
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	on trajectory	May-22	-	4.3%		G	COO	M
		Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	May-22	-5.8%	-1.1%		R	COO	M
		Elective Day Case activity against Plan	on trajectory	May-22	95.8%	97.2%		A	COO	M
		Elective Inpatient activity against Plan	on trajectory	May-22	94.9%	98.5%		A	COO	M
		Elective Outpatient activity against Plan	on trajectory	May-22	99.8%	103.2%		G	COO	M
	Diagnostics	Diagnostics activity increase against Yr2019/20	on trajectory	May-22	110.0%	112.2%		G	COO	M
	RTT	Number of patients on the incomplete RTT waiting list	on trajectory	May-22	-	42573		A	COO	M
		Number of patients waiting 78+ weeks for treatment	on trajectory	May-22	-	72		G	COO	M
		Number of patients waiting 104+ weeks for treatment	on trajectory	May-22	-	1		G	COO	M
		Number of completed RTT Pathways against Yr2019/20	on trajectory	May-22	94.0%	96.4%		A	COO	M
	Cancer Care	Number of patients waiting over 62 days for Cancer treatment	93	May-22	-	137		R	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Apr-22	78.4%	78.4%		G	COO	M

Single Oversight Framework – Month 2 Overview (4)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Best Value Care	Finance	Income & Expenditure - Trust level performance against Plan	May-22	-£0.22m	-£0.20m		A	CFO	M
		Financial Improvement Programme - Trust level performance against Plan	May-22	£0.22m	£0.04m		G	CFO	M
		Capital expenditure against Plan	May-22	£1.00m	£0.47m		A	CFO	M
		Cash balance against Plan	May-22	-£0.61m	-£2.92m		A	CFO	M

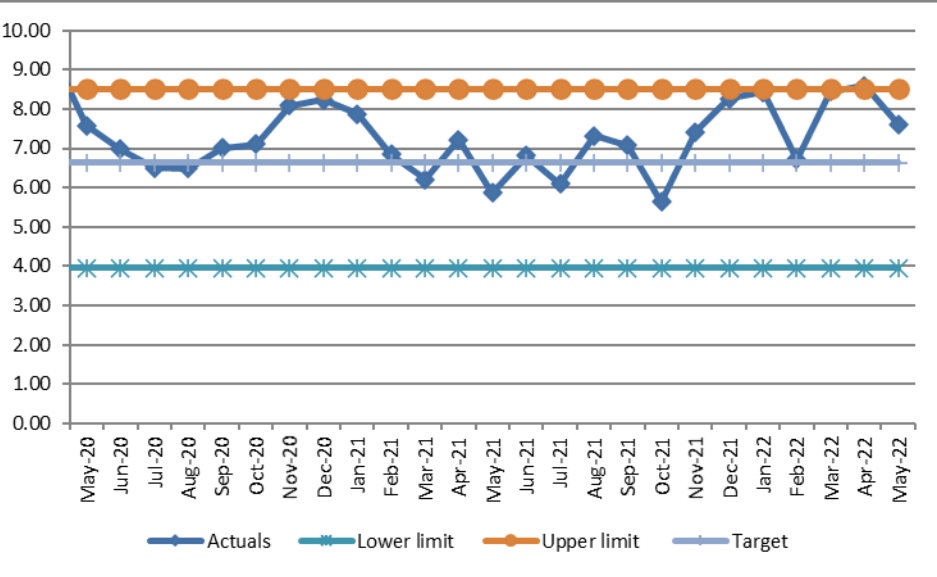


Sherwood Forest Hospitals NHS Foundation Trust

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
All Falls per 1000 OBDs	6.63	May-22	8.10	7.62		A	CN	M

National position & overview

- The falls rate for May is 7.62, this is above the national ambition of 6.63 per thousand occupied bed days.
- Nationally deconditioning continues to affect people at home and in hospital.
- We continue to care for high volumes of medically safe patients within our acute beds due to reduced capacity for community care and ability to safely discharge.
- Benefits of strength and balance training in reduction of falls is taking more of a priority focus for commissioners both nationally and locally, with workforce plans and new pathways evolving.
- Community of Practice for falls and activity promotion across our local ICS is growing and helping to influence change at a local level.
- We continue to focus in month at SFH on improving systems for falls monitoring, investigation and shared learning.



Root causes

- Continue to have high volume of patients requiring acute care.
- Continue to have high volume of pathway 1 patients, MFFD residing in month, due to insufficient community capacity for placement/POC's. These patients are at high risk of falls.
- In month we continue to have high numbers of patients with LOS > 21 days, as LOS increases falls rates also increase.
- Additional bed capacity remains open on all 4 sites.
- Our inpatients remain more complex with multiple health associated problems.
- Older adults still struggling to access professional support for reconditioning with lack of opportunity in the community remaining with regard to strength and balance activities and access, and inequity of availability. Interventions for physical activity and exercise in the community often with long waiting times from the point of referral and time limited in terms of longevity of episode of care.

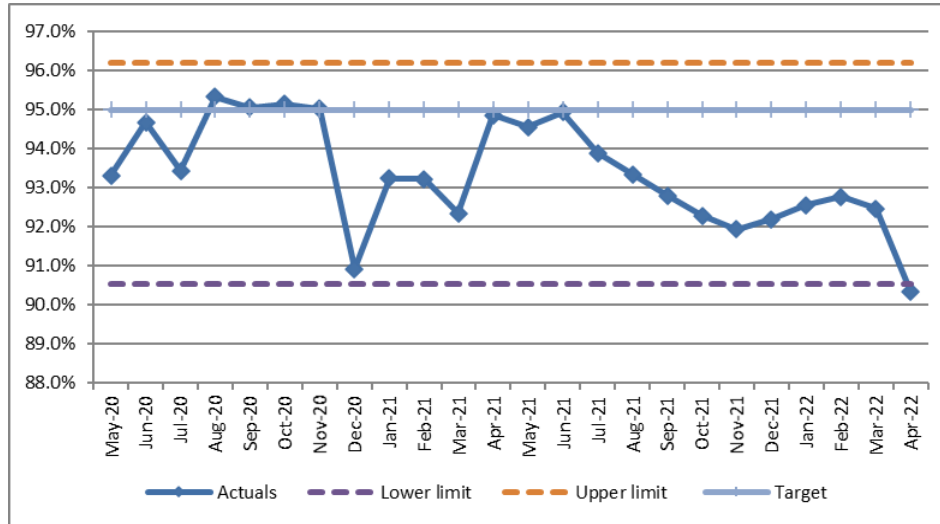
Actions

- Multifactorial falls risk assessment & falls care plan assurance audit completed, evaluation
- Falls prevention practitioner completed QSIR training.
- New Falls and mobility care plan in use/plan evaluate use.
- Networking with local trusts, sharing of good practice and opportunities continues.
- Review of Champion sessions for 2022/23 and purpose/time dedicated to role.
- Review of NAIF recommended national actions and translation into practice at SFH.
- Review, reflect and re-engage on the work in 2021/22-annual plan
- During May reviewed Falls group, TOR, approach and agenda.
- Walk this May - Mobility and Activity Promotion.
- Falls awareness week planning for September with East Midlands Falls Network. SFH inhouse falls conference planned for November 2022.
- Further QI work to progress with support from clinical audit team.
- EPO/Dementia and Falls Connected Work to continue
- 2nd Virtual Event for ICS Falls and Activity COP 25th May, excellent feedback.

Impact/Timescale

- Completed
- Completed
- August.
- Ongoing
- TBC
- Ongoing
- Ongoing
- Completed
- Completed
- November 2022
- Ongoing
- Ongoing
- Completed

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Apr-22	90.3%	90.3%		R	CN	M



National position & overview

- National reporting of VTE risk assessment screening was stopped in March 2020 in response to the developing Covid-19 pandemic. Sherwood Forest Hospitals (SFH) continued with data collection for our own internal monitoring process.
- The national target for VTE screening on admission to hospital is set at 95%.
- The resumption of the pre-Covid method of data collection initially significantly improved the compliance score; the data has since demonstrated a steady downward trajectory with April's compliance standing at 90.34%

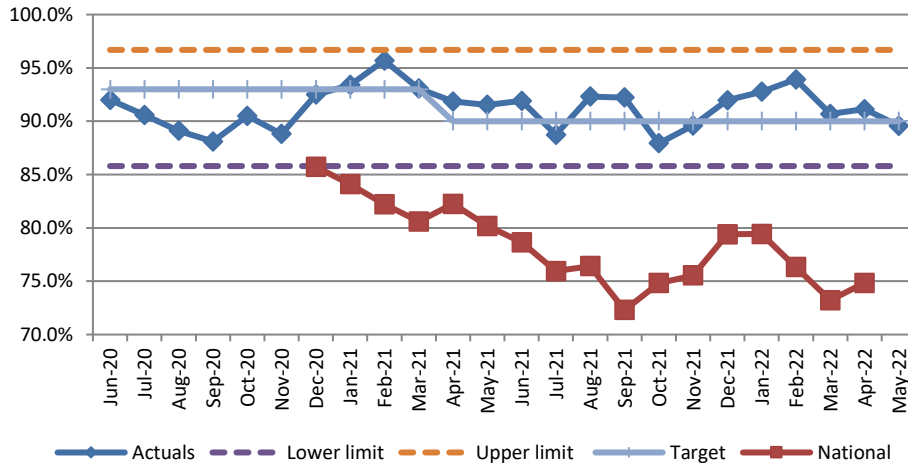
Root causes	Actions	Impact/Timescale
-------------	---------	------------------

- The data collection process for VTE risk assessment is currently a manual, paper based process, requiring a significant number of hours to complete.
- Roll out of electronic VTE screening tool via NerveCentre commenced May 2022.

- The GSU team resumed the pre-Covid method of form collection from 1st April 21.
- GSU continue to work with the NerveCentre team to support the roll out of the electronic screening tool and reporting functionality.
- Electronic screening tool now rolled out across Medicine and based on NG89 standards.
- Paper based pink form collection continues across Surgery.
- GSU continue with daily checks against admission lists.
- GSU continued prompts on EAU during May 22 to aid compliance and support the roll out.

- Completed
- On going
- On going
- August 2022
- On going

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Recommended Rate: Friends and Family Accident and Emergency	<90%	May-22	90.2%	89.6%		A	MD/CN	M

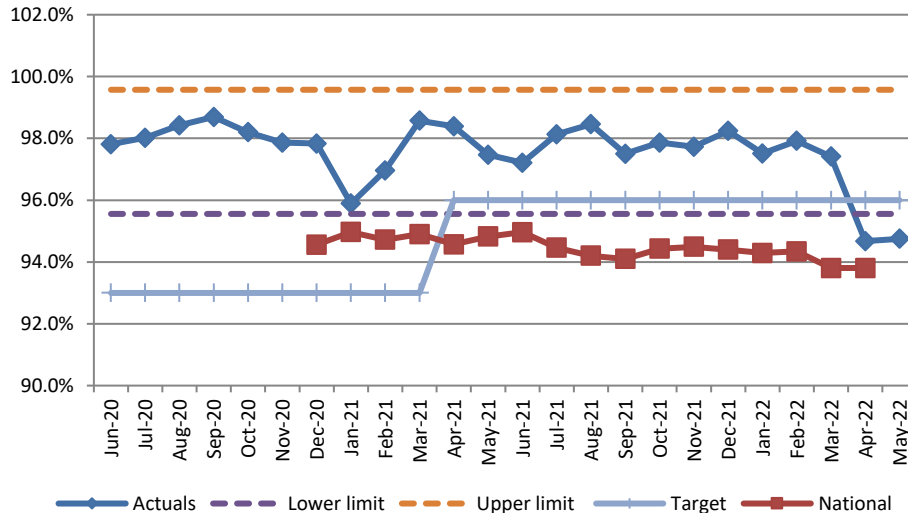


National position & overview

- The Friends and Family Test (FFT) gives patients the opportunity to share feedback on our services, collating results on a scale of very good to very poor. Results are then benchmarked against a positive or negative approach, the data provides a total response rate, overall responses, and the percentages of a positive or negative experience.
- May 2022 Emergency Department area score:
 - 89.47% Positive
 - 6.51% Negative
 - With a response rate of 19%

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> Since the introduction of the new system some clinical team have not had access to view FFT data. In May, SMS service has now been reintroduced to all patients for them to be able to provide their feedback and we are looking a restart our QR Codes in the allocated areas. Our website has an online inputting area for patients to provide feedback on their experience in our Emergency Department. Owing to the currently challenges encountered on the emergency pathway i.e. crowding in the department due to exit blocks. This may be impacting on the recommendation rate for ED 	<ul style="list-style-type: none"> Provide colleagues with access to the system Patient Experience is currently setting up areas automatic reports that teams will receive each week for the previous week of feedback. Reintroduce QR Code posters to the area with live links to the online feedback page. Teams to ensure they are reviewing their Negative feedback to ensure an improvement on the amount of Negative Ratings being received. Continue to communicate with patient about delays within the department 	<ul style="list-style-type: none"> Completed June 2022 July 2022 On Going Ongoing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Recommended Rate: Friends and Family Inpatients	<96%	May-22	94.7%	94.8%		A	MD/CN	M



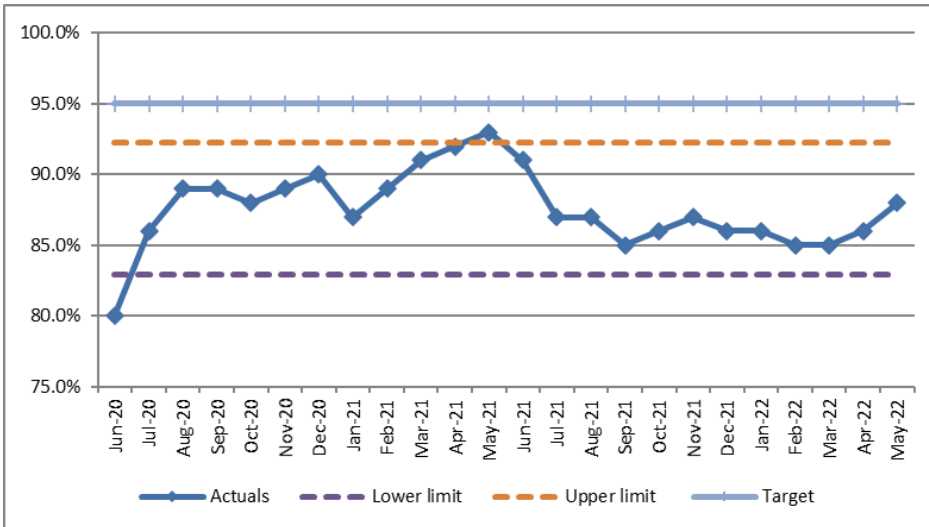
National position & overview

The Friends and Family Test (FFT) gives patients the opportunity to share feedback on our services, collating results on a scale of Very good to Very poor. Results are then benchmarked against a positive or negative approach, the data provides a total response rate, overall responses, and the percentages of a positive or negative experience.

May 2022 Inpatient area score:
 92.81% Positive
 4.31% Negative
 With a response rate of 32%

Root causes	Actions	Impact/Timescale
<p>The trust introduced our new data collection provider in March, we have been implementing across all our areas. We have now introduced SMS to our inpatient areas this is new for our trust. We are now seeing an increase in our response rate with more live data through SMS. We have been delivering training, reports, and feedback to locate key areas identified in our FFT.</p>	<ul style="list-style-type: none"> • Introduction of QR Codes to our inpatient areas. • Continued training of the new system to staff members to review their data and feedback. • Creation of automatic reports to be sent weekly to our inpatient team members. • Continue to support teams in reviewing data and feedback in our inpatient areas. 	<ul style="list-style-type: none"> • July 2022 • On going • July 2022 • On going

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	≥95%	May-22	87.0%	88.0%		R	DoCI	M

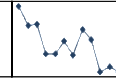


National position & overview

The Trust benchmarks favourably nationally and local intelligence suggests the Trust's appraisal rates are amongst the highest in the region.

The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers in Nottinghamshire SFH sits above the ICS average (84.2%)

Root causes	Actions	Impact/Timescale
<p>The Appraisal position is reported at 88.0%, and shows an increase in from last month (March 2022 – 85.8%) and shows an upwards trajectory.</p> <p>The key cause of below trajectory performance on the appraisal compliance is related to the delivery and capacity issues associated with the pandemic and hospital pressures, however significance work has been undertaken and we are noting improvements.</p>	<p>The Human Resources Business Partners are supporting discussions with line managers at confirm and challenge sessions to identify appraisals which are outstanding and seeking assurance regarding timescales for completion.</p> <p>Ongoing actions: Consider including appraisals within Protected Learning Time Policy (PLT) to ensure appraisals are prioritised.</p> <p>Consider removing Talent Management from appraisals and dedicate separate time to this to avoid consumption of conversations.</p> <p>Appraisals working group to commence in July to review and improve process.</p>	<p>Appraisal compliance to 90% by end of October 2022.</p> <p>To be assessed – by end 22/23</p> <p>Meeting arranged w/c 27th June</p>

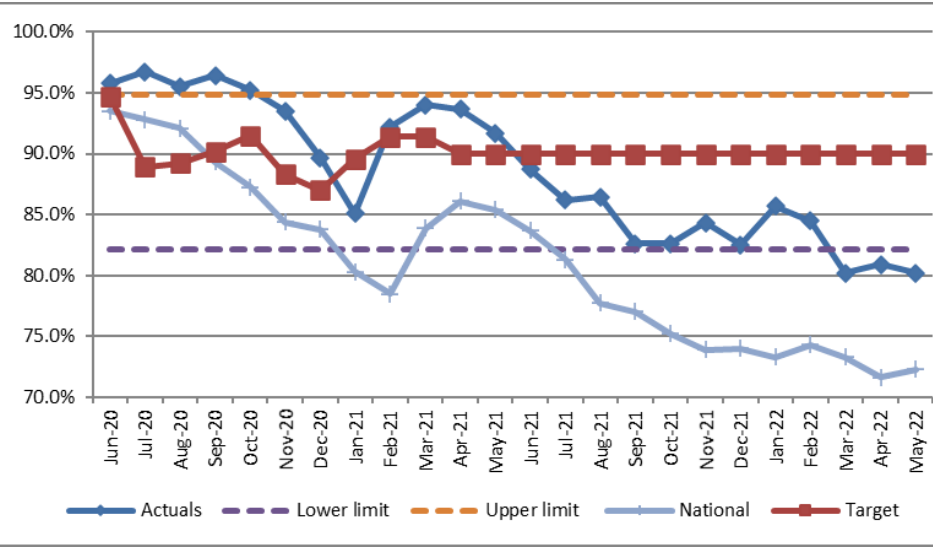


R	COO	M
---	-----	---

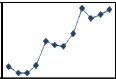
Number of patients waiting >4 hours for admission or discharge from ED	90.0%	May-22	80.5%	80.2%
--	-------	--------	-------	-------

National position & overview

- SFH performance was 80.2% for May 2022. Performance continues to be driven mainly by exit block and high numbers of MSFT, although average attendances were up for the month in comparison to May 2021
- National rank 6th out of all comparison Trusts
- The trust has maintained performance of over 80% for the first 2 months of the year
- Newark UTC performed well with an average 99.2% of patients seen and treated under 4 hrs, well above the 95% standard
- Bed pressure was a key driver of performance. The number of MSFT patients remained in excess of the ICS agreed threshold throughout the month and is showing a deteriorating position. MSFT is driving a total of 4 wards worth of demand against a threshold of one. This is shown in a further slide later in the SOF

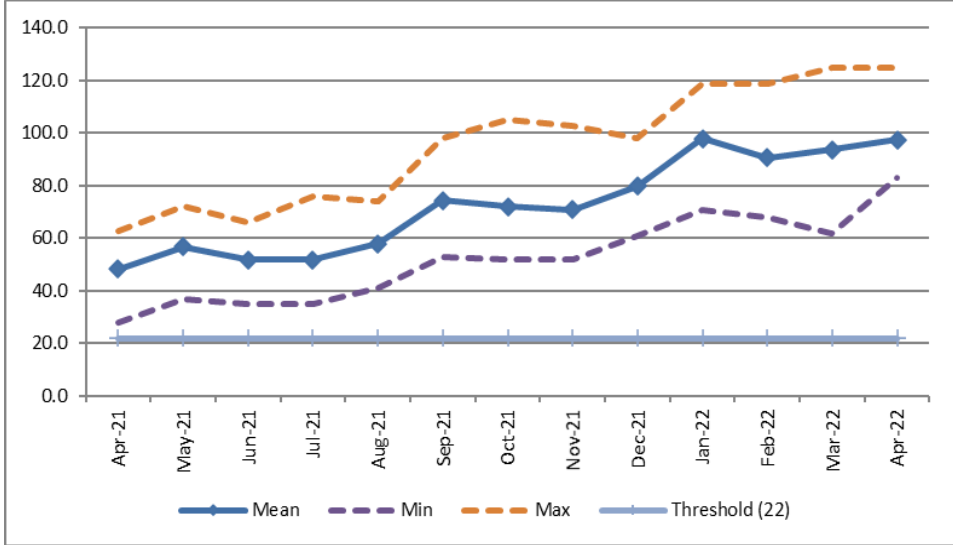


Root causes	Actions	Impact/Timescale
<p>Bed capacity pressure</p> <ul style="list-style-type: none"> • The Trust continues to experience delays in the discharge of patients who require social care support following discharge. There continues to be 4 wards worth of capacity that is currently being used solely for the care of patients who are medically fit but have no onward destination. <p>Activity</p> <ul style="list-style-type: none"> • Attendances increased by 1409 compared to last month and 1711 more than May 2021. 	<p>Opened additional beds across Medicine, Women’s and Children’s and Surgical Divisions, incl Sherwood Care Home</p> <p>The maximisation of Same Day Emergency care continues to be successful and 40-50% more patients are seen in this service than in 2019, thereby avoiding admission to a bed</p> <p>Internal flow development transformation plan due to kick off in July 2022</p> <p>Capacity and Demand exercise to be undertaken across ED Nursing and Medical staffing to mitigate increased attendances.</p>	<ul style="list-style-type: none"> • Implemented • Implemented • Development • Development

Mean number of patients who are medically safe for transfer	<22	May-22	97	96		R	COO	M
---	-----	--------	----	----	--	---	-----	---



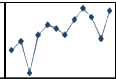
Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

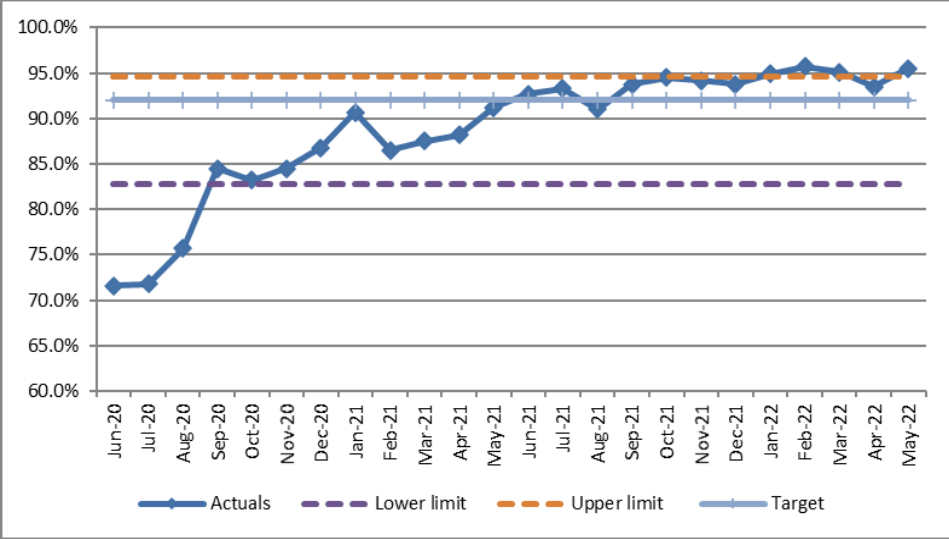
- The local position continues to remain significantly above the agreed threshold of 22 patients in the acute trust, in delay.
- The worsening position is a direct link to capacity issues within adult social care and care agencies
- Additional winter capacity remains open
- Further national drive to support the roll out of Virtual Wards for early supported discharge continues to progress with the business case to be submitted 20 June 2022.
- The system D2A business case is complete however there has been no evidence of positive change within the trust

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Pathway 1 and 2 demand and the available capacity to meet the variation in demand. This reflects the lack of available staff in care agencies (on the framework) to meet demand in particular for double up care QDS and TDS , as well as availability of social workers to manage the allocations. Recruitment into care and social worker roles is proving very difficult with posts unfilled and no agency cover. • Internal process issues contributing to referral delays although EPMA/TTO's may improve this • No visible workforce plan/ timelines to improve the D2A delays within the system, in line with D2A business case. National criteria for VW changes have delayed the development of the system plan. • Nationally, VW business case submission was pushed back from 6/6/22 to 20/6/22 	<ul style="list-style-type: none"> • T2A (Ashmere/pathway 2 patients) process with system partners continues to develop • Continuation of winter outlying capacity across wards 14, 31 and 32 • D2A business case circa £8m allocated (£2.5 as new with £5.5m already in system run rate) • System expression of interest being submitted for consideration to be a "Discharge Integration Frontrunner site". It is likely that sites will be decided regionally as only capacity for a few places nationally • VW system business case submission 20 June with Finance committee support to start recruiting for the service to commence in late August/September • System wide agreement continues to progress for FNC assessments, interim placements and wider bedded capacity access • Sherwood Community Care Home continues to support up to 19 MFFD patients 	<ul style="list-style-type: none"> • Implemented • Ongoing • Weekly system meeting in place to review plans • EOI to be submitted 1/7/2022 • BC to be submitted 20/6/2022 • Ongoing • Implemented

Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	May-22	94.5%	95.5%		R	COO	M
--	------	--------	-------	-------	--	---	-----	---



Sherwood Forest Hospitals
NHS Foundation Trust

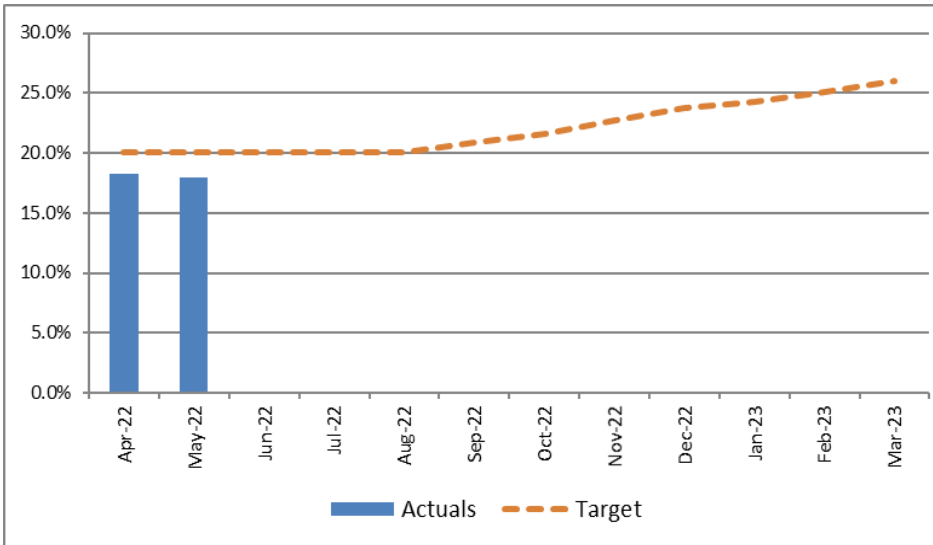


National position & overview

- The trust continues to operate at occupancy levels significantly higher than the planned 92%
- Delays to the onward care of MSFT patients continues to have a detrimental effect to capacity and flow
- The national average for type 1 providers is 92% with a slight increase on this for the Midlands region of 93.1% for May
- Occupancy reduction will form part of the “Flow” project being launched in July 2022 by the COO and MD

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • The Trust continues to experience delays in the discharge of patients who are MSFT • There are 4 wards worth of beds currently solely caring for patients who are medically fit but have no onward destination. • Bed modelling shows that the occupancy of the trust is almost entirely driven by increasing MSFT numbers 	<p>“Flow” project being launched on 29 June by COO and MD, which will include:</p> <p>Daily MSFT calls with system to place patients. Escalation to daily system call.</p>	<ul style="list-style-type: none"> • Developing • Implemented

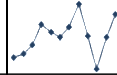
Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	May-22	18.1%	18.0%		R	COO	M
--	---------------	--------	-------	-------	--	---	-----	---



National position & overview

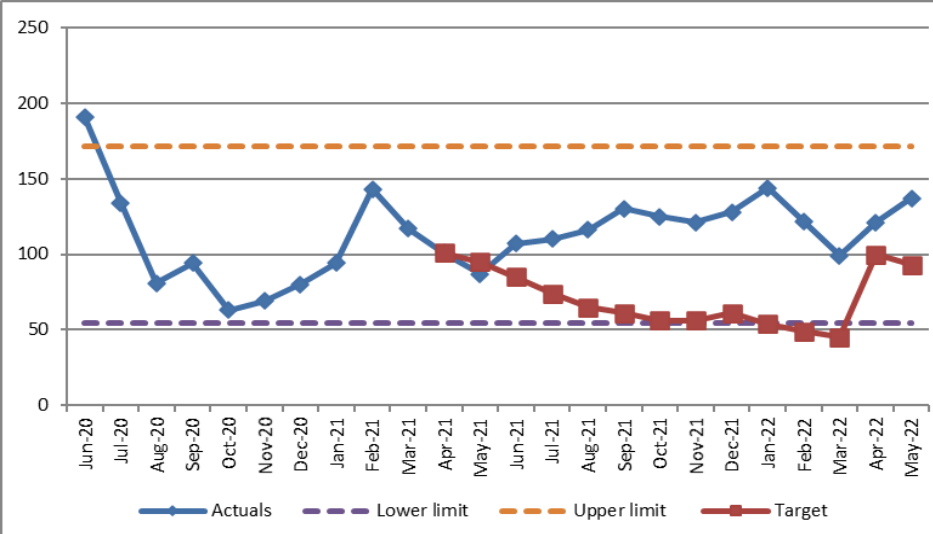
- Remote attendances incorporates both Telephone and Video consultations
- Target is to reduce attendances by 25%
- The outpatient and transformation board are overseeing this piece of work. Specialities are being individually reviewed to understand why there has been deterioration against previous performance and to learn best practice from those specialities where it is working well
- Clinical engagement is the single biggest barrier to continued development of the virtual platform. That said there is a wider piece of work required to look at job plans, signal issues and availability of kit

Root causes	Actions	Impact/Timescale
Clinical appetite to progress 'virtual' agenda, preference to see a patient face to face	Project Team with Clinical Lead to be established to progress this agenda. Phase 1 to include – review of infrastructure and equipment to enable virtual appointments, review of clinic types and recruitment of Clinical Champion to help engagement and further understand challenges.	Initial phase Jun/Jul with report re: findings in August 2022
There are a number of barriers including: equipment, signal issues, support for staff and patients to conduct 'virtual' sessions, fixed clinic sessions for video consultation.	Exploring the role of a virtual receptionist to provide a better patient experience for virtual appointments. Role profile being developed and will be put forward as a temporary position.	Developing
Review of existing telephone and email advice lines not currently recorded or reported.	The process for recording and reporting this activity has been relaunched	Implemented

Number of patients waiting over 62 days for Cancer treatment	93	May-22	-	137		R	COO	M
--	----	--------	---	-----	--	---	-----	---



Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- In the 2022/23 priorities and operational planning guidance, Cancer recovery objectives - Return the number of people waiting for longer than 62 days to the national average in February 2020. For SFH this was 70
- SFH were ranked 58th out of 125 providers for 62 backlog
- SFH were ranked 20th out of 125 providers for Faster Diagnosis Standard achieving 78.4% against the 75% standard
- SFH 62 day waiting time was 69.3% for April, better than the national 65.2% and ICS 61.8%
- The average wait for definitive treatment in April was 63 days – the same as April 2019
- 7 patients waited over 104 days for treatment in April
- A trajectory was developed in March 22 with 5 key risks to delivery highlighted: demand, diagnostic capacity, lower GI, dependency on the tertiary provider and the residual impact of covid. May ended at 137, above the February 2020 average of 70 and above the trajectory of 110

Root causes	Actions	Impact/Timescale
-------------	---------	------------------

<ul style="list-style-type: none"> • Delays to STT in Gynae due to Hysteroscopy capacity • Urology, Head and Neck clinic waits both locally and at the tertiary centre due to consultant leave. • Lower GI impacted by consultant leave due to annual leave . • Other diagnostic and treatment delays provided by the tertiary centre including PET scans, surgical dates and oncology. 	<ul style="list-style-type: none"> • Gynae – Expand see and treat capacity, streamline straight to test (STT) Additional lists provided throughout May to support STT. • Head and neck working with NUH colleagues to understand gap and address clinic capacity. • Urology working to increase template capacity with the start of MRI fusion in outpatients. • Lower GI to add additional clinics and theatres where possible. • ICS assessment and review of sustained increased demand • New cancer Steering Group in place to give greater focus to the cancer agenda and reducing patient waits 	<ul style="list-style-type: none"> • Additional lists for Gynae to be added in July For Gynae STT • Improvement in late July/ early Aug • Throughout Q1 and Q2 22/23. • Developing • Developing • Developing • First meeting took place 16/6/22
---	---	--

M2 Summary

- The Trust has reported a year to date deficit of £4.26m for the period up to May 2022 (on an ICS Achievement basis). This is an adverse variance of £0.22m to the planned deficit of £4.04m.
- NHS England & NHS Improvement (NHSE/I) has confirmed additional allocations in relation to excess inflation costs, and this additional income was recognised in the Trust plan resubmissions of 20th June 2022. The updated financial plan for SFH shows a deficit of £4.65m.
- The forecast outturn reported at Month 2 is a £4.72m deficit.
- Capital expenditure was £0.77m. This was £1.00m lower than plan, primarily relating to MRI where funding has yet to be formally approved.
- Closing cash at 31st May was £2.03m, which is £0.61m lower than planned. The Trust has complied with the 95% BPPC invoices paid by value target in month.

	May In-Month			Year to Date			Plan	Forecast	Forecast Variance
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m			
Income	36.08	36.25	0.18	73.33	73.32	(0.02)	450.23	448.72	(1.51)
Expenditure	(39.06)	(39.37)	(0.30)	(77.39)	(77.52)	(0.13)	(454.98)	(453.47)	1.51
Surplus/(Deficit) - ICS Achievement Basis	(2.98)	(3.17)	(0.20)	(4.04)	(4.26)	(0.22)	(4.65)	(4.72)	(0.07)
Capex (including donated)	(0.92)	(0.45)	0.47	(1.77)	(0.77)	1.00	(19.46)	(19.46)	-
Closing Cash	(1.20)	(4.12)	(2.92)	2.64	2.03	(0.61)	1.45	1.45	-

Best Value Care

ICS Achievement Basis, All values £'m

	In Month					YTD					Forecast				
	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Forecast	Covid Forecast	Total Forecast	Variance
Income:															
Contract Income	28.77	28.87	-	28.87	0.10	57.84	57.81	-	57.81	(0.02)	356.02	356.00	-	356.00	(0.02)
ERF	(0.19)	(0.19)	-	(0.19)	0.00	0.64	0.64	-	0.64	(0.00)	9.92	9.92	-	9.92	(0.00)
Other Income	7.47	7.54	-	7.54	0.07	14.81	14.83	-	14.83	0.02	83.97	82.51	-	82.51	(1.46)
Total Income	36.05	36.23	-	36.23	0.18	73.28	73.28	-	73.28	(0.01)	449.91	448.43	-	448.43	(1.48)
Expenditure:															
Pay - Substantive	(20.35)	(20.19)	(0.01)	(20.20)	0.14	(40.69)	(40.27)	(0.03)	(40.30)	0.39	(239.59)	(238.24)	(0.63)	(238.87)	0.72
Pay - Bank	(2.35)	(2.38)	(0.52)	(2.90)	(0.55)	(4.64)	(4.63)	(1.17)	(5.80)	(1.16)	(23.21)	(21.94)	(1.58)	(23.52)	(0.31)
Pay - Agency	(1.22)	(1.22)	(0.05)	(1.27)	(0.05)	(2.05)	(1.98)	(0.12)	(2.10)	(0.05)	(14.74)	(14.39)	(0.12)	(14.52)	0.22
Pay - Other (Apprentice Levy and Non Execs)	(0.11)	(0.12)	-	(0.12)	(0.00)	(0.23)	(0.22)	-	(0.22)	0.01	(1.35)	(1.33)	-	(1.33)	0.02
Total Pay	(24.03)	(23.91)	(0.58)	(24.49)	(0.46)	(47.61)	(47.10)	(1.32)	(48.42)	(0.81)	(278.89)	(275.91)	(2.33)	(278.24)	0.64
Non-Pay	(12.33)	(12.06)	(0.23)	(12.29)	0.04	(24.44)	(23.45)	(0.48)	(23.94)	0.51	(142.93)	(141.14)	(1.11)	(142.25)	0.68
Depreciation	(1.25)	(1.21)	-	(1.21)	0.04	(2.49)	(2.39)	-	(2.39)	0.10	(14.80)	(14.70)	-	(14.70)	0.10
Interest Expense	(1.41)	(1.41)	-	(1.41)	0.00	(2.78)	(2.78)	-	(2.78)	(0.00)	(16.64)	(16.64)	-	(16.64)	(0.00)
PDC Dividend Expense	-	-	-	-	-	-	-	-	-	-	(1.31)	(1.31)	-	(1.31)	-
Total Non-Pay	(15.00)	(14.68)	(0.23)	(14.91)	0.08	(29.71)	(28.62)	(0.48)	(29.11)	0.60	(175.68)	(173.79)	(1.11)	(174.90)	0.78
Total Expenditure	(39.03)	(38.59)	(0.81)	(39.40)	(0.37)	(77.32)	(75.73)	(1.80)	(77.53)	(0.21)	(454.57)	(449.70)	(3.44)	(453.14)	1.42
Surplus/(Deficit)	(2.98)	(2.36)	(0.81)	(3.17)	(0.20)	(4.04)	(2.45)	(1.80)	(4.25)	(0.21)	(4.65)	(1.27)	(3.44)	(4.71)	(0.07)

The table above shows the year to date deficit position of £4.25m for the period up to Month 2 (May 2022).

This deficit represents an adverse variance to plan of £0.21m, which is due to the additional costs of capacity that has been put in place to support operational pressures, including the Sherwood Community Unit.

The Trust has reported full receipt of planned ERF income. Although the Trust performance is below the plan, the plan has been achieved at an ICS level. Confirmation of this income is still to be confirmed by NHSE/I.

The forecast outturn reported at Month 2 is broadly aligned to the revised financial plan, as a deficit of £4.7m. A number of risks remain inherent in the 2022/23 financial plan and a detailed forecast outturn, including sensitivity analysis, will be worked through at the end of Quarter 1 to take account the current bed pressures, ERF & FIP achievement, Covid costs, some of the assumed income streams and excess inflation.

FY23 Target		FY23 Forecast		FY23 Variance		M2 Target		M2 Actual		M2 Variance		YTD Target		YTD Actual		YTD Variance		Overall Status
FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	
£11.73m	£2.21m	£11.73m	£2.21m	£0.00m	£0.00m	£0.04m	£0.18m	£0.00m	£0.26m	£0.03m	£0.07m	£0.07m	£0.37m	£0.01m	£0.66m	£0.06m	£0.29m	
£13.94m		£13.94m		£0.00m		£0.22m		£0.26m		£0.04m		£0.44m		£0.66m		£0.22m		

Financial Improvement Plan Delivery

a. In-month delivery was slightly behind plan due to a delay in procurement savings; though these are expected to catch-up. Digital letters continued to achieve above plan.

Elective Recovery Funding (ERF)

- a. The Transformation & Efficiency Programme continues to contribute to the delivery of ERF. This will however be reported separately. Should activity exceed plan however, and this results in the delivery of additional ERF, this additional funding will be allocated to the FIP.
- b. In-month delivery is above the planned trajectory overall, however the Theatres Transformation activity is below plan. The overall impact on the achievement of ERF in month 2 is not yet known. The figures shown are therefore indicative at this stage.
- c. The planned trajectory for 2022-23 is being reviewed, in line with revised (stretch) targets.

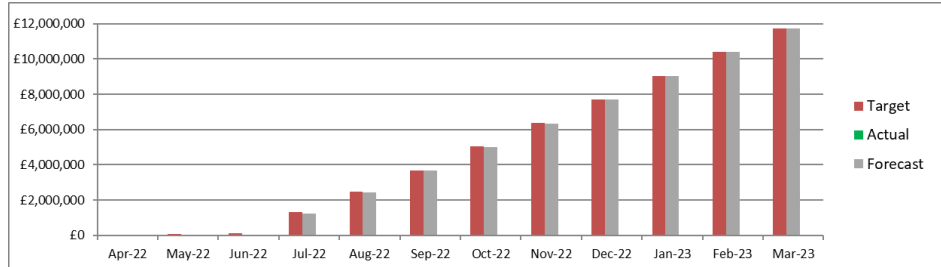
Full Year Forecast

- a. It has been assumed, at this stage, that the 2022-23 FIP will be delivered in full by the end of the year. The 'overall status' therefore has been rated green.
- b. The Medical, NMAHP and Procurement Programmes are expected to be included in month 3 reporting.
- c. There is currently £3.8m unallocated FIP, which has notionally been assigned to individual divisions. There are 50+ programme specific ideas currently being worked up, with an additional 40+ schemes on the idea's log. These ideas will help address the unallocated amount.

Issues and Risks

- a. Although a large-scale Transformation and Efficiency programme has been worked up, there is (as noted above) £3.8m currently unallocated. This and the targets for all programme are expected to be split across the Divisions for month 3 reporting.
- b. Delays in the re-establishment of 'pre-Covid bank rates' will potentially delay savings identified as part of the NMAHP Transformation Programme.

Item 1: Cumulative Phased Forecast Savings Plan (excl. ERF)



Item 2: Summary by Programme

Key > 95% > 75% < 75%

Programme	Month 2 YTD Target			Month 2 YTD Actual			Delivery RAG
	FIP	ERF	Total	FIP	ERF	Total	
Outpatients Innovation	£3,333	£243,958	£247,291	£5,064	£656,824	£661,888	
Theatres Transformation	£0	£125,000	£125,000	£0	£0	£0	
NMAHP Transformation	£0	£0	£0	£0	£0	£0	
Medical Transformation	£0	£0	£0	£0	£0	£0	
Pathology Transformation	£0	£0	£0	£0	£0	£0	
Diagnostics Transformation Programme	£0	£0	£0	£0	£0	£0	
Ophthalmology Transformation	£0	£0	£0	£0	£0	£0	
Corporate Services	£66,667	£0	£66,667	£0	£0	£0	
Divisional Schemes	£0	£0	£0	£0	£0	£0	
Total	£70,000	£368,958	£438,958	£5,064	£656,824	£661,888	