



Single Oversight Framework

Reporting Period: Quarter 1
2022/23

Inspected and rated

Good



Single Oversight Framework – Q1 Overview (1)



| Domain | Overview & risks | Lead |
|----------------------------|--|---------------|
| <p>Quality Care</p> | <p>During June we continued to encounter significant challenges on our service across the organisation with additional capacity remaining open. Despite this the experience of those accessing our services remains positive. We have had no serious incidents declared that were staffing was a contributing factor. Hospital acquired pressure ulcers remain consistently low. Infection control remains a priority for the organisation</p> <p>During June there are 4 exception reports:</p> <ul style="list-style-type: none"> • Patient safety incidents: Performance 43.70 (TYD 46.09) target >44. The trust continued to have good incident reporting culture. We have observed a slight increase in incidents being reported covered to the previous year. Incident report continues to demonstrate that there is no evidence for potential under reporting of incidents at SFH. • CDIFF: Performance 27.35 (YTD 18.23) against a standard of 20.6. A reduction in the number of hospital associated cases of Cdiff when compared with the same time last year, although there has been an increase during June. • Rolling 12 month MRSA bacteraemia: performance 5.47 (TYD 3.65) against a standard of 0. Investigation concluded and identified action plan being implemented. • Rolling 12 month HSMR: current performance 112.8 against a standard of 100. HSMR superimposed on fluctuations tracking the nation trends. A series of actions are scheduled to improve performance. | <p>MD, CN</p> |

Single Oversight Framework – Q1 Overview (2)



| Domain | Overview & risks | Lead |
|------------------------------------|---|---------------------|
| <p>People & Culture</p> | <p>People</p> <p>In Q1 our sickness absence levels and overall workforce loss has fluctuated. The current sickness level is reported as 4.3% which is an increase when compared to 3.7% in May 2022. This sits above the revised trust target (4.0%). The main reasons for sickness are reported as Chest and Respiratory and Stress and Anxiety problems. Total workforce loss (Inc. sickness, maternity and infection precaution) sits at 7.1%, 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 via a dedicated wellbeing team which is ensuring this is embedded within the division and corporate areas. • Wellbeing Walk arounds by the People, Culture and Improvement Directorate. • Divisional coaching and 121 support for managers is in place with the People Partner team, • Development of financial wellbeing group to offer support to staff in the context of a cost of living crisis. • A range of online sickness absence management training is also available via Sherwood E-Academy. • Dedicated sickness absence training for Medirest Colleagues to support ROE staff health and wellbeing. • Colleague support leaflet introduced and circulated to all managers through People and Performance <p>Overall resourcing indicators for Q1 2022 are positive, however our overall vacancy's has increased, but turnover sits under the trust target.</p> <p>There is currently a cost of living crisis and measures are being implemented to support our people. The Trust has implemented a 26% increase in national terms and conditions mileage rates to support staff who use cars as part of their role. The have also been the development of a financial wellbeing group to consider and implement support for staff in the current financial climate.</p> <p>Improvement</p> <p>As part of the vision for Continuous Improvement at SFH, our QI Maturity Matrix survey findings were shared with SLT in June 22, following analysis by EMAHSN. Ensuing actions will feedback into the PCI Strategy. Our aim is to increase visibility and understanding of our Improvement offer at SFH through a simplified message.</p> <p>73 colleagues have undergone QI training in Q1 as part of both bronze and silver level offers, increasing in comparison to Q4 and a hopeful indication of a return to 'BAU' post-pandemic.</p> <p>The number of QI projects registered in Q1 has remained consistent compared to Q4. We hope to see an improvement in this in the coming months, once our AMAT 'QI module' launches and we gain additional resource within the team to support with colleague engagement activities. Significant progress continues at system level to develop an integrated QI/OD approach through the ICS OD & Improvement Community of Practice.</p> <p>We were successful in securing £20k in funding from the Health Foundation to progress the single digital Innovation Hub; 20 projects were funded nationally out of 130+ original bids. This is now being progressed with key stakeholders.</p> | <p>DOP, DCI</p> |

Single Oversight Framework – Q1 Overview (2)



| Domain | Overview & risks | Lead |
|------------------------------------|--|---------------------|
| <p>People & Culture</p> | <p>Culture and Engagement</p> <p>The Q1 2022 quarterly pulse survey ran across April. In March the Trust moved to a new provider (Cisco) for patient and colleague experience. Unfortunately, a small number of questions were missed off our survey, meaning recommendation as a place to work and recommendation as a place to receive care results are unavailable for Q1. This has been rectified for the Q2 pulse survey running in July.</p> <p>In the 21/22 Q4 pulse survey, recommend as a place to work had dropped to 75.4%, with our national staff survey results (Oct/Nov) reported as 74.8%. Whilst disappointing, this result was 15.4% above national average for our comparator group, with notable decline seen across the whole of the NHS. Our commitments to improve across 2022/23 aim to support colleagues experience of Sherwood, thus helping to sustain and improve where possible.</p> <p>Engagement of 2021 National Staff Survey results continues – results were analysed with 3 theme commitments identified focussed on 'Valuing You' 'Caring about You' and 'Developing You'. Progress at a Trust level against these themes is underway with updates reported through existing governance frameworks and Trust communications channels. Divisional and team actions continue to be supported at a local level with progress discussed as part of the DPR process quarterly.</p> <p>Learning & Development</p> <p>Our Mandatory Training and Development compliance for June/Q1 is 87%. This is marginally below the Trust target (90%). Training has now resumed as normal and we expect to see an upturn in the coming months. Mandatory Training workbook reviews continued throughout Q1, with engagement sessions to colleagues around changes. The introduction of the 'Request for new workbooks' form continues to work well following launch in April.</p> <p>Appraisals levels currently sit at 85% for June (86% for Q1/YTD), this is below the Trust target but favourable in comparison to National/local levels. A working group is in place to improve compliance and experience, with the first meeting being held in June.</p> | <p>DOP, DCI</p> |

Single Oversight Framework – Q1 Overview (3)



| Domain | Overview & risks | Lead |
|---------------------------|---|------------|
| <p>Timely care</p> | <p>June continued to be challenging across the emergency pathway with the highest average daily attendances through the emergency department so far this year (512), 17 days of the month saw over 500 attendances. Quarter 1 saw the trust receive the highest number of attendances in Q1 since recording of the data in its current format commenced in 2019. MSFT patient numbers continued to be high over the month and whilst a dip was apparent in May, this has now returned to April levels. The trust continued to declare OPEL level 4 throughout the majority of the month, with patients experiencing long delays in ED however there were a few days where the trust was able to deescalate to level 3 due to reduced attendances and some high discharge days across the wards.</p> <p>SFH ED 4hr standard was lower than in the first two months of the quarter however use of SDEC remained high and admission avoidance pathways used to maximum benefit. This may in part have adversely affected the 4hr position as patients were fully worked up in ED to avoid a deeper admission as the patients were not appropriate for admission. The pressure experienced in the trust was replicated across the country and whilst it was a challenging month, SFH ED performance was ranked 9th Nationally and 1st in the region. Bed occupancy remains higher than the national (93%) and regional (93.4%) levels resulting in long waits for patients and overcrowding in ED.</p> <p>Elective Inpatient procedures were adversely affected over the month of June, in the main due to two factors, lack of anaesthetic cover as a result of vacancies and the end of locum contracts and the repurposing of medical outpatient diagnostic capacity to Inpatient emergency pathway capacity to assist with emergency flow and admission avoidance.</p> <p>The trust submitted a non compliant plan against the follow up reduction target of 25% in the 2022/23 planning round. To date the reduction made has been small (4.4%) and due to the size of the overdue review list it is unlikely that this will improve significantly. Good progress has been made however against the 5% Patient Initiated Follow Up target and the trust presented areas of good practice at the national NHS Confed conference in June.</p> <p>The number of patients waiting more than 62 days on a suspected cancer pathway in June was 137 which is above trajectory. 62 day performance for May was 58% which was below the national average of 61.5% but above the ICS average of 55.9%. The average wait for first definitive treatment in April was 67 days (68 in May 2019). The Faster Diagnosis Standard (FDS) performance was 77.1% against the 75% standard with SFHT ranked 27 out of 125 trusts.</p> | <p>COO</p> |

Single Oversight Framework – Q1 Overview (4)



| Domain | Overview & risks | Lead |
|-----------------|---|------|
| Best Value care | <p>Income & Expenditure:</p> <ul style="list-style-type: none"> The 2022/23 Quarter 1 Finance report details the Trust’s financial performance for the period to the end of June 2022. The annual plan is a deficit position of £4.7m. Year-to-Date performance at Month 3 is a deficit of £5.2m, which is £1.3m adverse to plan. This is mainly due to the continued operational pressures and the need for additional winter capacity to remain open during Quarter 1 of 2022/23. A detailed forecast outturn has been prepared at Quarter 1 and this shows delivery of the planned £4.7m deficit for the financial year. However, numerous risks to this delivery exist, particularly in relation to: <ul style="list-style-type: none"> Elective Recovery Funding Transformation & Efficiency Plan Covid Expenditure Operational Pressure and Additional Capacity The reported position includes expenditure of £2.5m for COVID-19 and Covid-19 Vaccination Programme costs of £2.6m. <p>Financial Improvement Programme (FIP):</p> <ul style="list-style-type: none"> The Financial Improvement Programme (FIP) delivered savings of £0.3m in June 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"> Capital expenditure of £1.1m has been reported to the end of June 2022 against a plan of £3.5m The underspend to the original plan is being primarily driven by the MRI scheme, which is subject to a separate funding bid, and general underspends across all three capital expenditure headings. This is in part driven by the timing of receipt of goods where orders have been placed. Closing cash for the period was £2.9m, which is £0.6m better than plan. The forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required, however, there are some timing pressures on receipt and payment which need to be managed. | CFO |

Single Oversight Framework – Q1 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 | Safe | Rolling 12 month count of Never Events | 0 | Jun-22 | 0 | - | | G | MD/CN | Q |
| | | Serious Incidents including Never Events (STEIS reportable) by reported date | <21 | Jun-22 | 4 | 4 | | G | MD/CN | Q |
| | | Patient safety incidents per rolling 12 month 1000 OBDs | >44 | Jun-22 | 46.09 | 43.70 | | R | MD/CN | M |
| | | All Falls per 1000 OBDs | 6.63 | Jun-22 | 7.58 | 6.73 | | A | CN | M |
| | | Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's | 20.6 | Jun-22 | 18.23 | 27.35 | | R | CN | M |
| | | Covid-19 Hospital onset | <37 | Jun-22 | 37 | 12 | | A | CN | M |
| | | Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's | 0 | Jun-22 | 3.65 | 5.47 | | R | CN | M |
| | | Eligible patients having Venous Thromboembolism (VTE) risk assessment | 95.0% | May-22 | 92.3% | 94.2% | | A | CN | M |
| | | Safe staffing care hours per patient day (CHPPD) | >8 | Jun-22 | 9.0 | 8.8 | | G | CN | M |
| | Caring | Complaints per rolling 12 months 1000 OBD's | <1.9 | Jun-22 | 1.24 | 0.88 | | G | MD/CN | M |
| | | Recommended Rate: Friends and Family Accident and Emergency | <90% | Jun-22 | 90.1% | 89.8% | | A | MD/CN | M |
| | | Recommended Rate: Friends and Family Inpatients | <96% | Jun-22 | 95.2% | 96.0% | | G | MD/CN | M |
| | | Eligible patients asked case finding question, or diagnosis of dementia or delirium | ≥90% | Jun-22 | 86.0% | 89.1% | | A | MD/CN | Q |
| | Effective | Rolling 12 months HSMR (basket of 56 diagnosis groups) | 100 | Jun-22 | 112.8 | - | | R | MD | Q |
| | | SHMI | 100 | Nov-21 | 97.13 | - | | G | MD | Q |
| | | Cardiac arrest rate per 1000 admissions | ≤1.0 | Jun-22 | 0.64 | 0.85 | | G | MD | M |
| Cumulative number of patients participating in research | | 2200 | Jun-22 | 502 | - | | G | MD | Q | |

Single Oversight Framework – Q1 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 & CULTURE | Staff health & well being | Sickness Absence | <4.0% | Jun-22 | 4.4% | 4.3% | | A | DoP | M |
| | | Total Workforce Loss (inc Sickness, Maternity, Infection Precaution) | <6.5% | Jun-22 | 7.1% | 6.7% | | A | DoP | M |
| | | Employee Relations Management | <10-12 | Jun-22 | 21 | 7 | | G | DoP | M |
| | Resourcing | Vacancy rate | <6.0% | Jun-22 | 4.6% | 5.1% | | G | DoP | M |
| | | Turnover in month (excluding rotational Drs.) | <0.9% | Jun-22 | 0.6% | 0.6% | | G | DoP | M |
| | | Mandatory & Statutory Training | >90% | Jun-22 | 87.0% | 87.0% | | A | DoCI | M |
| | | Appraisals | >95% | Jun-22 | 86.3% | 85.0% | | R | DoCI | M |
| | Culture & Improvement | Recommendation of place to work | ≥80% | Qtr4 2021/22 | 76.7% | 75.4% | | A | DoCI | Q |
| | | Recommendation of place to receive care | ≥80% | Qtr4 2021/22 | 84.4% | 85.1% | | G | DoCI | Q |
| | | Qi Training - Bronze | >60 | Qtr1 2022/23 | 59 | 59 | | A | DoCI | Q |
| Qi Training - Silver | | >15 | Qtr1 2022/23 | 14 | 14 | | A | DoCI | Q | |
| Number of QI Projects | | >40 | Qtr1 2022/23 | 26 | 26 | | A | DoCI | Q | |

Single Oversight Framework – Q1 Overview (3)







Sherwood Forest Hospitals
NHS Foundation Trust

| At a Glance | Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency | |
|-------------|----------------|---|-------------------|-------------|-----------------------------|--------|------------|--------------------|-----------|---|
| TIMELY CARE | Emergency Care | Number of patients waiting >4 hours for admission or discharge from ED | 90.0% | Jun-22 | 79.5% | 77.6% | | R | COO | M |
| | | Mean waiting time in ED (in minutes) | 220 | Jun-22 | 203 | 210 | | G | COO | M |
| | | Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes | <5% | Jun-22 | 4.8% | 6.1% | | A | 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 | Jun-22 | 2.2% | 2.7% | | | COO | M |
| | | Mean number of patients who are medically safe for transfer | <22 | Jun-22 | 97 | 96 | | R | COO | M |
| | | Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep) | <92% | Jun-22 | 95.2% | 96.6% | | R | COO | M |
| | Elective Care | Remote Attendances as a percentage of Total Outpatient Attendances | on trajectory | Jun-22 | 17.4% | 16.1% | | R | COO | M |
| | | Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway | on trajectory | Jun-22 | - | 4.8% | | G | COO | M |
| | | Follow Up Outpatient Attendances reduce against Yr2019/20 | on trajectory | Jun-22 | -4.4% | -2.2% | | R | COO | M |
| | | Elective Day Case activity against Plan | on trajectory | Jun-22 | 95.3% | 94.2% | | A | COO | M |
| | | Elective Inpatient activity against Plan | on trajectory | Jun-22 | 90.1% | 81.0% | | R | COO | M |
| | | Elective Outpatient activity against Plan | on trajectory | Jun-22 | 100.9% | 100.1% | | G | COO | M |
| | Diagnostics | Diagnostics activity increase against Yr2019/20 | on trajectory | Jun-22 | 111.1% | 113.4% | | G | COO | M |
| | RTT | Number of patients on the incomplete RTT waiting list | on trajectory | Jun-22 | - | 43012 | | A | COO | M |
| | | Number of patients waiting 78+ weeks for treatment | on trajectory | Jun-22 | - | 72 | | G | COO | M |
| | | Number of patients waiting 104+ weeks for treatment | on trajectory | Jun-22 | - | 0 | | G | COO | M |
| | | Number of completed RTT Pathways against Yr2019/20 | on trajectory | Jun-22 | 95.8% | 99.6% | | A | COO | M |
| | Cancer Care | Number of patients waiting over 62 days for Cancer treatment | 88 | Jun-22 | - | 134 | | R | COO | M |
| | | Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral | 75.0% | May-22 | 77.7% | 77.1% | | G | COO | M |

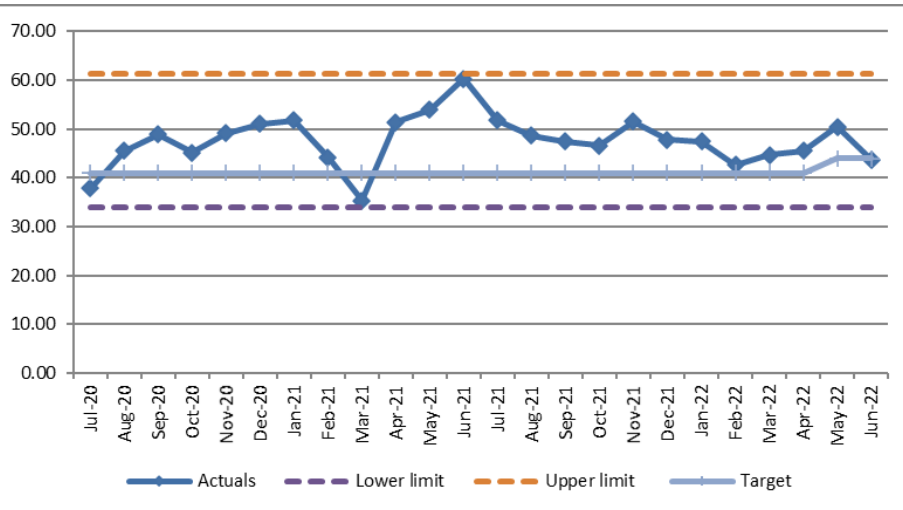
Single Oversight Framework – Q1 Overview (4)



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 | Jun-22 | -£1.31m | -£1.09m |  | A | CFO | M |
| | | Financial Improvement Programme - Trust level performance against Plan | Jun-22 | £0.27m | £0.04m |  | G | CFO | M |
| | | Capital expenditure against Plan | Jun-22 | £2.45m | £1.46m |  | A | CFO | M |
| | | Cash balance against Plan | Jun-22 | £0.60m | £0.04m |  | G | CFO | M |

| Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency |
|---|-----------------|--------|-------------|-----------------------------|-------|------------|--------------------|-----------|
| Patient safety incidents per rolling 12 month 1000 OBDS | >44 | Jun-22 | 46.09 | 43.70 | | R | MD/CN | M |



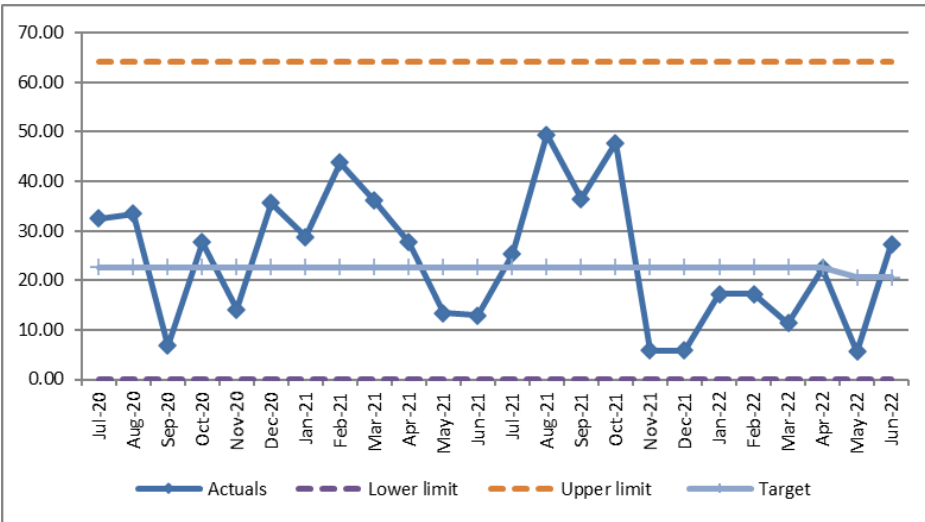
National position & overview

The latest NRLS report demonstrates that between April 2020 – March 2021, the Trust continued to have a positive incident reporting culture with the numbers increasing slightly when compared to the previous year. The report continues to demonstrate that there is no evidence for potential under reporting of incidents at SFH. We are still awaiting the report for 2021/22

- A total of 3262 incidents were reported on Datix during Q1. Of these:
- 2547 reported as ‘no harm’.
 - 660 reported as ‘low harm’.
 - 15 reported as ‘moderate harm’.
 - 5 reported as ‘severe harm’.
 - 8 reported as ‘catastrophic harm’

| Root causes | Actions | Impact/Timescale |
|---|--|---|
| <ul style="list-style-type: none"> • Colleagues are encouraged to report incidents via training and monthly incident updates delivered across a variety of forums. • The highest reported incident remains Pressure Ulcers – the overwhelming majority being present on admission. Falls are the second highest followed by skin damage and medication. | <ul style="list-style-type: none"> • Continue to encourage high reporting rates. • Continue to share the learning from incidents while developing innovative new methods to disseminate learning. • Continue to develop the knowledge and skills of staff to manage and investigate incidents . • Continue to monitor reporting rates and identify themes and trends. • Preparation continues for the launch of the Patient Safety Incident Response Framework (PSIRF) which will replace the Serious Incident Framework. • Preparation continues for the launch of the Learning From Patient Safety Events service (LFPSE) which will replace NRLS for the recording and analysis of patient safety incidents in healthcare. • Preparation continues for the roll out of the new Datix IQ . • Investigate all incidents | <ul style="list-style-type: none"> • Continue • Continue • Continue • On hold • March 2023 • On going • On going |

| Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency |
|---|-----------------|--------|-------------|-----------------------------|-------|------------|--------------------|-----------|
| Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's | 20.6 | Jun-22 | 18.23 | 27.35 | | R | CN | M |



National position & overview

- This year the organisation has been given a trajectory for Cdiff of 92 cases, however this is higher than usual and is currently under review therefore we are continuing to work to our previous trajectory of 57.
- The Trust have seen a reduction in the number of hospital associated cases of Cdiff when compared with the same time last year, although there has been a slight increase during June.
- Total Trust Attributed Cdiff cases to date for this year is 17, compared to 21 in 2021 /22

Root causes

- There have been 5 cases of hospital acquired Cdiff in June.
- 3 are related to 1 ward that is being investigated as an outbreak, unfortunately 2 of those cases have the same ribotype, indicating cross infection.

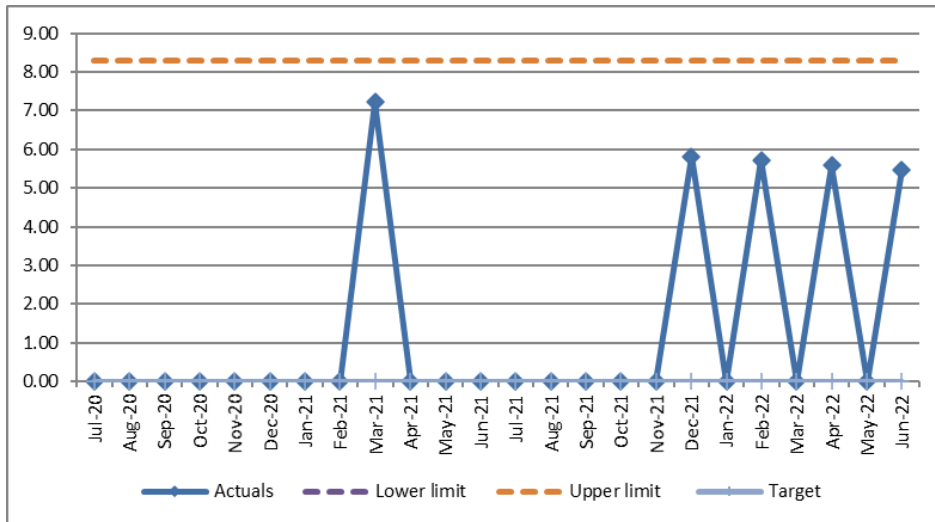
Actions

- All samples are being sent to Leeds for ribotyping;
- Additional typing carried out on those 2 that are the same ribotype and has return as indistinguishable
- RCA's are being carried out on all cases.
- Outbreak meetings being held with regards to increase in cases on one ward.
- Daily audits are being undertaken on the outbreak ward by the Infection Control Team

Impact/Timescale

- Ongoing
- Complete
- Completed
- Next meeting 29/07/2022
- Until the outbreak is closed, usually after 28 days after declaration.

| Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency |
|--|-----------------|--------|-------------|-----------------------------|-------|------------|--------------------|-----------|
| Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's | 0 | Jun-22 | 3.65 | 5.47 | | R | CN | M |



National position & overview

- The Trusts national trajectory for MRSA bacteraemia is zero for 2022-23.
- All organisations nationally now have a zero target for MRSA.
- Other organisations in the region have also observed an increase in MRSA blood stream infections.

Root causes

- The direct source of this bacteraemia has been investigated and can not be determined.
- This patient had a previous history of MRSA colonisation to their skin and has been treated on several occasions since 2011.
- Decolonisation treatment was not commenced on admission for the patient due them being high risk.

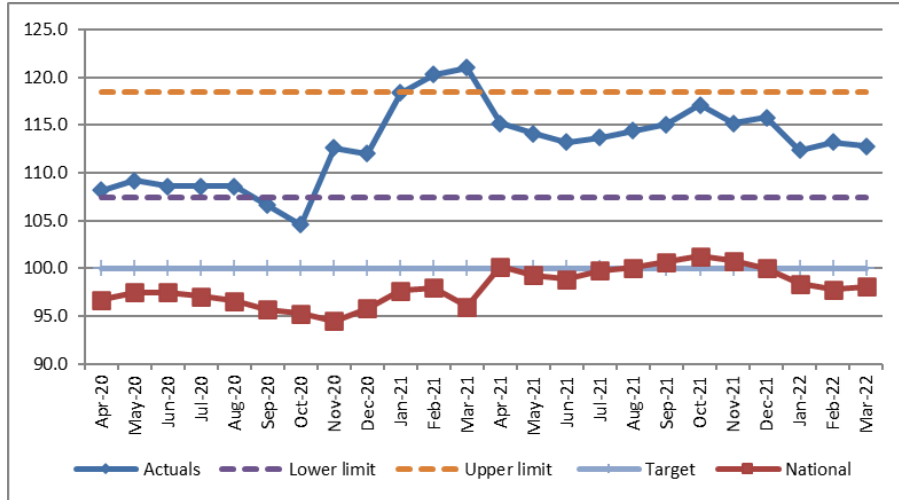
Actions

- Complete RCA
- Screened in line with policy on each admission.
- Ward update reminded to commence decolonisation on admission and IPCT reminding teams on all wards.

Impact/Timescale

- complete
- Complete
- Ongoing

| Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency |
|--|-----------------|--------|-------------|-----------------------------|-------|------------|--------------------|-----------|
| Rolling 12 months HSMR (basket of 56 diagnosis groups) | 100 | Jun-22 | 112.8 | - | | R | MD | Q |



National position & overview

Reporting (June 2022) highlights 10 alerting diagnosis groups, including:
 Inflammation of the eye, Coagulation / Haemorrhagic disorders, Epilepsy
 Viral infections, Intestinal infection, Deficiency and anaemia, COPD (see below), Connective Tissue disease Cancer (other / unspecified) and Stomach

Removal of Covid-19 activity removes viral infections, deficiency / anaemia and connective tissue disease alerts

2 new CUSUM alerts:

- Inflammatory (male genital) – 1 death
- Septicaemia (except labour) – 249 deaths

Low Palliative coding continues to be highlighted as a key influencer on HSMR but not SHMI.

Root causes

High numbers of residual codes were reported in latest data; a one-month delay is therefore being used to show the most accurate and up to date reflection of position. Despite a step-reduction the month previous, latest HSMR at SFHT has seen a small rise, factors thought to include the modelling adjustment and residual codes.

- HSMR 113.2 (109.6 ex-covid)- Above Expected (previous report 117 / 108.8)
- To be “as expected”, there would need to be a minimum 4-5pt reduction.
- SMR 116.9 (111.5 ex-covid)- High (previous report 123.2 / 109.3)
- SHMI 97.96- As Expected (previous report 97.45)

The report highlights HSMR outlier alerts, the majority with small volumes of deaths. These have low impact on overall HSMR but still do contribute to the gap between observed and expected.

Actions

Early escalation and review highlighted potential incomplete (and delay in) data submission supporting the need to time-lag reporting.

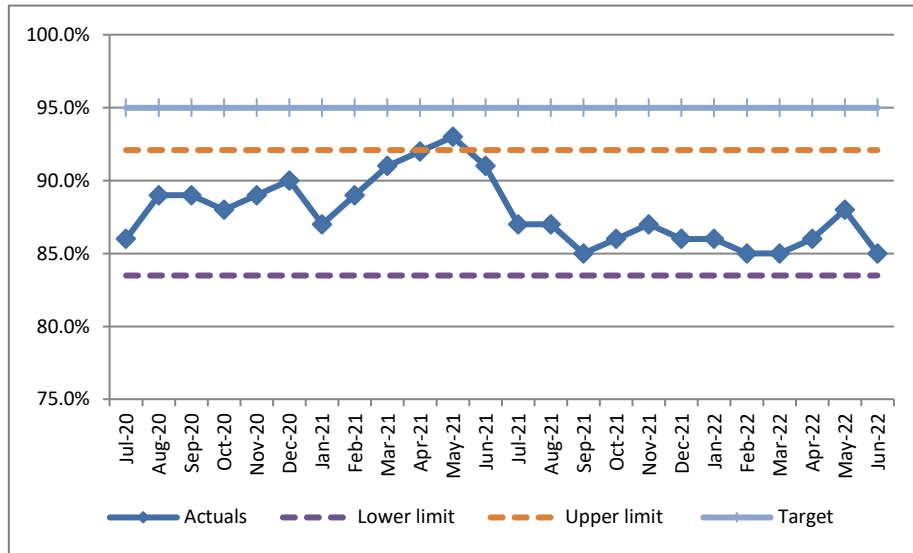
Initial review of coding related to Eye infection (3 patients), Coagulation (4 patients) and Epilepsy (8 patients), highlighted coding of presentation was generally accurate but did not always relate to direct (or primary) cause of death as per MCCD.

On going work with Dr Foster to analyse the associated data with CUSUM alerts

Impact/Timescale

- SUS submission to be earlier in month
- Continue to observe for persistence/ recurrence
- On going

| Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency |
|------------|-----------------|--------|-------------|-----------------------------|-------|------------|--------------------|-----------|
| Appraisals | >95% | Jun-22 | 86% | 85% | | R | DoCI | M |



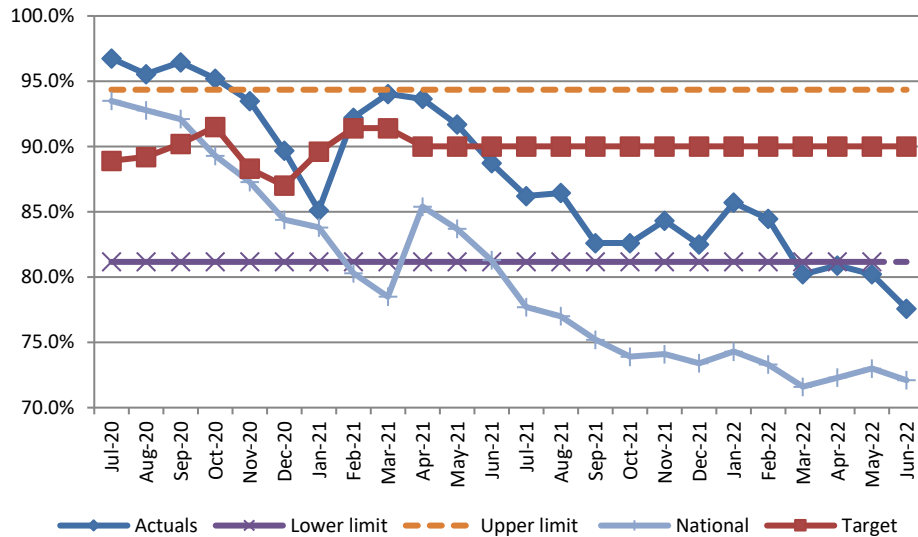
National position & overview

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 85.0% in June (86% for Q1/YTD)</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. Operational pressures during May and June impacted on compliance plus we have seen workforce loss rise due to COVID absences.</p> <p>Access to the face to face skills element of mandatory training is difficult, this is due to non attendance and blocking of paces, in some cases we have seen double and triple booking.</p> | <p>Our Trust People Partners will continue to support discussions with Line Managers at confirm and challenge sessions, seeking assurance and guidance on expected completions.</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>We will strive for improvements in compliance between now and September but recognise this is prime time for leave so will continue to monitor.</p> <p>By end of 22/23.</p> <p>Appraisals working group meeting went ahead in July, producing an options appraisal as regards the digital vs paper-based approach. Options Appraisal due to go out to group for consideration, feedback to be reviewed to identify next steps by end of Q2.</p> |

| Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency |
|--|-----------------|--------|-------------|-----------------------------|-------|------------|--------------------|-----------|
| Number of patients waiting >4 hours for admission or discharge from ED | 95.0% | Jun-22 | 79.5% | 77.6% | | R | COO | M |



National position & overview

- SFH performance was 79.5% for June 2022. Performance continues to be driven mainly by exit block and high numbers of MSFT, although average attendances were up in comparison to May 2022
- National rank 9th out of all comparison Trusts
- Regional Rank 1st out of all comparison Trusts
- In Q1 the trust saw the most ED attendances since recording in its current format started in 2019
- Newark UTC performed well with an average 98.5% 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
- Admission avoidance is still good across the trust and is the lowest in Q1 2022/23 than the last 4 years. This has a negative impact on the 4hr performance standard as patients are staying longer in ED to be discharged home rather than be admitted

Root causes

Bed capacity pressure

- 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

Activity

- The trust experienced the highest Q1 attendances since internal recording began in its current format in 2019 (45282 v 41645)

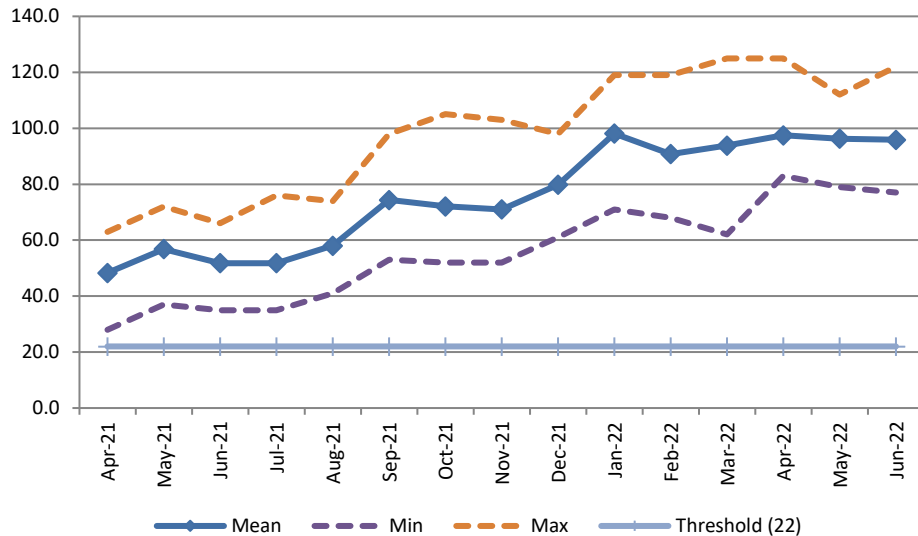
Actions

- Additional beds open across KMH, Newark and the Sherwood Community Unit
- The maximisation of Same Day Emergency care continues to be successful with 40-50% of patients streamed through to avoid admission
- Optimising Patient Journey initial development meeting with divisions and stakeholders took place at the beginning of July. Pillar leads have been identified
- Capacity and Demand exercise to be undertaken across ED Nursing and Medical staffing to try to minimise the effect of increased attendances where possible
- Full review of local, regional and national UEC actions to take place late July/early August
- Working with system partners to look at reasons for increased attendances

Impact/Timescale

- Implemented
- Implemented
- Development
- Development
- Development
- Development

| Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency |
|---|-----------------|--------|-------------|-----------------------------|-------|------------|--------------------|-----------|
| Mean number of patients who are medically safe for transfer | <22 | Jun-22 | 97 | 96 | | R | COO | M |

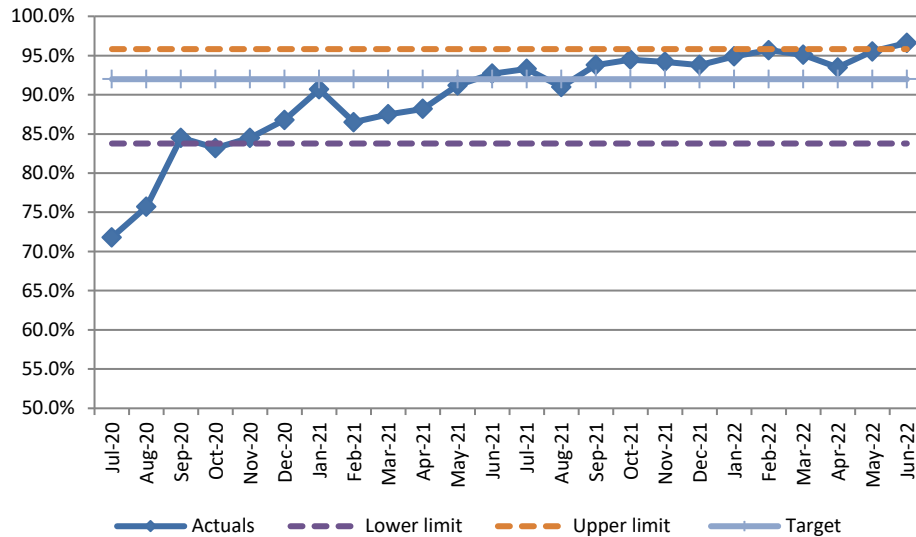


National position & overview

- The local position continues to remain significantly above the agreed threshold of 22 patients in the acute trust, in delay.
- The position is a direct link to capacity issues within adult social care and care agencies
- Additional winter and surge capacity remains open
- System Virtual Ward Business Case has been signed off
- System D2A business case on hold. Provider collaborative to pull forward ideas from health providers as winter mitigation
- System 'what good looks like' session to take place end of July to identify a system approach to MSFT
- 100 day discharge challenge task and finish group in place
- Discharge is one of the pillars of the internal Optimising Patient Journey (OPJ) improvement programme, pillar lead required

| 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. • Challenging system landscape inhibiting joined up working | <ul style="list-style-type: none"> • T2A (Ashmere/pathway 2 patients) process with system partners in place • Continuation of winter and surge capacity, although the location of part of this has changed from SSU and Sconce to Castle ward at NCH • D2A business case refocus • System virtual ward business case agreed, currently 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, although this is cumbersome and inflexible • Sherwood Community Care Home continues to support up to 19 MSFT patients • Development of discharge pillar actions and workplan as part of OPJ programme • Transfer of Care Hub to move back to site following remote working through COVID | <ul style="list-style-type: none"> • Implemented • Ongoing • Developing • Developing • Developing • Ongoing • Developing • Developing |

| Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency |
|--|-----------------|--------|-------------|-----------------------------|-------|------------|--------------------|-----------|
| Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep) | <92% | Jun-22 | 95.2% | 96.6% | | R | COO | M |

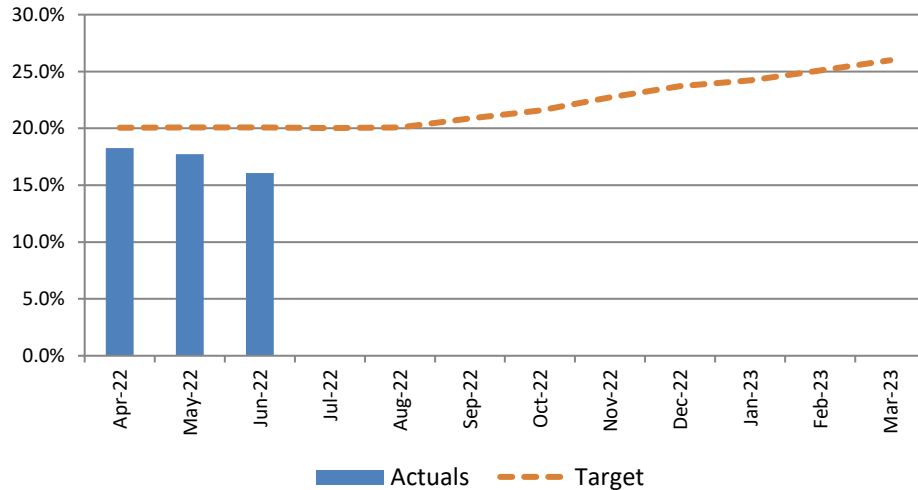


National position & overview

- The trust continues to operate at occupancy levels significantly higher than the planned 92%
- Delays to the onward care of MSFT patients continue to have a detrimental effect on capacity and flow
- The national average occupancy for type 1 providers is 93% with a slight increase on this for the Midlands region of 93.4% for June
- Occupancy reduction will form part of the Optimising Patient Journey programme launched in July 2022 by the COO and MD, through focussed discharge projects
- Q1 Admissions are the lowest they have been since the trust started recording activity in its current format in 2019 (4123 v 4597)

| 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 of patients who are medically fit for transfer but have no onward destination. • Bed modelling shows that the occupancy of the trust is almost entirely driven by increasing MSFT numbers | <ul style="list-style-type: none"> • Occupancy reduction will form part of the Optimising Patient Journey programme launched in July 2022 by the COO and MD • Daily MSFT calls with system to place patients. Escalation to daily system call. • System calls attended by DCOO to ensure appropriate challenge to partners • Continue to utilise SDEC and Streaming pathways to turn patients around at the front door and avoid admission • Progressing alternative discharge pathways with system colleagues through the Provider Collaborative | <ul style="list-style-type: none"> • Developing • Implemented • Implemented • Implemented • Implemented |

| Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency |
|--|-----------------|--------|-------------|-----------------------------|-------|------------|--------------------|-----------|
| Remote Attendances as a percentage of Total Outpatient Attendances | on trajectory | Jun-22 | 17.4% | 16.1% | | R | COO | M |



National position & overview

- Remote attendances incorporate both Telephone and Video consultations
- National target to reduce attendances by 25% (SFH submitted non compliant plan against this metric in ICS planning round)
- 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 biggest barrier to continued development of the virtual platform.
- Wider piece of work required to look at job plans, signal issues and availability of kit

| Root causes | Actions | Impact/Timescale |
|--|--|---|
| <ul style="list-style-type: none"> • Clinical appetite to progress ‘virtual’ agenda, preference to see a patient face to face • 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. • Review of existing telephone and email advice lines not currently recorded or reported. | <ul style="list-style-type: none"> • 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. • 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. • The process for recording and reporting this activity has been relaunched | <ul style="list-style-type: none"> • Developing • Developing • Implemented |

| Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency |
|---|-----------------|--------|-------------|-----------------------------|-------|------------|--------------------|-----------|
| Follow Up Outpatient Attendances reduce against Yr2019/20 | on trajectory | Jun-22 | -4.4% | -2.2% | | R | COO | M |

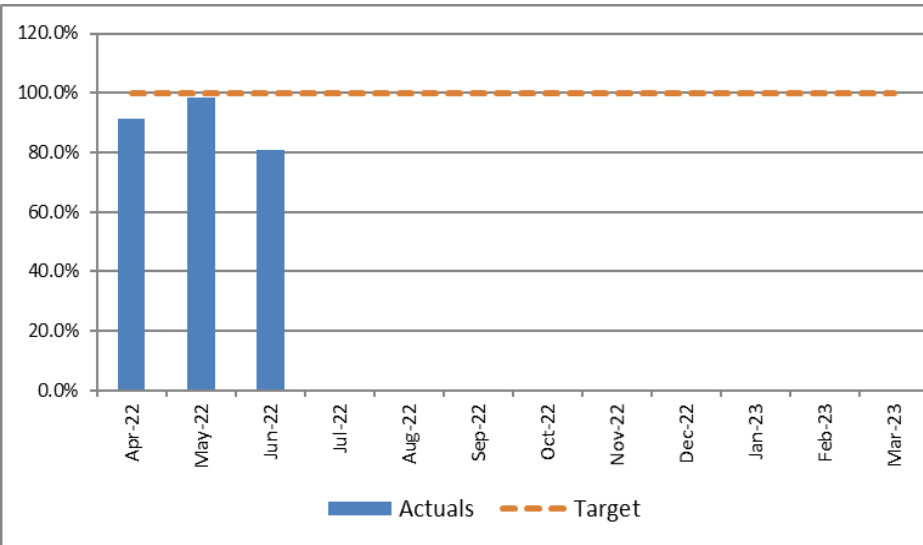
New Data Table in Development

National position & overview

- National Planning 2022/23 target to reduce follow up appointments by 25% of 2019/20 actuals
- SFH submitted a plan declaring that would not be compliant with the target in 2022/23 due to the size of the current overdue review backlog and activity plan aim to achieve 110% of 2019/20 activity
- The target will still be monitored and reported against at a trust level
- Most acute trusts in the midlands declaring a non compliant position
- Alternatives to Follow Up are being progressed through Patient Initiated Follow Up (PIFU)
- Current year to date position against plan is 4.4%
- Patient Initiated Follow Up is part of the overall follow up reduction scheme

| Root causes | Actions | Impact/Timescale |
|--|---|---|
| <ul style="list-style-type: none"> • PIFU pathways are not set up in all specialities. | <ul style="list-style-type: none"> • PIFU working group established • Project in place • Two cohorts. Cohort 1: Review of specialties using open appts and PIFU. Cohort 2: specialities only using open appts. | <ul style="list-style-type: none"> • Developing |
| <ul style="list-style-type: none"> • Standard PIFU pathways not suitable for patients with long term conditions. | <p>Development of a PIFU pathway for patients with long term conditions (PIFU SOS) will need to be established to enable all open appts to be transferred to PIFU pathways, as these patients will not be discharged.</p> | <ul style="list-style-type: none"> • Implemented |
| <ul style="list-style-type: none"> • Patient Knows Best (PKB) tool is in use within the clinical specialties but not being rolled out at the pace required. This tool allows patients to monitor and manage their own conditions and reduce the need to attend hospital unnecessarily (Non PIFU but an enabler) | <p>Deputy DGMs from Medicine and Surgery to progress PKB and report back to the Board with support offered via the Transformation team.</p> | <ul style="list-style-type: none"> • Implemented |

| Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency |
|--|-----------------|--------|-------------|-----------------------------|-------|------------|--------------------|-----------|
| Elective Inpatient activity against Plan | on trajectory | Jun-22 | 90.1% | 81.0% | | R | COO | M |

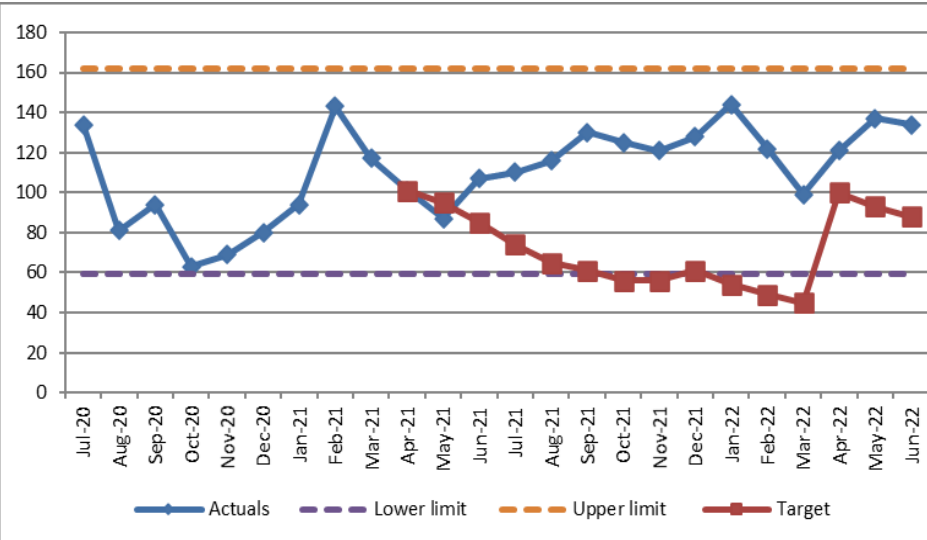


National position & overview

- For June 2022 the activity volume is 81% against the 2022/23 plan and 60% of 2019/20 activity.
- When comparing the June 2022 projection to June 2019, activity for both years:
 - Elective inpatient – 289 v 480 (-191)
- Elective IP activity throughout June was adversely affected due to increased emergency pathway pressures with specialties such as Cardiology cancelling elective lists to arrange additional inpatient lists to increase discharge and improve flow.
- Limited internal anaesthetic cover, with up to 19 lists cancelled in one week due to the lack of anaesthetists

| Root causes | Actions | Impact/Timescale |
|--|--|---|
| <ul style="list-style-type: none"> • Sustained urgent and emergency care pathway pressures • Anaesthetic cover | <ul style="list-style-type: none"> • Additional lists to make up the lost capacity • Plans to increase the number of lists available • Plans to use external agency to ‘insource’ anaesthetists • Successful recruitment of anaesthetists in June, the benefit of which may not be seen until July/August • Flexibly using available lists across all specialties and trauma to ensure that patients are seen in a timely way | <ul style="list-style-type: none"> • Implemented • Implemented • Implemented • Implemented • Implemented |

| Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | Executive Director | Frequency |
|--|-----------------|--------|-------------|-----------------------------|-------|------------|--------------------|-----------|
| Number of patients waiting over 62 days for Cancer treatment | 88 | Jun-22 | - | 134 | | R | COO | M |



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 27^h out of 125 providers for Faster Diagnosis Standard achieving 77.1% against the 75% standard
- SFH were ranked 80th out of 125 providers for 62 day performance
- SFH 62 day waiting time was 58.0% for May, against the national 61.5% and ICS 55.9%
- The average wait for definitive treatment in May was 67 days (68 in May 2019)
- 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. June ended at 134, above the February 2020 average of 70 and above the trajectory of 105

Root causes

- Delays to STT in Gynae due to Hysteroscopy capacity
- Delays to first seen in Skin due to clinic 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.

Actions

- Gynae – Expand see and treat capacity, streamline straight to test (STT) Additional lists provided throughout May, June and July to support STT.
- Skin – Additional clinic capacity being put in place for August and return to original clinic space.
- 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
- Significant investigatory work to understand the drivers of the backlog being undertaken by the Head of Elective Care

Impact/Timescale

- Additional lists for Gynae to be added in July For Gynae STT. Significant improvements being seen in waits for STT
- Improvement in late Aug
- Throughout Q1 and Q2 22/23.
- Developing
- Developing
- Developing
- First meeting took place 16/6/22. Next meeting 18/8/22
- Developing

Best Value Care

| | | | |
|---|------------------|-----------------|--|
| Income & Expenditure <i>Trust Level Performance against Plan</i> | In-Month | (£1.09m) | The Trust has reported a deficit of £0.98m for Month 3 (June 2022), on an ICS Achievement basis. This is a £1.09m adverse variance to the planned deficit. |
| | Year-to-Date | (£1.31m) | The Trust has reported a deficit of £5.24m for the Year-to-Date, on an ICS Achievement basis. This is a £1.31m adverse variance to the planned deficit. |
| | Forecast Outturn | £0.00m | The forecast outturn reported at Month 3 is aligned to the 2022/23 financial plan, as a deficit of £4.65m. |
| Financial Improvement Programme <i>Trust Level Performance against Plan</i> | In-Month | £0.04m | The Trust has reported FIP savings of £0.26m for Month 3 (June 2022), which is £0.04m higher than planned (includes notional Elective Recovery Fund (ERF) of £0.26m). |
| | Year-to-Date | £0.27m | The Trust has reported FIP savings of £0.92m for the Year-to-Date, which is £0.27m higher than planned (includes notional Elective Recovery Fund (ERF) of £0.92m). |
| | Forecast Outturn | £0.00m | The Trust has forecast FIP savings of £13.94m for the Financial Year 2022/23, which is aligned to the plan (includes notional Elective Recovery Fund (ERF) of £2.21m). |
| Capital Expenditure Programme <i>Trust Level Performance against Plan</i> | In-Month | £1.46m | Capital expenditure in Month 3 (June 2022) totalled £0.32m, which is £1.46m less than planned. |
| | Year-to-Date | £2.45m | Capital expenditure totals £1.09m for the Year-to-Date, which is £2.45m less than planned. |
| | Forecast Outturn | £0.00m | The Trust has forecast capital expenditure totalling £19.46m for the Financial Year 2022/23, which is aligned to the plan. |
| Cash Balance <i>Trust Level Performance against Plan</i> | In-Month | £0.04m | The Trust's cash balance increased by £0.87m in Month 3 (June 2022), which is a favourable variance of £0.04m compared to the plan. |
| | Year-to-Date | £0.60m | The Trust reported a closing cash balance of £2.90m as of 30 th June 2022, which is £0.60m higher than planned. |
| | Forecast Outturn | £0.00m | The Trust has forecast a year end cash balance of £1.45m for the Financial Year 2022/23, which is aligned to the plan. |

M3 Summary

- The Trust has reported a Year-to-Date deficit of £5.24m for the period up to the end of Quarter 1 (June 2022), on an ICS Achievement basis. This is an adverse variance of £1.31m to the planned deficit of £3.93m.
- 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 3 is a £4.65m deficit, in line with the 2022/23 Financial Plan.
- Capital expenditure for Month 3 (June 2022) was £0.32m. This was £1.46m lower than plan, primarily relating to MRI where funding has yet to be formally approved.
- Closing cash on 30th June was £2.89m, which is £0.60m higher than planned. The cash flow forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required. However, there are some timing pressures on receipt and payments which will need to be closely monitored and managed.

| | June In-Month | | | Year to Date | | | Forecast | | |
|--|---------------|---------------|----------------|---------------|---------------|----------------|---------------|---------------|----------------|
| | Plan £m | Actual £m | Variance £m | Plan £m | Actual £m | Variance £m | Plan £m | Actual £m | Variance £m |
| Income | 39.07 | 38.78 | (0.29) | 112.41 | 112.10 | (0.31) | 450.09 | 452.97 | 2.88 |
| Expenditure | (38.97) | (39.77) | (0.80) | (116.36) | (117.29) | (0.93) | (454.84) | (457.65) | (2.81) |
| Surplus/(Deficit) - ICS Achievement Basis | 0.11 | (0.98) | (1.09) | (3.93) | (5.24) | (1.31) | (4.65) | (4.65) | (0.00) |
| Capex (including donated) | (1.77) | (0.32) | 1.46 | (3.54) | (1.09) | 2.45 | (19.46) | (19.46) | 0.00 |
| Closing Cash | 0.83 | 0.87 | 0.04 | 2.30 | 2.89 | 0.60 | 1.45 | 1.45 | - |

| FY23 Target | | FY23 Forecast | | FY23 Variance | | M3 Target | | M3 Actual | | M3 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 | £0.11m | £0.55m | £0.01m | £0.92m | (£0.10m) | £0.36m | |
| £13.94m | | £13.94m | | £0.00m | | £0.22m | | £0.26m | | £0.04m | | £0.66m | | £0.92m | | £0.27m | | |

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 3 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.

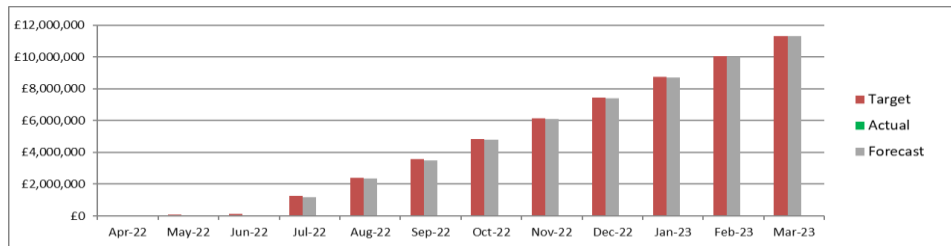
Full Year Forecast

- 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 4 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 programmes are expected to be split across the Divisions for month 4 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 3 YTD Target | | | Month 3 YTD Actual | | | Delivery RAG |
|--------------------------------------|--------------------|-----------------|-----------------|--------------------|-----------------|-----------------|--------------|
| | FIP | ERF | Total | FIP | ERF | Total | |
| Outpatients Innovation | £5,000 | £365,937 | £370,937 | £8,071 | £916,056 | £924,127 | |
| Theatres Transformation | £0 | £187,500 | £187,500 | £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 | £100,000 | £0 | £100,000 | £0 | £0 | £0 | |
| Divisional Schemes | £0 | £0 | £0 | £0 | £0 | £0 | |
| Total | £105,000 | £553,437 | £658,437 | £8,071 | £916,056 | £924,127 | |