Better Care Together – Status Report

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Executive Summary

Context

The Better Care Together (BCT) programme produces a monthly programme report for distribution to all partner boards, which is attached for your review (Appendix 1). This provides a high-level overview of some aspects of the programme but does not provide further detail as this is outside the scope of this briefing.

The BCT Pre-Consultation Business Case (PCBC) was submitted to NHS England on the 16th October. Significant work is being undertaken to address the comments received following submission. The BCT PMO is currently working to a deadline of 18th December for the resubmission of the PCBC to NHS England. Prior to this, the revised PCBC will be reconsidered by Clinical Commissioning Groups (CCG) and partner Boards. The revised timeline to go out to consultation is spring 2016.

Questions

1. Does the monthly report provide the Board with sufficient assurance in respect of the BCT programme? If it doesn't what additional information would the Board wish to see?
2. Based on the position reported, what does it mean for UHL and the delivery of our five year plan?
3. What additional mitigating actions would the Board wish to see?

Input Sought

The Board is asked to note the content of this report and consider the questions above.

For Reference

1.The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[**Yes** /No /Not applicable]
Effective, integrated emergency care	[**Yes** /No /Not applicable]
Consistently meeting national access standards	[**Yes** /No /Not applicable]
Integrated care in partnership with others	[**Yes** /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[**Yes** /No /Not applicable]
A caring, professional, engaged workforce	[**Yes** /No /Not applicable]
Clinically sustainable services with excellent facilities	[**Yes** /No /Not applicable]
Financially sustainable NHS organisation	[**Yes** /No /Not applicable]
Enabled by excellent IM&T	[**Yes** /No /Not applicable]

2.This matter relates to the following governance initiatives:

Organisational Risk Register	[**Yes** /No /Not applicable]
Board Assurance Framework	[**Yes** /No /Not applicable]

3.Related Patient and Public Involvement actions taken, or to be taken:

PPI representatives are assigned to each BCT programme of work

4.Results of any Equality Impact Assessment, relating to this matter:

The process of developing Equality Impact Assessments has been initiated. The initial phase will involve summarising already published information.

5.Scheduled date for the next paper on this topic:	January 2016 Trust Board
6.Executive Summaries should not exceed 1 page.	My paper does comply
7.Papers should not exceed 7 pages.	My paper does comply

Better Care Together (BCT)

1. Better Care Together (BCT) is an unprecedented programme to reform health and social care across Leicester, Leicestershire and Rutland (LLR). The programme is a partnership of local NHS organisations and councils and is driven by a shared recognition that major changes are needed to ensure services can continue to meet the needs of our patients in the short, medium and long term.

2. Successful delivery of the BCT programme will result in greater independence, more self-care and better outcomes for patients and service users, supporting people to live independently in their homes for longer and receiving as much care as possible, out of acute care settings. In response, our hospitals will become smaller and more specialised.

PROGRESS IN MONTH

3. **CLINICAL SERVICE CHANGE (PROOF OF CONCEPT) –** Following the expansion and enhancement of the Intensive Community Support Service (ICS) on 15 October several meetings have taken place between UHL and LPT clinicians to resolve governance concerns (for example the management of patients on long term IV therapy) and to clarify referral criteria. Both meetings were positive and have helped to provide a level of assurance. One particular action for UHL is the need for clear medical management plans as part of discharge documentation.

4. It is important that UHL make best use of this capacity to improve the quality and outcomes for our patients by reducing avoidable de-conditioning and to improve 'flow' out of the acute setting. Since the last meeting we are pleased to confirm the all 16 beds are being utilised on a regular basis, occupancy is between 88-90% (target 90%) with an average length of stay of less than 10 days (target average of 10 days). There has been one appropriate readmission.

5. The Trust and LPT are now preparing for the next phased increase in ICS capacity. 16 more beds will come on line on the 1st December with a further 8 beds at the end of December/beginning of January 2016. This is in line with plan.

6. The multifaceted trust wide communication plan continues. Posters have been distributed to all wards, frequently asked questions and answers circulated, matrons and ward sisters engaged in promoting ICS through board rounds, LPT senior ICS nurses regularly visiting UHL wards to help education and build relationships, ICS bed availability reflected on the bed state and emphasised through gold command, attendance at matrons meeting at Glenfield Hospital (GH), communication out to junior doctors etc.

7. The Glenfield Hospital (GH) now has a primary care coordinator as part of the LPT ICS/in-reach expansion. This development has been very positively received and is

working well. A GH sister has commented that it has never been so easy to facilitate early supported discharge – something that the next phase can build on.

8. **PRE-CONSULATION BUSINESS CASE (PCBC)** - The PCBC sets out the need for the BCT programme, describes the future model of care, gives details of pre-consultation engagement, and makes the case to commence public consultation. The Trust's vision to become smaller and more specialised forms an integral part of the PCBC.

9. The BCT PMO has facilitated a series of 'Star Chambers', one for each of the clinical workstreams (e.g. Urgent Care, Planned Care and Long Term Conditions) and enabling workstreams (e.g. Service Reconfiguration). The purpose of the Star Chambers was to discuss the feedback received and to clarify the revision to the narrative required. The revised PCBC will go back through CCG Boards during December. This document remains confidential prior to public consultation.

10. The comments received that relate to the Trust's preferred way forward related to finance, the audit trail around the option appraisal process and the need to be more explicit about the critical interdependency between CCG demand plans and UHL's ability to reconfigure. These comments have been taken into account in the revised narrative.

MONITORING PROGRESS AND DELIVERY – LLR DASHBOARD DEVELOPMENT

11. The Head of Local Partnerships has met with the BCT PMO, UHL Business Intelligence and Greater East Midlands (GEM) Clinical Support Unit (CSU) to discuss and agree the development of a bespoke LLR BCT Dashboard for use by UHL.

12. This is at an early stage of development and will evolve on an iterative basis as more data becomes available. It seeks to bring together indicators that can best represent those factors that will help or hinder the delivery of the Trust preferred direction. They are:
    a. CCG demand management
    b. UHL/LPT – out of hospital service expansion
    c. UHL – internal efficiency and productivity
    d. LPT – internal efficiency and productivity

13. The purpose of this dashboard is to:
    - Give the Board sufficient operational detail so that it can monitor the cumulative impact of the system wide changes as they are delivered;
    - Identify potential risks where there is an adverse variance and the impact this might have to the delivery of own plans;
    - Inform the scale (and pace) of the mitigation required in order to maintain the timescales for delivery of the Trust's preferred solution.

14. This dashboard is not being developed in isolation which unfortunately has introduced a level of complexity that wasn't foreseen. This has caused an unavoidable delay however it has provided the opportunity to develop a long list of indicators that are thought to best represent progress in prevention, admission/attendance avoidance and reduction in length of stay. The current draft is attached for comment and critique at Appendix 2.

WHAT DOES THE BCT HIGHLIGHT REPORT AND DRAFT DASHBOARD MEAN FOR UHL?

15. There are 4 key issues that have the potential to materially impact on UHL and the ability to deliver our own 5-year plan. The first two are the top risks associated with the BCT programme and are red RAG rated.

16. **WORKFORCE** – a LLR workforce strategy is in place however the East Midlands clinical senate raised the concern that there is limited workforce planning currently at workstream level. This is a key priority moving forward.

17. An additional concern is the potential impact of the BCT workstreams (including service reconfiguration) on primary care and social care. Whilst this is very difficult to estimate each BCT workstream has been asked to quantify whether the impact is marginal or material.

18. The working assumption for the ICS development is that as we are getting frail older patients out into their home environment quicker we are reducing as a result of deconditioning. As one ICS bed covers 4000 of the population and the model of care is nurse/therapy led the assessment to date is that any impact will be marginal rather than material.

19. Use of the PI care track tool will be very helpful in quantifying this moving forward and will be included in the dashboard once enough data is available (3-6 months).

20. **ORGANISATIONAL CULTURE**: The issue of organisational development and culture and the need to support people through the process of major change was a key theme that emerged from the recent BCT Staff Summits and Board Thinking Day.

21. Currently there is a significant risk that organisational cultures do not develop in line with the vision of the BCT programme and changed ways of working fail to become embedded as "business as usual".

22. Since the last report the Head of Local Partnerships and Assistant Director of Organisational Development (OD) have met to explore how the 'UHL way' and OD

can be integrated in to the next stage of the UHL/LPT out of hospital workstream. This can act as an exemplar which we can build on. Additional opportunities will created by the forthcoming LTC proposals for an Integrated Specialist Stroke/Neurology Rehabilitation service and an Integrated Cardio-Respiratory service.

23. **TIMESCALES FOR CONSULTATION** – The original date for public consultation was 30th November. As further work was requested by NHSE this timescale has slipped. The revised date for public consultation is expected to be spring 2016.

24. This has the potential to have an adverse knock on effect to the major business cases particularly the Women's Reconfiguration Business Case, the Planned Care Treatment Centre Business Case and the future of the Leicester General site.

25. The potential impact is being worked through on a case by case basis and the opportunities for mitigation considered. A verbal update on this work will be provided at the Board.

26. **DEMAND AND OPERATIONAL PRESSURE –** The Trust's 5 year plan is set within the context of the LLR BCT plan and was predicated on a certain level of demand.

27. In order for the Trust to achieve its preferred option for reconfiguration and operating model it is dependent on:

    - Delivery of out of hospital demand management by CCGs and primary care (mitigating the need for an additional 109 beds due to demographic growth)
    - The expansion and enhancement of the Intensive Community Support (ICS) service delivered by LPT
        - 130 'home' ICS beds in 2015/2016;
        - Further 40 'home' beds in 2016/2017;
        - 80 community hospital beds in 2016/2017 for patients with higher acuity need;
    - Delivery of UHL's internal Cost Improvement Programme (CIP) - Internal efficiency and/or productivity improvement in line with benchmarks resulting in a 212 bed reduction;
    - Delivery of LPT's internal Cost Improvement Programme (CIP).

28. The combined effect of these material changes to the provision of services and their underpinning business models is required to help return the Trust to a recurrent breakeven position by 2019/20. This was a prudent assumption.

29. During 2014 – 2016 the Trust has focused on in-hospital efficiency and productivity with the aim of repositioning key clinical services from outliers in terms of benchmarked data (for example length of stay and day case rates) to top quartile.

30. The Trust is in year 2 of its 5 year plan. To date the Trust has closed 71 physical beds due to improvements in internal efficiency and has absorbed growth equating to a further 24 beds meaning the Trust has exceeded its pro-rata target of 85.

31. By the end of December 2015/early January 2016, 40 of the 130 ICS beds will be opened with plans in place to deliver the full 130 ICS expansion in 2015/2016. This will deliver appropriate out of hospital care, help maintain the beds closures during the winter and support (in part) the ICU level 3 moves in 2016/2017. It is important to note that the beds released are mothballed at the LGH as the expansion and enhancement of ICS is a proof of concept. The long term future of this capacity will form an integral part of the public consultation exercise.

32. The key aspect of the BCT plan that is not currently delivering at scale and pace is demand management. At a time where we would expect to see demographic growth mitigated through prevention and admission avoidance the Trust is seeing sustained growth in emergency admissions. Continuation of trend would undermine the BCT strategy and within that, UHL's preferred way forward. All stakeholders are therefore considering what additional activities could be undertaken to minimise the impact of this variance in the short term whilst demand management processes are mobilised. Illustrative examples include:

    - Opportunities to provide more specialist expertise in the community – The BCT LTC programme has ambitious plans for team integration (from primary care, community care and secondary care) including a cardio-respiratory out-reach model which could facilitate admission avoidance and early step down for patients with one of more long term conditions. This work is at a very early stage of development and engagement but could lead the way in respect of scale and pace of transformation based on realistic short, medium and long term objectives.
    - Opportunities to work more closely with primary care where there are critical gaps.

33. The UHL beds plan for 2016/2017 and the BCT clinical workstream plans for 2016/2017 are being developed and will be ratified through respective governance structures.

34. From the modelled interventions identified to date, there is still a planning gap in terms of the required number of bed reductions associated with UHL internal efficiency (149 identified against 212 requirement), the majority being medical beds.

35. A gap also remains in relation to demand management (109) which is not currently materialising in actuality. As a result additional system wide mitigating actions are required.

36. There is a plan to address this by working through the following key areas:

- **BCT– Planned Care**, will inform the Treatment Centre solution/indicate activity reductions from UHL to community/Alliance. LTC which will identify any further bed reductions to model e.g. readmission reduction through enhanced rehabilitation;
- **Vanguard** – will help to address demand (109 beds in total)
- **Estates** – assessment of existing sites for potential space to be repatriated for clinical use/ refresh of the planning assumptions for space;
- **Models of care** – there are a number of interventions that have been identified within the Trust for modelling. These have been prioritised and will be modelled over the coming month to ascertain the impact. The focus for this is primarily on medical beds and the frail elderly.

37. All the plans once developed will form the delivery plan for each of the cross cutting workstreams within the Trust (beds, theatres and outpatients) and/or major capital business cases, and/or BCT workstreams. The final capacity plan will link with the annual planning process and discussions with commissioners.

NEXT STEPS

38. The next step in the BCT process is resubmission of the PCBC to NHSE to move to public consultation. The target date for resubmission is 18 December 2015.

RECOMMENDATIONS

39. The Trust Board is asked to:

a) Confirm acceptance of the monthly BCT overview report, and
b) Consider the issues highlighted that could impact on the delivery of our own plans and the areas being explored for additional mitigation;
c) Note the iterative development of the LLR BCT dashboard for use by UHL and the alignment to the development of the LLR BCT programme dashboard and LLR BCT outcome dashboard.

'It's about our life, our health, our care, our family and our community'

Better care together

Leicester, Leicestershire & Rutland health and social care

Update for Partner Boards

Status Report

November 2015

Rutland County Council

Leicester City Council

Leicestershire County Council

NHS

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Progress Report

Pre-Consultation Business Case. The first iteration of the Pre-Consultation Business Case (PCBC) was issued to NHS England (NHSE) on 16th October 2015 for assurance; partner boards and PPI representatives have also been considering the document. Initial feedback from NHSE has been received, and has been overwhelmingly positive about the progress made and what the programme seeks to achieve. There are areas where the evidence base can be strengthened and therefore further work is underway to develop the case for change prior to final submission of the document on 18th December 2015. Milestones are given in the table on page 3 of this document.

Public consultation. Feedback from NHSE on the final PCBC is expected in spring 2016, with consultation running through to summer 2016. An overview of the consultation topics has been presented to Overview & Scrutiny Committees and to Councillors.

Equality Impact Assessment. The first phase of Equality Impact Assessment (EIA) for the programme will be presented to Partnership Board on 19th November for assurance and discussion, and included in the December documents to NHSE.

Clinical summits. Workstream-specific and overview clinical summits have now largely concluded. An appraisal of the events, together with a baseline position for the level of system integration as perceived by clinical and frontline staff, will be considered by the November Partnership Board.

Preparation for change. A Chairs and Chief Officers workshop has been held to support leaders as we prepare for change. Further events will be discussed with the Better care together Chair.

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Supporting information

Top Two Risks and Issues

Risk or Issue	Update	Status
Workforce: There is a risk that sufficient staff cannot be recruited or retained to fulfil the needs of the new operating models	The draft workforce strategy was included in the PCBC sent to NHSE in mid-Oct. Detailed risk identification and mitigation planning is underway and will be presented to Partnership Board (PB) in Jan 2016.	Red
Organisational cultures: There is a risk that organisational cultures do not develop in line with the vision of the programme and changed ways of working fail to become embedded	A system integration baseline has been undertaken and will be reported to PB on 19th Nov*. Clinical summits to increase engagement are largely complete. PB have been supplied with an assurance paper on staff engagement for their Nov meeting*.	Red

Key Programme Milestones

Milestone	Target Date	RAG
Issuing of PCBC to NHS England (NHSE)	16th Oct 2015	Complete
Initial feedback received from NHSE	End Oct 2015	Complete
Issuing final PCBC to Boards	3rd Dec 2015	Green
CCG Board approval	Dec 2015	Green
Issuing of final version of PCBC to NHSE	Late Dec 2015	Green
Clinical senate 'page turn' review of PCBC	Dec 2015	Not started
NHSE assurance of final PCBC	Jan 2016	Not started
NHSE and TDA agreement to proceed to Consultation	Feb 2016	Not started
Formal Consultation	Mar 2016	Not started

*Available on BCT website

Rutland County Council · Leicester City Council · Leicestershire County Council · NHS

FIRST DRAFT LLR BCT DASHBOARD - FOR USE IN UHL

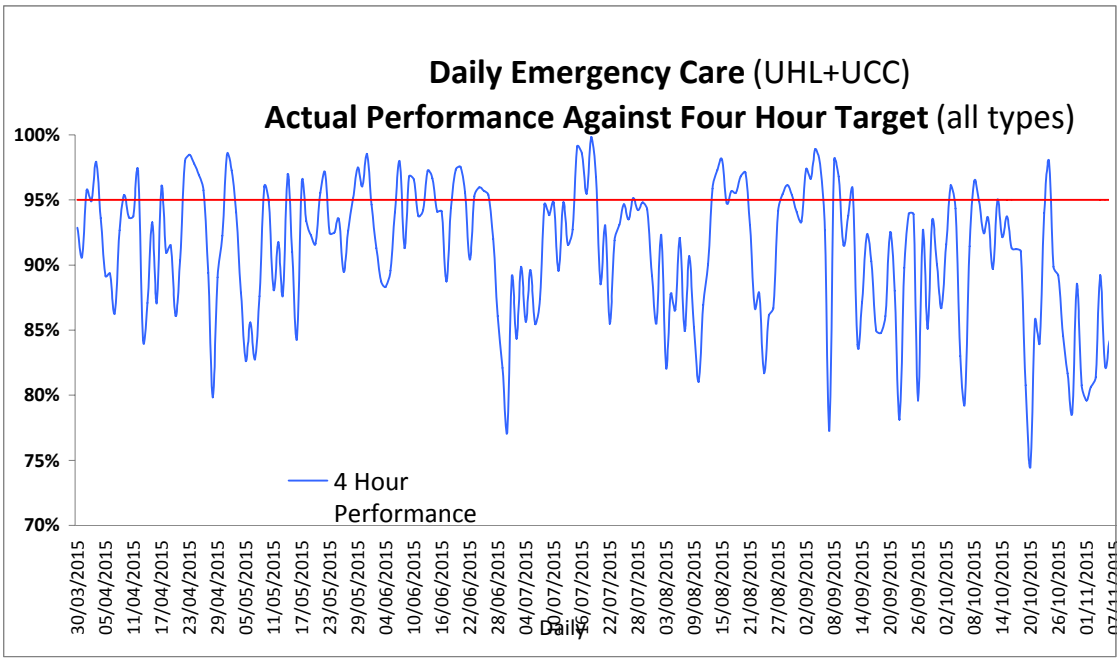
	Metric	Baseline - Aug 2015	Sep-15	Oct-15	Nov-15	Direction of Travel	Target	Trend/Comments
	Effectiveness							
1	Spells against plan		4746	4914		⇧	82,013	Target for October 5054
2	Average length of stay		5.13	4.89		⇩		Target for October 4.68
3	Emergency admissions with a length of stay of 0-6 hours	1474	1457	1487		⇧	TBA	Positive increase in ambulatory care pathways (will be subject to future counting and coding change)
4	Emergency admissions for acute conditions that should not usually require admission	Data awaited	Data awaited	Data awaited				Data awaited
5	Rapid Access Clinic Attendance	530 (cumulative)					1196	Current forecast outturn 1272
6	Activity transfers - Outpatients (Alliance)	Data awaited	Data awaited	Data awaited				
7	Number of ICS home beds open (total) (additional beds)	0	0	16		⇧	130 beds	
8	Average % occupancy of ICS home beds (additional beds)	0	0	88.2%			90%	
9	Average length of stay in ICS home beds (additional beds)	0	0	<10 days			10 days	
10	Number of referrals from UHL to ICS (LPT reported) (additional beds)	0	0	36			For information	
11	Activity shift (Alliance) -	Data awaited	Data awaited	Data awaited				
12	Emergency spells (ESM)	2269	2232	2364		⇧		Plan 2015/2016
13	Emergency average length of stay (ESM)	4.96	5.4	4.92		⇩		
14	Elective length of stay (ESM)	14.3	8.4	15		⇧		
15	Bed occupancy (ESM)	87.30%	95.80%	91%		⇩		
16	Emergency spells (RRC)	1578	1663	1679		⇧		Plan 2015/2016
17	Emergency average length of stay (RRC)	4.50	4.40	4.30		⇩		
18	Elective length of stay (RRC)	2.20	2.50	2.50		⇧		
19	Bed occupancy (RRC)	83.50%	88.40%	85.60%		⇩		
20	Proportion of those aged 65+ at home 91 days later following hospital discharge (BCF national performance metric)	Data awaited	Data awaited	Data awaited				
21	65+ permanent admissions in residential / nursing homes (BCF national performance metric)	Data awaited	Data awaited	Data awaited				

22	Integrated medicine (elderly) average length of stay 3day + emergency patients	12.93	12.27	11.89		⇩	For information	From ICS dashboard
23	Respiratory average length of stay 3day + emergency patients	11.25	11.09	11.02		⇩	For information	From ICS dashboard
24		13.11	12.60	12.07		⇩	For information	From ICS dashboard
25	Delayed Transfer of Care (BCF national performance metric)							
26	Utilisation of crisis services	Data awaited	Data awaited	Data awaited				
27	Neonatal mortality and stillbirth (BCT)	Data awaited	Data awaited	Data awaited				
	Responsiveness							
28	4+ hr Wait (95%) - Calendar month			88.90%		⇧		Compliance anticipated 01/03/2016
29	Number of patients identified as suitable for ICS who are delayed >24hrs(TBD how to measure)						For information	
30	Overall satisfaction of people who useservices with their care and support							
31	Patients experience of healthcare services provided by GP							
32	Ambulance non-conveyance rate % [suggested by EMAS] / number of patients treated at the scene only							
	Safety							
33	Readmissions direct from ICS to UHL	Baseline data not available	Baseline data not available	1			For information	
	Wider system measures							
34	Number of emergency admissions to integrated medicine (elderly)	977	964	1094		⇧	For information	From ICS dashboard
35	Number of emergency admissions to respiratory	614	734	761		⇧	For information	From ICS dashboard
36	Number of emergency admissions to cardiology	939	910	917		⇨		From ICS dashboard
37	Total hours of social care commissioned packages of care (month by month comparison to 14/15 baseline) (total)	-	-				For information	
38	Number of patients receiving local authority package of care during their ICS stay (total)						For information	
39	Number of ICS patients referred to HART (County)						For information	
40	Number of ICS patients referred to Reablement (City)	Baseline data not available	Baseline data not available				For information	
41	Number of ICS patients receiving an Adult Social Care Assessment (total)						For information	

42	Number of patient discharges from UHL requiring community equipment	159	271	286			For information	
43	Number of discharges from UHL requiring same day / next day delivery of equipment	69%	64%	62%			For information	
44	Number of UHL patients discharged to ICS in the previous month who still have their community equipment	Baseline data not available	Baseline data not available				For information	
45	Total hours of social care commissioned packages of care (month by month comparison to 14/15 baseline) (County)	3795	3795	4370				From ICS dashboard
46	Number of ICS contacts with GPs TBD how to measure							

	Milestone Action Tracker	Due Date	Owner (SRO)	RAG RATING	Comments
We will ensure the very best start in life					
1	Children's physical health - Pilot of integrated health & social care services for disabled children	Dec-15	Dawn Leese		
2	Children's physical health - Revised constipation/continence planned care pathway implemented	Dec-15	Dawn Leese		
3	Children's and young people's emotional health & well being - Agree model to provide support via schools & community setting	Dec-15	Dawn Leese		Strategy submitted to DOH decision on acceptance and allocation of funding to deliver mental health & well-being aims.
4	Children's and young people's emotional health & well being - Agree multi agency emotional & wellbeing strategy	Dec-15	Dawn Leese		
5	Children's and young people's emotional health & well being - Improved support for vulnerable & troubled families	Dec-15	Dawn Leese		
6	Children's and young people's emotional health & well being - Improved access to care at appropriate time & level for children & young adults	Dec-15	Dawn Leese		
We will help people stay well in mind and body.					
7	Long Term Conditions - Transitional funding approved for access to Rapid Access Heart Failure clinics for CDU and ED (all CCGs)	Oct-15	Angela Bright		
8	Long Term Conditions - Transitional funding approved to enhance go-project with specilaist nurse support	Oct-15	Angela Bright		
9	Long Term Conditions - Transitional funding to support the enhanced training of rehabilitation teams (generic rehabilitation)	Oct-15	Angela Bright		
10	Long Term Conditions - Transitional funding approved to support the adoption of novel tools (I-Pads and SPACE manuals) to increase take up and completion of rehabilitation	Oct-15	Angela Bright		
We will provide faster access, shorter waits and more services out of hospital.					
11	Primary care reconfiguration - Primary care service - federations, health needs or hubs	Dec-15	CCG MD's		

12	Community & acute service reconfiguration - Additional intensive community support services implemented	Oct-15	Kate Shields		1st 16 - October 2015 2nd phase 24 December	
13	Children & young people - Improved access to emotional health & wellbeing support services	Dec-15	Dawn Leese			
14	Long term conditions - County: realignment of social care teams in Leicestershire to reflect community health services	Dec-15	LCC			
15	Adult Social Care - City: Crisis in reach to support discharge from acute care setting	Dec-15	Leicester City Council			
We will be there when it matters and especially in a crisis.						
16	Integrated Health & social Care (BCF) - Integrated Crisis team across LLR	Dec-15	BCF			
17	Mental health - New mental health urgent care clinic	Dec-15	TBC			
We will know people's history and plan for their needs						
18	Frail Older People & Dementia - Care plans in place for those at risk of admission	Dec-15	BCF			
19	Frail Older People & Dementia - Rapid support & assessment for people when they fall	Dec-15	BCF			
20	Frail Older People & dementia - Ambulance staff trained to use fall assessment risk tool to avoid hospital admissions	Dec-15	BCF			
21	IT - County: technology to provide aggregated activity data across health & social care & support care improvements implemented	Dec-15	BCF			
We will care for the most vulnerable and frail.						
22	Frail Older People & Dementia - Establish hospital liaison support team for Dementia	Dec-15	BCF			
23	Frail Older People & Dementia - 72 hours crisis response team in place in Leicestershire & integrated crisis response teams in place in Rutland	Dec-15	BCF			
24	Frail Older People & Dementia -Local area co-ordinators being piloted in Leicestershire & phase 1 of community agents implemented live in Leicestershire	Dec-15	BCF			
25	End of Life - Access to "hospice at home" increased	Dec-15	Jayne Chapman			
We will provide better support when life comes to an end						
26						


Daily Emergency Care (UHL+UCC)
Actual Performance Against Four Hour Target (all types)
100%
95%
90%
85%
80%
75%
70%
4 Hour Performance
30/03/2015
05/04/2015
11/04/2015
17/04/2015
23/04/2015
29/04/2015
05/05/2015
11/05/2015
17/05/2015
23/05/2015
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08/10/2015
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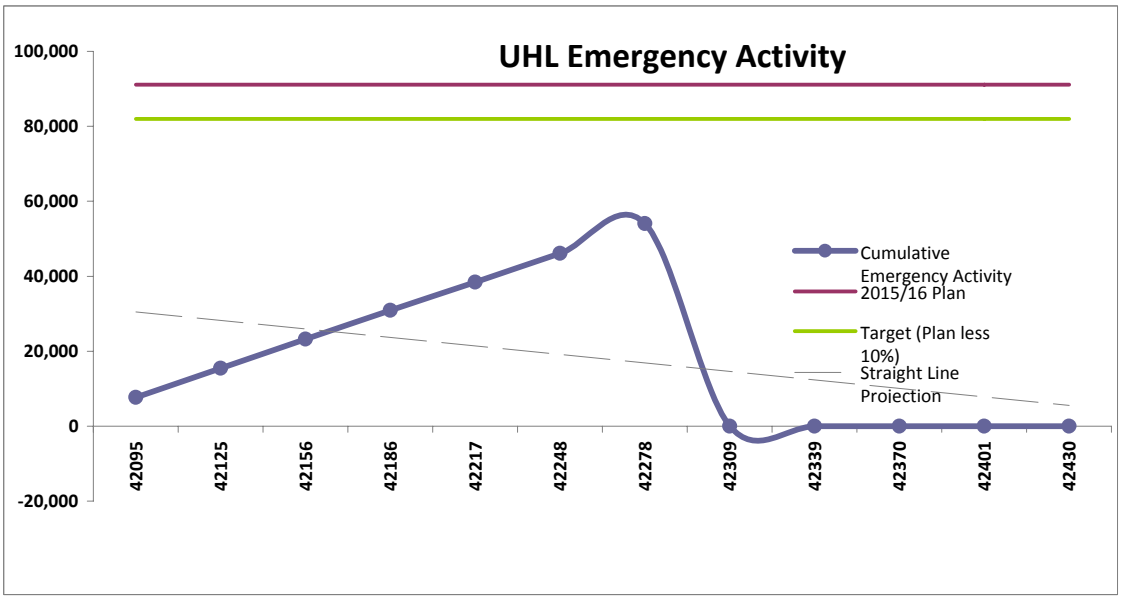
Daily


UHL Emergency Activity
100,000
80,000
60,000
40,000
20,000
0
-20,000
42095
42125
42156
42186
42217
42248
42278
42309
42339
42370
42401
42430
Cumulative Emergency Activity
2015/16 Plan
Target (Plan less 10%)
Straight Line Proiection