

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MONITOR – QUARTER 1 2008/09 SECTOR OVERVIEW

<b>Report Purpose:</b>	<input type="checkbox"/>
<b>Decision / Approval</b>	<input type="checkbox"/>
<b>Discussion</b>	<input type="checkbox"/>
<b>Information</b>	<input checked="" type="checkbox"/>

**Brief description of the item and any significant issues:**

The attached paper presents an overview of national Foundation Trust performance in the first quarter of 2008/09. It is to be noted that Newcastle Hospitals have improved their position on the previous quarter, in terms of the governance rating (now “green”).

# The Newcastle Upon Tyne Hospitals NHS FT Executive Summary

# Monitor

Independent Regulator  
of NHS Foundation Trusts

**Q1 Surplus tracks to plan due to favourable variances within depreciation and interest income. EBITDA is £0.7m below plan as higher than planned Income of £3.9m is more than offset by associate costs and CIP under-performance.**

## Risk ratings

Financial

AP

4

YTD

4

Governance

G

G

Mandatory services

G

G

Continue quarterly monitoring

## Liquidity

No immediate concerns apparent from this review.

Liquidity rating of 5 reflects 49.3 days of operating cash.

Closing cash balance of £57.3m is £11.3m higher than plan due mainly to favourable working capital movements of £10.2m principally driven by higher than planned accruals of £14.6m.

## Financial summary £m

	Quarter			YTD			FY	
	Plan	Actual	Var	Plan	Actual	Var	Plan	
Total income	168.4	172.3	3.9	168.4	172.3	3.9		672.6
Pay costs	(97.0)	(97.7)	(0.7)	(97.0)	(97.7)	(0.7)		(396.6)
Drug costs	(16.9)	(16.6)	0.3	(16.9)	(16.6)	0.3		(67.5)
Other costs	(38.8)	(43.0)	(4.2)	(38.8)	(43.0)	(4.2)		(164.8)
<b>EBITDA</b>	<b>15.6</b>	<b>14.9</b>	<b>(0.7)</b>	<b>15.6</b>	<b>14.9</b>	<b>(0.7)</b>		<b>43.7</b>
Depreciation	(6.5)	(5.9)	0.5	(6.5)	(5.9)	0.5		(25.9)
Net interest	0.7	0.8	0.2	0.7	0.8	0.2		2.6
Other	(3.3)	(3.3)	0.0	(3.3)	(3.3)	0.0		(13.3)
	<b>6.5</b>	<b>6.5</b>	<b>0.0</b>	<b>6.5</b>	<b>6.5</b>	<b>0.0</b>		<b>7.2</b>
Exceptional items	0.0	0.0	0.0	0.0	0.0	0.0		(20.8)
<b>Net surplus/(deficit)</b>	<b>6.5</b>	<b>6.5</b>	<b>0.0</b>	<b>6.5</b>	<b>6.5</b>	<b>0.0</b>		<b>(13.6)</b>
<i>EBITDA % Income</i>	<i>9.3</i>	<i>8.7</i>		<i>9.3</i>	<i>8.7</i>			<i>6.5</i>
<i>I&amp;E CIP</i>	<i>2.5</i>	<i>1.5</i>	<i>(1.0)</i>	<i>2.5</i>	<i>1.5</i>	<i>(1.0)</i>		<i>13.6</i>
EBITDA	15.6	14.9	(0.7)	15.6	14.9	(0.7)		43.7
Change in WC	5.6	15.7	10.2	5.6	15.7	10.2		1.2
Non cash I&E items	(0.7)	(0.5)	0.1	(0.7)	(0.5)	0.1		(2.6)
<b>CF from operations</b>	<b>20.6</b>	<b>30.1</b>	<b>9.6</b>	<b>20.6</b>	<b>30.1</b>	<b>9.6</b>		<b>42.3</b>
Capital expenditure	(9.2)	(7.6)	1.6	(9.2)	(7.6)	1.6		(34.4)
Financing and other	0.7	0.9	0.2	0.7	0.9	0.2		(5.2)
<b>Net cash flow</b>	<b>12.1</b>	<b>23.4</b>	<b>11.3</b>	<b>12.1</b>	<b>23.4</b>	<b>11.3</b>		<b>2.7</b>
Period end cash	46.0	57.3	11.3	46.0	57.3	11.3		36.6

LT borrowing limit = £146.8m Loans drawn = £0.0m

## Key points

### Financial

- EBITDA is £0.7m below plan at the end of Q1 as additional costs are incurred to deliver waiting lists (£1.1m), unplanned revenue expenditure on premises and fixed plant (£2.8m) and CIP underachievement (£1m).
- Planned net surplus of £6.5m has been achieved due to lower than planned depreciation of £0.5m (revaluation lengthening asset lives) and additional net interest of £0.2m.
- Closing cash is £11.3m above plan at the end of Q1 due to higher than planned accruals of £14.6m resulting in an overall favourable working capital position of £10.2m. Cash has also benefited from capital expenditure slippage of £1.6m.

## Action /Resolution

- Executive directors are holding review meetings with those directorates currently struggling to achieve planned savings. In addition corporate schemes are ahead of schedule and the plan includes £2m of contingencies as a bridge against shortfalls on targeted CIP savings.
- Increase in accruals are as a result of staffing issues within Pharmacy and the implementation of an upgrade to the accounts payable module of the General Ledger, which has resulted in delayed processing of invoices. The Ledger is operating and steps are being taken to address the high level of accruals.

### Non-financial

- Declaration 1 signed.

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# FT Sector Overview Quarter One 2008/09

September 2008

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Monitor

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# Executive summary

Monitor

Independent Regulator  
of NHS Foundation Trusts

## Scope of report

Q1 monitoring covers 99 FTs, including 10 newly authorised between 1 April and 30 June 2008

Aggregate Q1 financial performance includes results of FTs authorised in year on a pro-rata basis for the period post authorisation

## Aggregate pro-rata net surplus for Q1 (pre exceptionals) for the 99 FTs was £158m, £45m above plan

- Q1 income stands at £5.1bn (2% ahead of plan)
- Costs of £4.7bn are 1.4% above plan, mainly due to higher than planned pay and other costs reflecting higher activity
- EBITDA is £396m, £34m (9.4%) above plan

## Average financial risk rating (FRR) of 4.1 is marginally lower than both Q4 (4.2) and ARA (4.2)

- 82% of FTs are rated 4 or 5, Q4 07/08 (90%) and ARA (87%)
- Analysis of FRR by type of FT shows specialist FTs have an average of 4.1, acute and teaching FTs 4.3 and mental health FTs 3.9 (primarily reflecting lower EBITDA margins)
- Geographically, FTs with a below average FRR are located in London (4.0), South West (3.9) and North East (3.7)

## Two FTs are rated FRR 2 in Q1. No FT is rated FRR 1

- Five FTs are red rated for governance risk at Q1, each related to MRSA performance in 2007/08. One further FT is rated red for governance risk on the basis of a serious failure of financial governance.
- 33 FTs (33% vs. 42% in Q4 07/08) are rated amber and 60 FTs (61% vs. 53% in Q4 07/08) are rated green for governance.
- 19 FTs have declared a risk of breaching their MRSA target. 14 FTs have declared a risk of breaching the C.Difficile target. Of these 7 have declared a risk of breaching both targets.
- 6 FTs have breached the A&E target this quarter vs. 27 at Q4 07/08.

### Sector analysis

The FT sector now totals 99  
(authorised to 30 June 2008)

### Type Distribution

25 mental health trusts  
12 specialist trusts  
12 teaching trusts  
50 acute trusts

### Geographical distribution by SHA:

North West – 17  
South West – 15  
London – 14  
East of England – 14  
Yorkshire and Humber – 12  
North East – 7  
West Midlands – 7  
South Central – 6  
East Midlands – 4  
South East Coast – 3

# Aggregate I&E and cashflow

Income and expenditure £m	Pro Rata Q1 Actual	Pro Rata Q1 Plan	Pro Rata Variance	Q1 Actual	Q1 Plan	Q1 Variance
Total income	5,051	4,952	99	5,229	5,127	102
Pay costs	(3,143)	(3,127)	(16)	(3,258)	(3,238)	(19)
Drug costs	(336)	(329)	(6)	(345)	(340)	(5)
Other costs	(1,177)	(1,134)	(43)	(1,218)	(1,173)	(44)
<b>EBITDA*</b>	<b>396</b>	<b>362</b>	<b>34</b>	<b>409</b>	<b>376</b>	<b>34</b>
Depreciation	(163)	(166)	3	(169)	(172)	3
Net interest	31	21	10	32	21	10
PDC dividend	(110)	(110)	(0)	(115)	(114)	(0)
Other	4	5	(1)	4	5	(1)
<b>Net surplus before exceptionals</b>	<b>158</b>	<b>112</b>	<b>45</b>	<b>162</b>	<b>116</b>	<b>46</b>
Exceptionals	(5)	(22)	17	(5)	(22)	17
<b>Net surplus/(deficit)</b>	<b>153</b>	<b>90</b>	<b>63</b>	<b>156</b>	<b>94</b>	<b>63</b>
<b>EBITDA%</b>	<b>7.8%</b>	<b>7.3%</b>		<b>7.8%</b>	<b>7.3%</b>	

## Pro rata highlights for Q1 08/09

(Note: results for FTs authorised during 08/09 are shown pro-rata)

### Income:

- Total income is £99m (2.0%) above plan, with favourable variances primarily from acute hospital income (£78m), education & training (£3m), and other income (£16m). This is partly offset by adverse variances on MH income (£2m) and private patient income (£3m)
- Favourable variances from acute hospital income (£78m) are due to higher than planned activity driven by increased referrals and 18-week target activity.

### Expenses:

- Pay costs £16m (0.5%) above plan, reflecting higher than planned activity levels
- Drug costs £6m (1.8%) above plan, due to increased activity levels
- Other costs £43m (3.8%) above plan including increased clinical supplies (£12m), secondary commissioning costs (£3m) and other costs (£28m)

### EBITDA:

- EBITDA of £396m is £34m (9.4%) above plan of £362m.
- EBITDA margin of 7.8% is marginally above plan and prior year Q1 level (7.6%) and plan (7.3%)

### Net surplus (pre-exceptionals):

- Net surplus of £158m is £45m ahead of plan mainly due to favourable variances in EBITDA £34m and interest receivable from higher than planned cash balances £10m.

### Exceptional items:

- Exceptional costs for the quarter totalled £5m against plan of £22m primarily reflecting the slippage of planned impairments.

### Movement in working capital:

- Actual change in working capital (£40m) compared favourably with plan (£146m), mainly due to accruals being higher than planned by £97m.

### Capex

- Capex is £82m below plan, which includes slippage on maintenance spend of £45m.

### Cash:

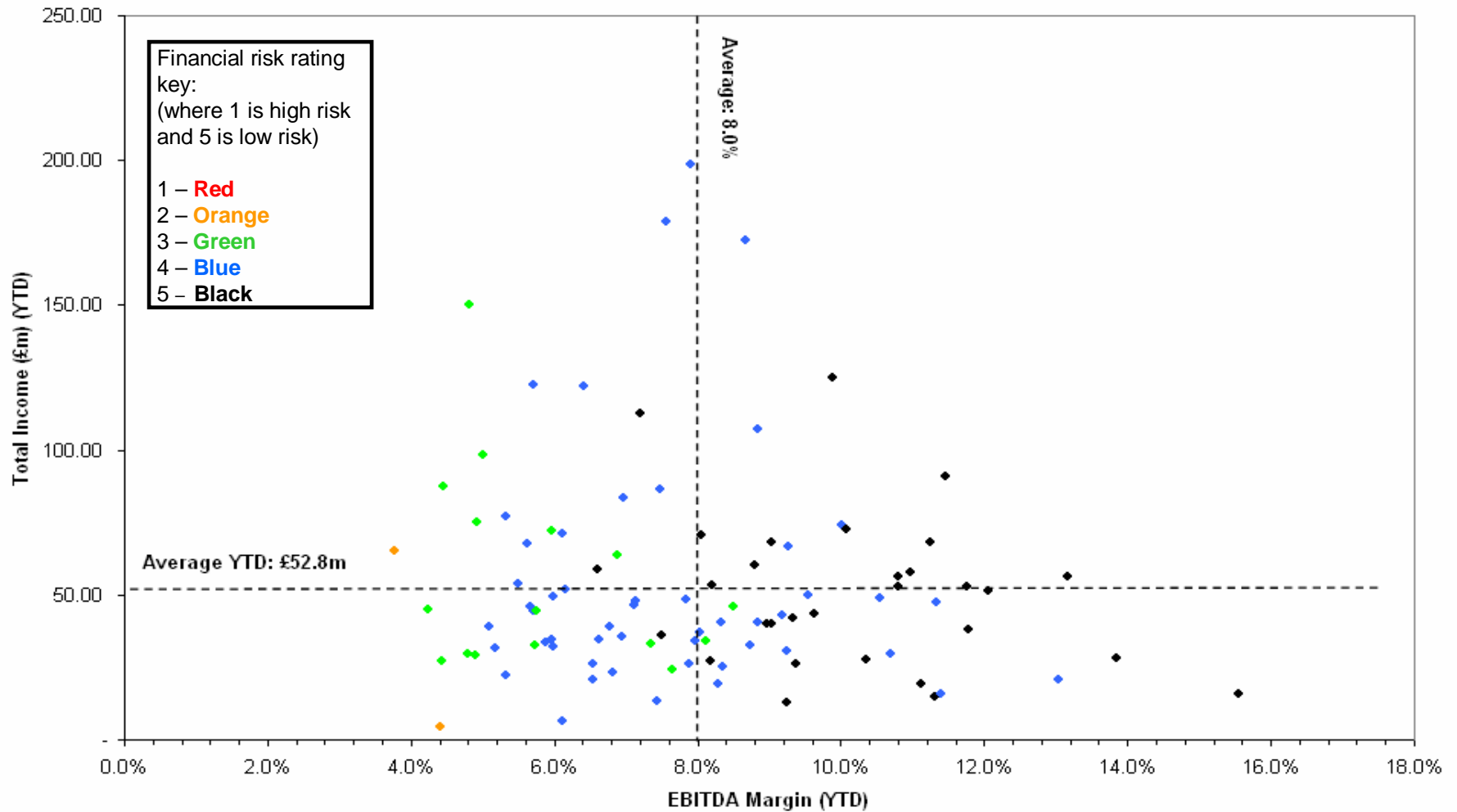
- £202m above plan due to favourable EBITDA variance £34m, working capital variances £107m and capex slippage £82m, partly offset by other movements -£21m.

\*EBITDA = earnings before interest, tax, depreciation and amortisation

## Cashflow

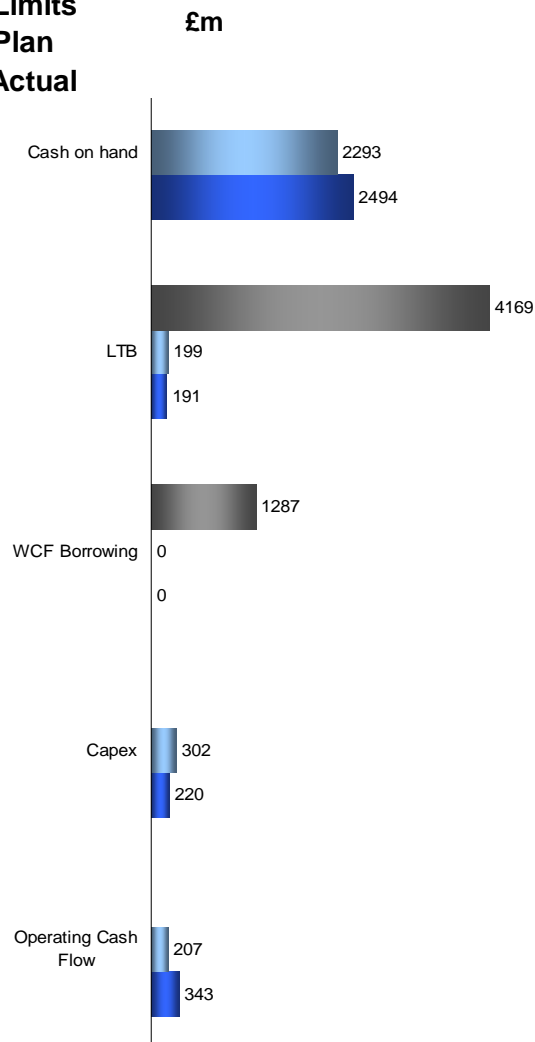
EBITDA	396	362	34	409	376	34
Non-cash operational I&E items	(13)	(9)	(4)	(14)	(9)	(5)
Change in wc	(40)	(146)	107	(21)	(125)	104
<b>Operational cashflow</b>	<b>343</b>	<b>207</b>	<b>136</b>	<b>374</b>	<b>242</b>	<b>133</b>
Capex	(220)	(302)	82	(227)	(311)	84
Disposal of assets	13	30	(17)	14	36	(22)
PDC received /(repaid)	(11)	(8)	(3)	(11)	(7)	(4)
PDC dividends paid	(1)	(1)	(0)	(1)	(1)	(0)
Financing other	49	53	(5)	49	54	(4)
<b>Net cash inflow/(outflow)</b>	<b>173</b>	<b>(21)</b>	<b>194</b>	<b>199</b>	<b>11</b>	<b>187</b>
Opening cash balance	2,268	2,268	-	2,295	2,281	14
New FTs cash	53	45	8			
<b>Closing cash balance</b>	<b>2,494</b>	<b>2,293</b>	<b>202</b>	<b>2,494</b>	<b>2,293</b>	<b>202</b>

# Income vs EBITDA margin



# Cashflow and funding

■ Limits  
■ Plan  
■ Actual



## Comments on pro rata basis

### – Cash at bank

- At £2,494m, cash balances are £202m above plan mainly due to favourable EBITDA variances £34m, working capital variances £107m and total capex slippage of £82m of which £45m is maintenance related.

### – Long term borrowing

- Actual borrowing of £191m is £8m behind plan and only uses 4.6% of existing borrowing limits

### – Working capital facilities

- No utilisation at the end of Q1

### – Capex

- Capex is £82m below plan, primarily due to £45m slippage on maintenance spend.

### – Operating cash flow

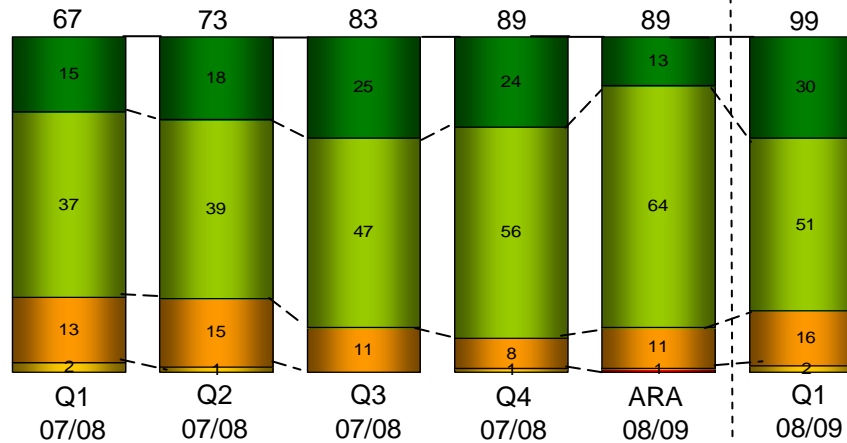
- Operating cash flow of £343m is £136m ahead of plan mainly due to £34m favourable EBITDA variance and £107m of favourable working capital variance.
  - The favourable working capital variance is principally driven by higher than expected accruals of £97m.

# Financial risk ratings overview

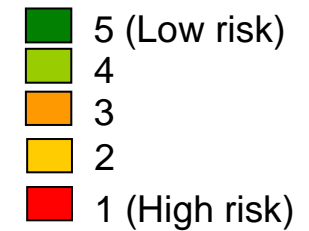
## Financial

### Quarterly risk ratings

# FTs



Ave. rating	3.8	4.0	4.0	4.2	4.2	4.1
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### FRR averages by type of trusts

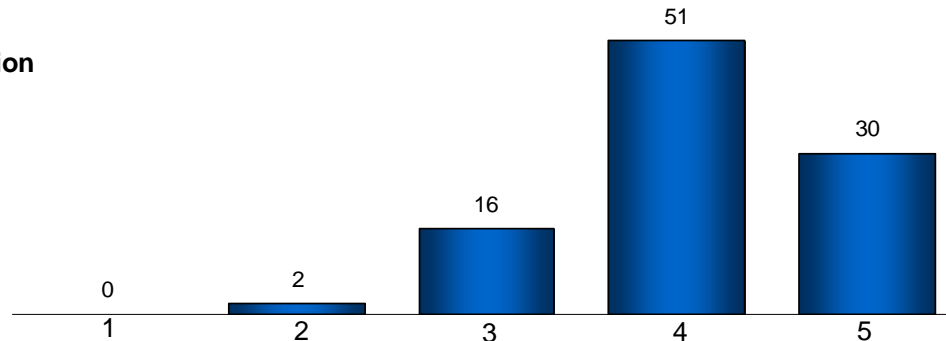
Specialist	4.4
Teaching	4.3
Acute	4.1
Mental health	3.9

### FRR averages by SHA

East Midlands	4.8
West Midlands	4.4
South East Coast	4.3
East of England	4.2
South Central	4.2
North West	4.1
Yorkshire	4.1
London	4.0
South West	3.9
North East	3.7

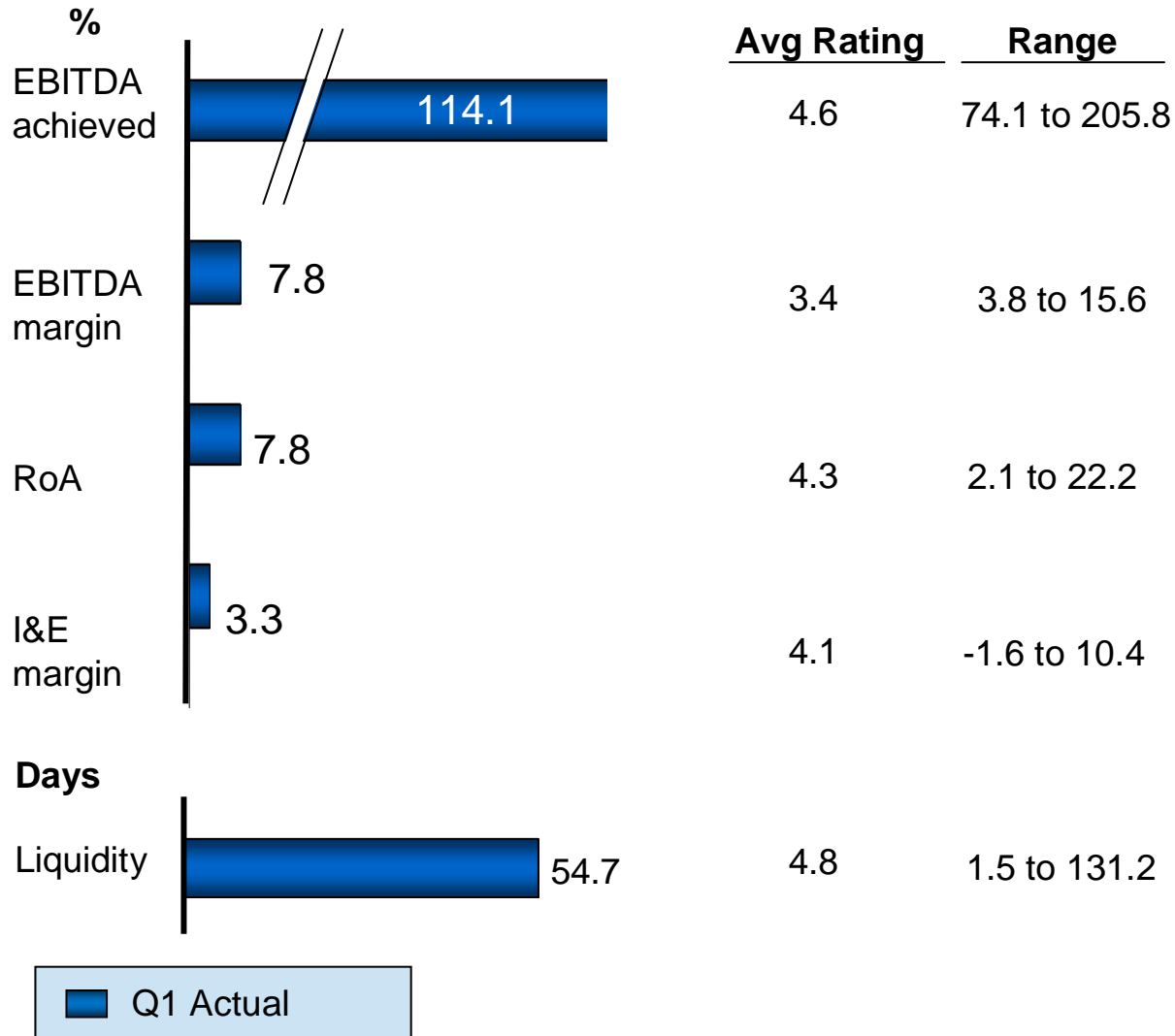
### YTD rating distribution

# FTs



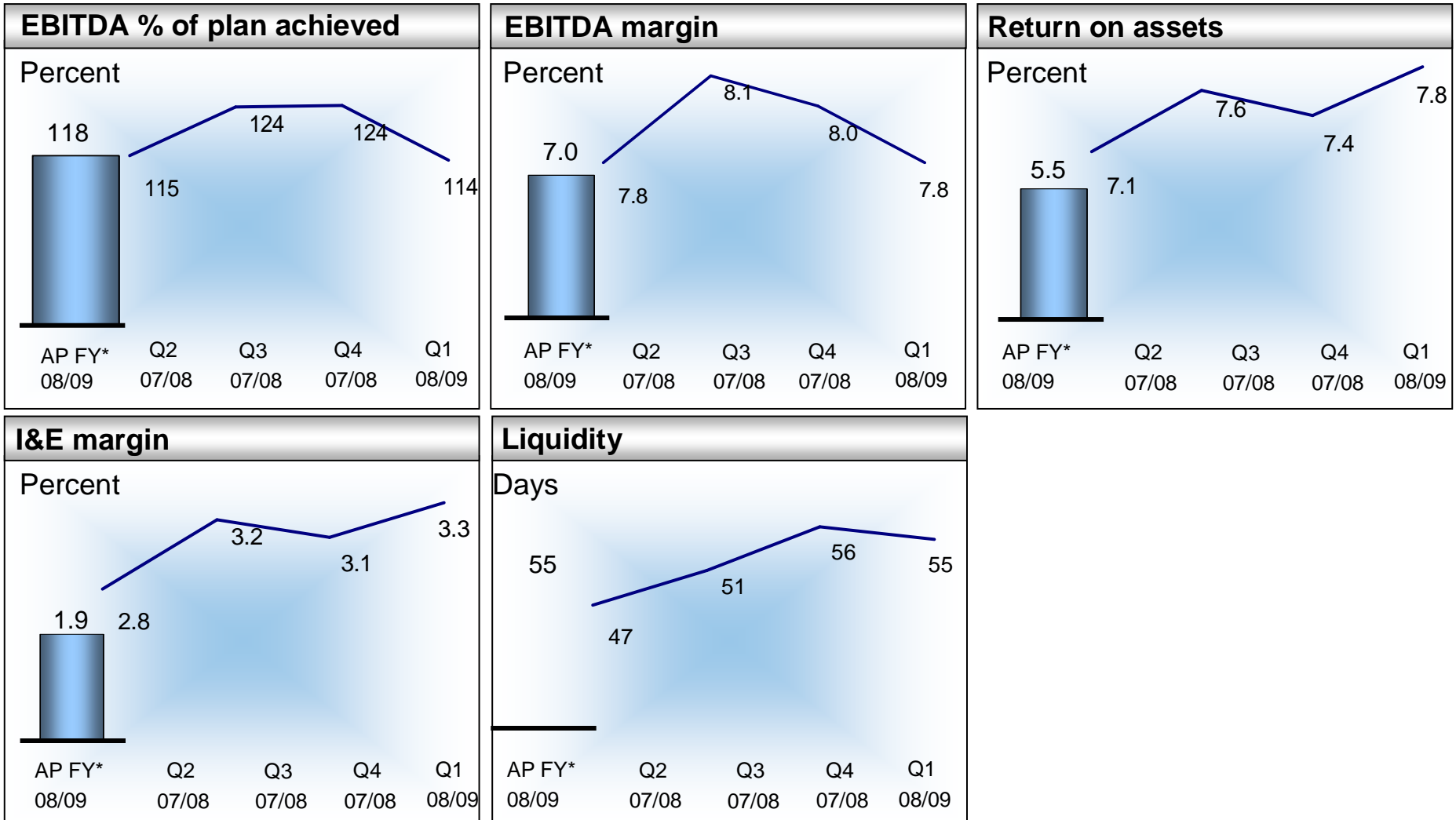
- Average FRR rating of 4.1 at Q1 08/09 is slightly below the 08/09 ARA and Q4 07/08 average rating of 4.2.
- Proportion of '4' and '5' rated FTs equates to 82% which is lower than both ARA (87%) and Q4 07/08 (90%).
- Some regional variation; East Midlands (4.8) vs South West (3.9) and North East (3.7).
- 2 FTs have FRR ratings of '2' at Q1.

# Range of financial metrics



# Trends in financial metrics

— Average Q1 Actual



\*89 Reviewed ARA

# Governance risk ratings overview

Governance									
<b>Quarterly risk ratings</b> # FTs	Total	59	67	73	83	89	89	99	
	(Low risk)	46	39	39	43	47	63	60	
	(Amber risk)	9	25	30	38	37	26	33	
	(High risk)	4	3	4	2	5	0	6	
		A Plan 2007/08	Q1 2007/08	Q2 2007/08	Q3 2007/08	Q4 2007/08	A Plan 2008/09	Q1 2008/09	

**Analysis of green and amber rated FTs**

- 60 FTs (61%) are rated green.
- 53 green rated FTs (54%) did not report any breach or risk of breach this quarter.
- 8 green rated FTs breached one priority 2 target
- 3 green rated FTs reported breaching one or more core standards.
- 33 FTs (33%) are rated amber
- Within priority 1 targets MRSA is the main driver, with 18 amber-rated FTs reporting a risk of breach of their target. 12 amber-rated FTs also reported a risk of breach against their C.Difficile target. 7 of these reported a risk of breaching both targets.
- Within priority 2 targets 12 FTs reported breaching the thrombolysis target.

**Analysis of red rated FTs**

- Five FTs are red rated for governance on the basis of their MRSA performance in 2007/08.
- One further FT is rated red for governance risk on the basis of a serious failure of financial governance.

## Mandatory services

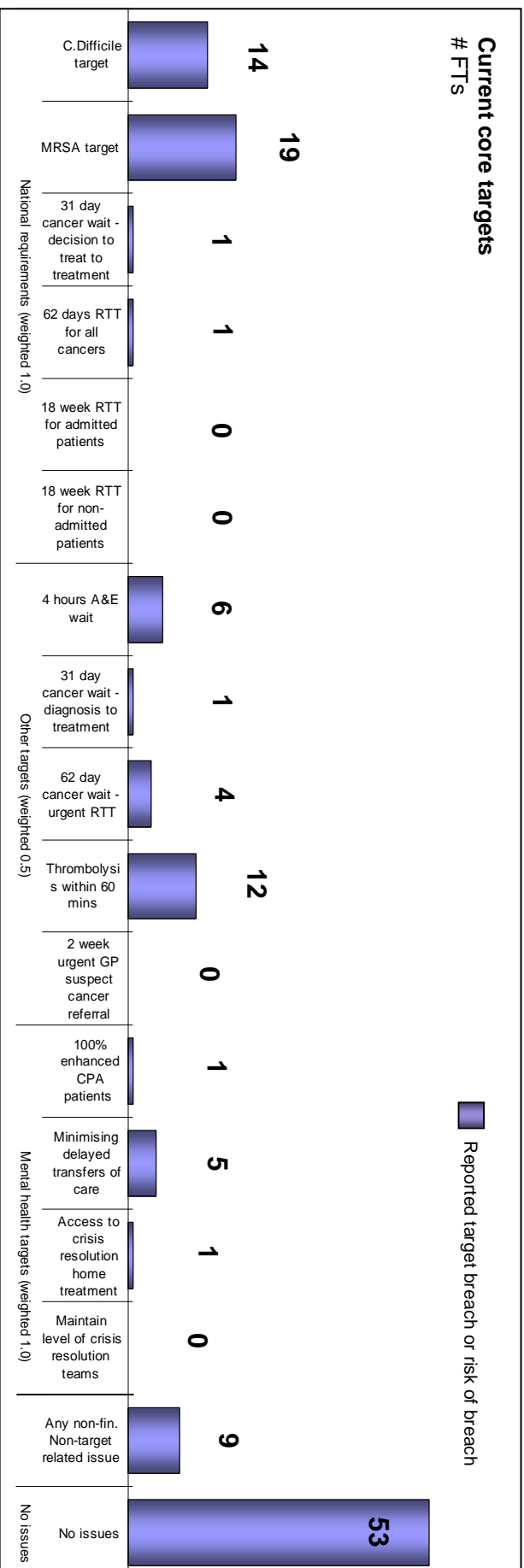
- All FTs continued to achieve a green rating in mandatory services.

# Governance - self-certification issues

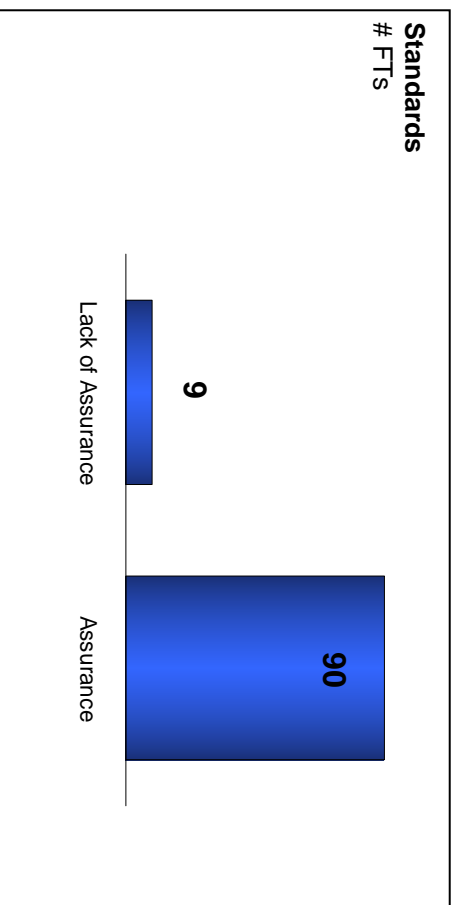


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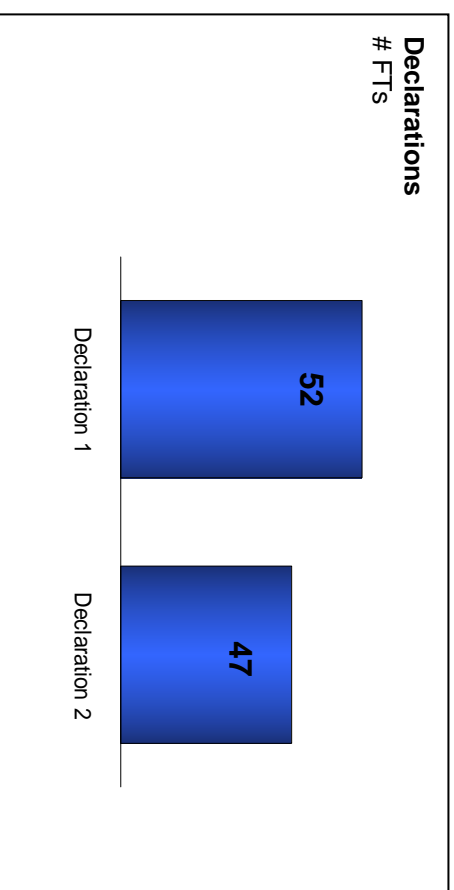
## Current core targets



## Standards

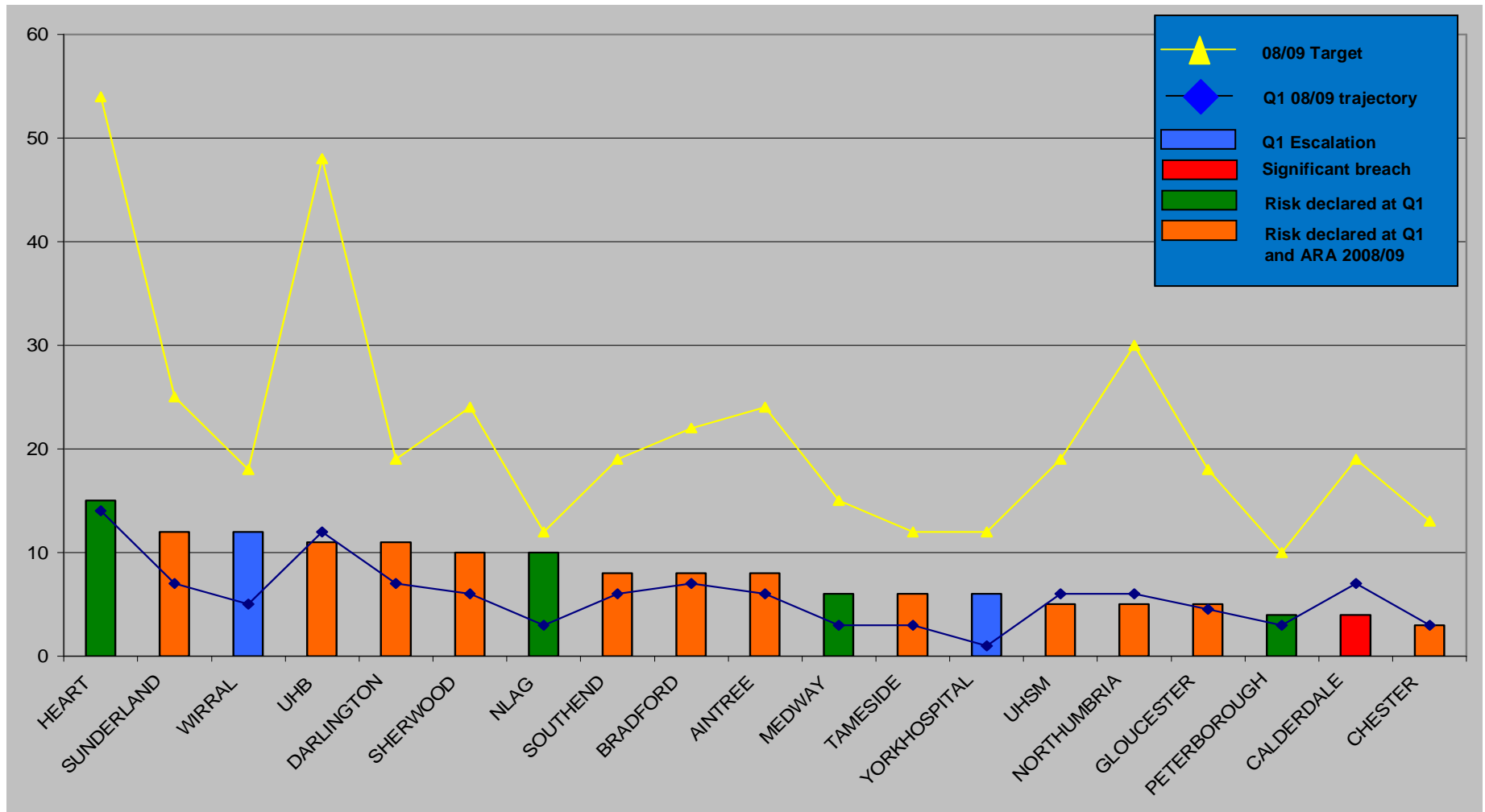


## Declarations



# MRSA performance

## Trusts self certifying risk of breach

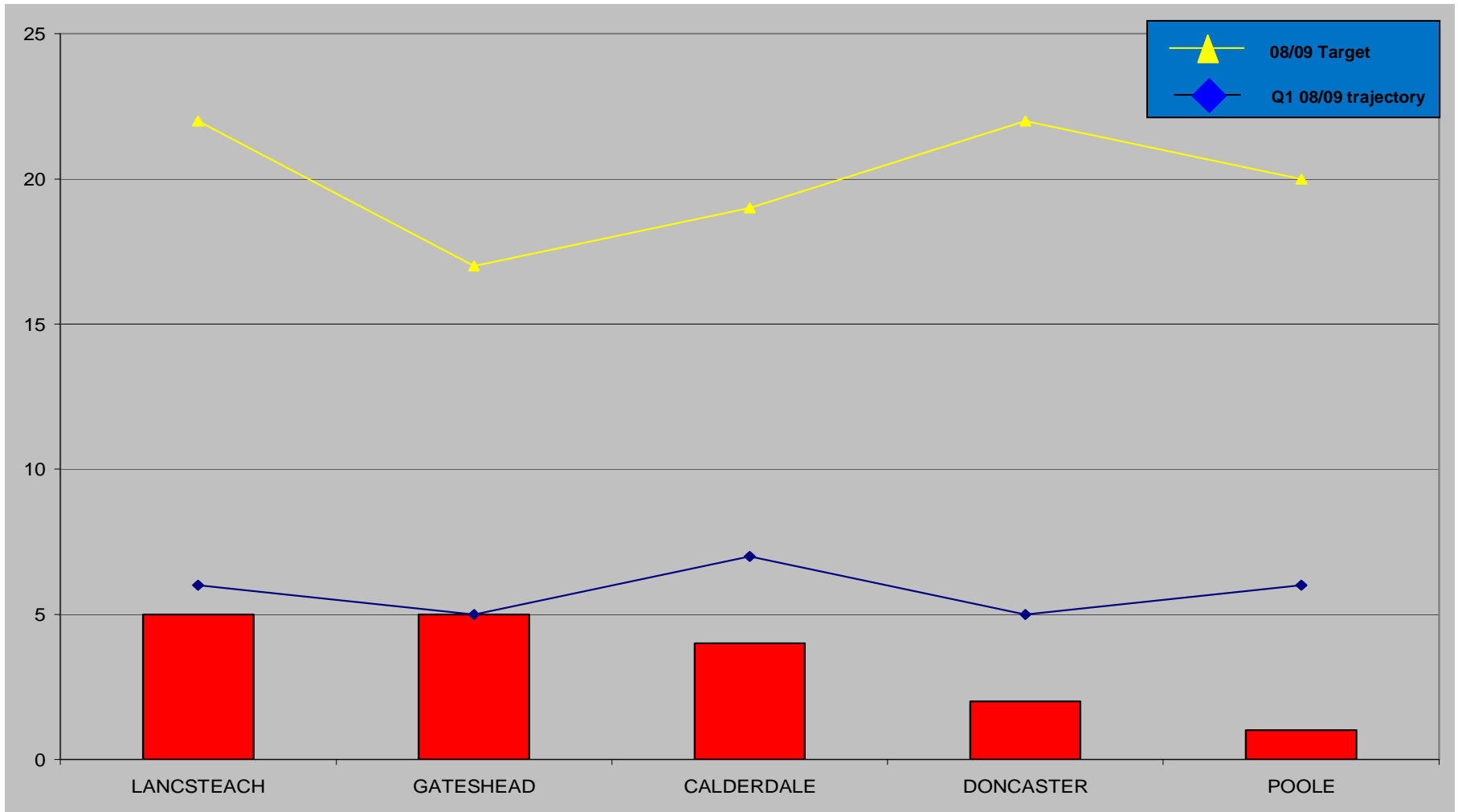


# MRSA performance

Trusts red rated for governance relating to MRSA

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# THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

## Patient Experience Report – Quarter 1 2008-09

The Trust is committed to improving the patient experience and, as such invites the feedback and involvement of patients, carers and the public in order to help identify areas for action and improvement.

In order to gain an understanding of the key issues and themes surrounding the patient experience, information from various feedback mechanisms is collected on a Patient Experience Database. This includes feedback from the following mechanisms:

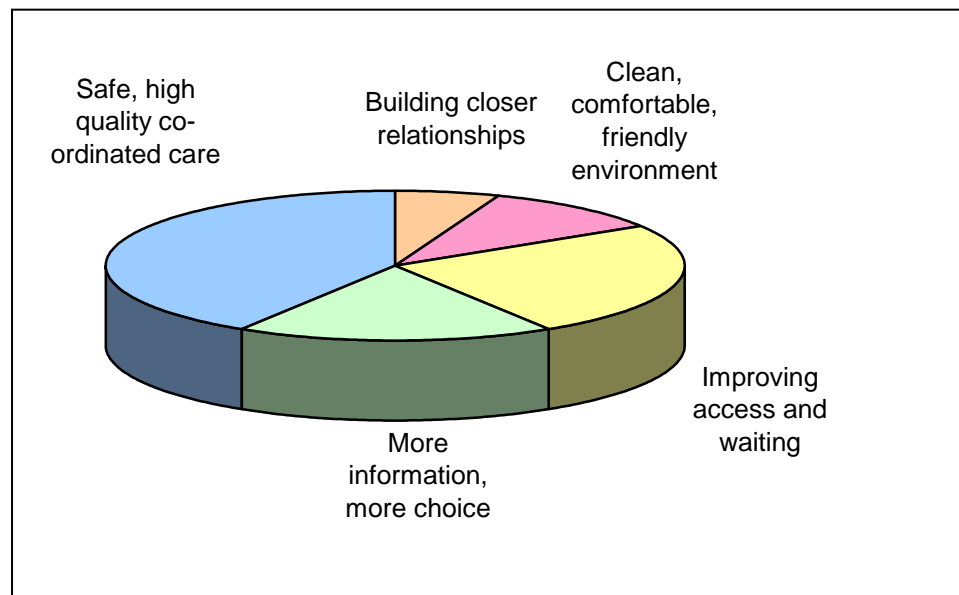
- Details of Patient Advice and Liaison Service (PALS) contacts
- Details of Complaints received
- Comments and Suggestions made on the feedback forms in public areas of the Trust
- Feedback received to Trust internet site
- Feedback from PALS volunteers
- Feedback on internet (NHS Choices)

The feedback is recorded within one of the five dimensions of the patient experience as described by Department of Health in the Priorities and Planning Framework 2003-2006. In this Framework, improving the overall experience of patients in the five specific dimensions is identified as a key priority.

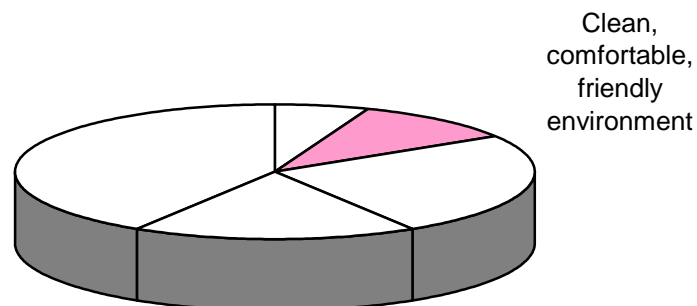
### The five dimensions are:

Clean, comfortable, friendly environment
Building closer relationships
Improving access and waiting
More information, more choice
Safe, high quality co-ordinated care

This summary of feedback for Quarter 1 2008-09 does not provide quantitative data regarding the issues raised. Instead, it is a summary of experiences from the various sources, which brings together a qualitative report and outlines key areas for action. Sites are indicated for each suggestion/remark received where recorded



## Clean, comfortable and friendly environment – Summary of feedback



### Positive remarks

Although the building is now quite old, I always found it to be spotlessly clean

Cleaning staff work very hard, nothing missed

Food good

Food is excellent - thank you to all the kitchen staff

Food quite good

Good meals

Magazines on library trolley are useful

Patientline is handy for using time to time though constant use can be expensive

Patientline TV is an excellent idea especially with the headphones though don't use phone line

Spotlessly clean ward

The building is very nice and clean and I felt comfortable while waiting to be seen

### Negative Feedback related to:

Negative	Summary
Car parking	Cost and availability of car parking spaces and operation of pay machines
Cleanliness	Concerns re standard of cleanliness on wards

### Suggestions/Requests (sites indicated where recorded)

Are there concessions on car parking at the RVI at visiting with son receiving treatment for leukaemia?

Could patients be stopped from using TVs between midnight and 6am? (FH)

Do you have any accommodation for husband to stay over when travelling to RVI from Cumbria?

Drinks machine/ water cooler in outpatients, admissions and coronary care (FH)

Electricians should be on call 24 hours as only had 4 TV channels due to problem over weekend (FH)

Freeman pharmacy should accept payment via credit/debit cards

Giving patients their 1st hour free to park would be a nice gesture

It would be helpful to have a baby change facility in the Children's department (RVI)

It would seem the hospital would benefit from planning/work study expertise as at least one ward was some distance from the theatre (FH)

More care should be taken regarding special dietary requirements - I requested vegetarian and was given chicken curry

More disabled parking bays (FH)

Need a more relaxed visiting schedule- two hours is not long enough if people not local and work full time (RVI)

Please extend cycling racks/lockers

Please stop the 'no smoking' announcement at the main reception - it does not show the Trust in a caring manner (RVI)

Recycling facility required (FH)

The Freeman could do with a makeover - the wood cladding on some walls does not go with the hospital cleanliness now required

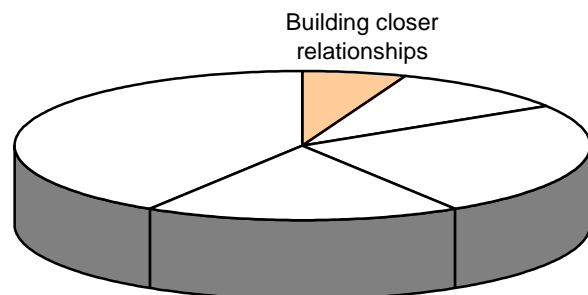
The hand dispensers should be at the front entrance so you can clean your hands on entering and leaving

There are not enough alcoholic gels on display - posters but no gels (FH)

There should be more security staff to deal with annoying patients - doctors and nurses have enough to do

When renal moves, can the 6 designated bays for dialysis patients outside of CCU be allocated to relatives of CCU patients? (FH)

## Building closer relationships – Summary of feedback



### Positive remarks

All kind, caring staff who explained every step of the way  
 Compliments to student nurse - exemplary  
 Dental nurse was very polite  
 I was impressed by the efficient and professional manner that the reception and appointment booking staff dealt with my needs  
 Nurses are very patient  
 Nurses attitude was fantastic  
 Nursing staff very nice  
 Staff are excellent  
 Surgeons were excellent and explained thoroughly the procedure and remained professional and pleasant  
 Would like to commend the staff on ward 45 - friendly, caring and nothing too much trouble

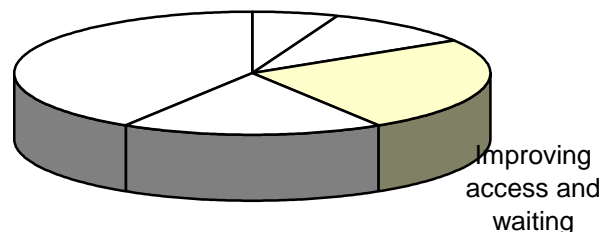
### Suggestions

Please would the doctors and trainees go back to wearing the white coat - they need to be respected

### Negative Feedback related to:

Negative	Summary
Attitude of staff	Perceived attitude and manner of various staff groups including medical, nursing and support staff

## Improving access and waiting – Summary of feedback



### Negative Feedback related to:

Negative	Summary
Waiting times (outpatients)	Waiting times for outpatient appointment or investigations following referral
	Concerns that no written confirmation received of appointment made via Choose and Book system
Waiting times (inpatients)	Concern at waiting time for procedure
	Concerns regarding notification of and cancellation of surgery

### Positive remarks

Visiting hours are good, convenient for patient and visitor

Visiting hours are good, flexible

We were told of a possible two hour wait but examined in just over an hour

### Suggestions/Requests

A clock above the admissions desk, visible from the waiting area

Can taxi costs be reimbursed? (FH)

Could doctors be given the facility to issue general medicines? (RVI)

Directions to main x-ray department at Freeman

Hand surgery clinic has an average of one patient every 12 minutes, this is too - put appointment system in place or advise patients to visit GP/district nurse (RVI)

Have severe toothache but really nervous and cannot see dentist until next week, can you help?

How long to get appointment at dental hospital following referral?

How to arrange a private antenatal scan

How to arrange an appointment for breast surgery

How to cancel an appointment made through C&B

How to cancel son's appointment

How to change appointment for cataract surgery

Is it possible to be treated at the dental hospital as I have an absolute fear of dental treatment and it would give me confidence

Is it possible to move or change appointment?

Is it possible to request referral to Freeman?

Is there any way to rearrange or cancel appointments online?

Query regarding wait for stent removal

Request for second opinion on ongoing dental problem

Request to come to clinic without referral as previously given 'open door'treatment

Surely there must be a better system than only being able to have appointments on certain Mondays (DH)

Surely you can improve your switchboard/call centre response times – phone rang for so long I almost disconnected

Visiting hours may be improved by having a wider gap at one time to allow for long distance visitors (RVI)

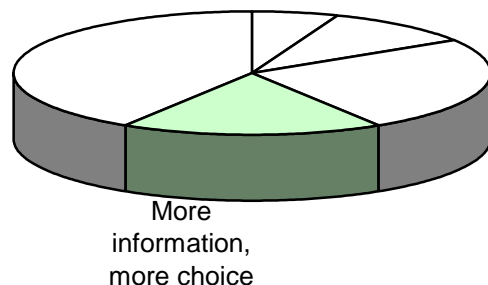
What is the waiting time for ENT operations? (FH)

Would like confirmation of appointment and location of clinic (RVI)

Would like to know if taxi costs are covered as unable to get to appointment at 7.30 by public transport (FH)

Would like to know timescales for biopsy and scan having been told he has a tumour in kidney (FH)

## More information, more choice – Summary of feedback



### Positive remarks

None received

### Negative Feedback related to:

Negative comments relate to availability of information on the Trust website regarding directions/maps and visiting information.

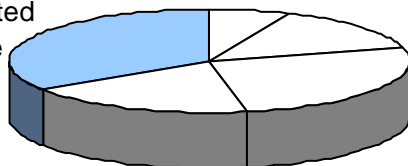
Other comments were requests for information regarding the following areas:

### Information requested as follows

- Can husband be moved from Freeman to RVI as wife finding travel too much
- Details of PALS and formal complaints to see which would benefit patient
- How to access medical records (x6)
- How to change personal details on records
- How to make a donation (x5)
- How to make a formal complaint (x18)
- How to make appointment through website
- How to receive an e-mail or copy of x-rays
- Information on accommodation on a bus route to freeman hospital
- Information on how to get an interpreter
- Information regarding accommodation available as coming to Freeman with child
- Is it possible to get details of specific surgeons eg success rates, complaints against etc?
- Is it possible to talk to patients by phone or web cam as unable to get to hospital
- Is there any family accommodation available?
- Is there anywhere in hospital I would be able to use laptop and get internet access
- Looking for support groups for cardiology patients
- Queries regarding access to dental treatment (x5)
- Queries regarding access to private investigations/treatment (x7)
- Queries regarding specific condition (x6)
- Queries regarding visiting restrictions (x4)
- Queries regarding procedures and available treatment (x17)
- Will RVI pay costs for a 'signer' for hard of hearing patient in an outpatient appointment?
- Would like information regarding C diff and MRSA figures in surgical directorate

## Safe, high quality co-ordinated care – Summary of feedback

Safe, high  
quality co-  
ordinated  
care



### Negative Feedback related to:

Negative	Summary
Communication	Concerns re communication of test results
	Concerns re communication between staff and patients/family
Aspects of clinical treatment	Specific concerns relating to care and treatment provided
Diagnosis	Perceived delays in diagnosis
Clinical Nursing	Aspects of nursing care provided including assistance provided with personal care and feeding

### Suggestions/Requests

Admission interviews should be conducted in day room when you are divulging sensitive information in front of strangers.

How to access mammogram x-rays for doctors in New Zealand

Improve communication from the hospitals particularly for patients with learning disabilities

Patient with MS would like to know if they have to inform sister on admittance to ward regarding toileting needs

Please look at the six weekly blood procedures - invariably lost in the post from GP to hospital and have to be repeated

Query about possibility of transfer to be closer to family (NGH)

Suggest a bonus for staff who the patients feel are treated as human beings – nominate staff on ward 44 for outstanding care (RVI)

When transferring patients in wheelchairs the porter should be able to see the patient rather than pulling the chair along behind

Why are pre-assessments and x-rays done so far in advance of surgery? (DH)

### Positive remarks

Care received from staff on both admissions was second to none – treated with the utmost respect at all time and his every need and more were catered for

Every effort was made at all times to maintain the patients dignity

Excellent reception, excellent x-ray department staff, all helpful

I liked the way the specialist took her time to talk to the patients and carer and answered all our questions and concerns

I marvelled at the dedication of all the staff looking after my wife

I was very impressed when I entered one of the wards where I was supervised by a nurse when washing my hands and aproned

I would like to thank the staff on ward 30 for looking after my grandad

Level of care has been first class

Many thanks for seeing me and helping with my dental health

Nothing was too much trouble even though the staff were sometimes delayed in taking their breaks

Nursing staff have been exceptional - not only to my husband but also to me and my family - thank you

Service in this hospital is the best you can ever get because they looked after my grandad

Staff always attend needs quickly

Staff are very good, supportive and treatment explained well

Staff on duty were kind, caring and understanding of patient with phobia of hospitals

Staff were an excellent source of support for me in that they were always available to listen to any concerns I may have had

Surgical procedures were well explained

The consultants, doctors, nursing staff and porters functioned perfectly as a team

The doctor was in a completely different league from those I had seen at my previous hospital

Theatre staff were all brilliant

Very happy with care

Very happy with nursing

Very happy with ward

Very impressed with nurses

Very impressed with the nursing

## Q1 2008-09 Action taken and planned

Dimension	Issue	Action being taken or to be taken	Reported/ Target
<b>Clean, comfortable, friendly environment</b>	<b>Car Parking</b>	Additional 'blue badge' spaces will be available and located outside the NCCC and Renal Services Centre on completion of the building work.	Autumn 2008
		Two levels of the multi-storey at Freeman will be for NCCC/Renal Centre patient use	Autumn 2008
	<b>Cleanliness / Hotel Services</b>	Report reviewed within the Patient Environment and Action Group.	Ongoing
		Cleanliness audits and PEAT inspections continue on all sites which include patient representation. Infection Control Awareness Events held in March 2008 and Clean your hand campaign in September 2008	Ongoing March 2008 / Sept 2008
		Development of information leaflets regarding MRSA and C Difficile to be available on all wards	April 2008
		Multicultural Menu promoted in Chatterly Restaurant offering approved Halal and Kosher menu. Menu available in 5 languages	April 2008
	<b>Catering</b>	Feedback from patient surveys reported to Nutritional Steering Committee to inform action plan in relation to food and nutrition	September 2008
Governor food tasting continues with evening sessions planned quarterly		September 2008	
Community Advisory Panel have membership on Menu Development Group		July 2008	
<b>Patientline</b>	Patientline company acquired by Hospedia following liquidation of Patientline UK Ltd. Hospedia promise improved services to patients, including lower inbound charges and longer stay discounts though no change in operational service at this time	August 2008	
<b>ATM machines</b>	Current ATM machines in RVI and Freeman are being replaced by machines installed by HSBC with no charge for withdrawals	September 2008	
<b>Building closer relationships</b>	<b>Attitude of staff</b>	Being with Patients programmes continues with 32 dates arranged for 2008 to enable staff from various disciplines to understand what it means to be a patient and acquire practical strategies to enhance the patient experience. Members of the Community Advisory Panel have attended these sessions and feedback positive comments from a patient perspective	Ongoing
<b>Improving access and waiting</b>	<b>Waiting times following referral (outpatients and inpatients)</b>	Appointments made through the Choose and Book system do receive confirmation letters when sufficient notice has been given though PALS are being asked to provide further details where problems occur in order to identify if action is required	August 2008
	<b>Waiting times for discharge medication</b>	Pharmacy department have introduced a number of initiatives including one-stop dispensing and self-medication and tracking system in pharmacy to improve the time taken to dispense discharge medication	March 2008
<b>More information, more choice</b>	<b>Level of information provided</b>	The Trust website has been redeveloped and relaunched with a focus on answering the questions that patients and the public visit the site to find out. Patient representatives attended a preview of the new site to assess the content and design from the patient perspective and patient feedback continues to feed into the site design.	November 2007

	<b>Information in other formats</b>	Standard statement to be included in relevant Trust information regarding availability of information in other formats and languages on request	September 2008
<b>Safe, high quality, co-ordinated care</b>	<b>Aspects of care and treatment, diagnosis, nursing and aftercare</b>	The Productive Ward Programme was run until end March 2008. The initiative helped staff to organise the ward using improvement techniques from industry - Tasks are redesigned to ensure they are patient-focused and easier for staff. The evaluation will include feedback from patients.	Pilot ended March 2008
	<b>Communication</b>	Patient Experience report circulated to directorate managers and matrons for communication with wider staff groups in order to raise awareness of the patient experience	Ongoing