The Whittington Hospital NHS
NHS Trust

ITEM: 7

MEETING: Trust Board 16 May 2007

TITLE: Service Improvement – 2006/07 Programmes

SUMMARY:

This paper provides the Trust Board on the progress that is being made in planning for and delivering on the 18 week Referral to Treatment (RTT) Target and reports on workstreams that are either planned or underway in respect to this.

This paper also incorporates an end of year status report on the 'Making Best Use of Beds Programme', and outlines in brief the work plan for 2007/08.

Finally there is a section on Demand Management which provides the methodology the Trust intends to adopt to monitor performance of the various PCT demand management initiatives in order to assess at the earliest opportunity the impact these will have on Trust activity.

ACTION: For Information and Discussion

REPORT FROM: Kate Slemeck, Director of Operations

SPONSORED BY: David Sloman, Chief Executive Officer

Financial details supplied/checked by: Not Applicable
(Name of finance officer)

Recommendations contained within this paper have been checked for compliance with relevant statute and regulations/directions/policy as follows:
(Relevant law/direction etc.) Yes

1. Getting to 18 weeks Programme

1.1 Summary of progress

1.2 Key Performance Indicators

There are two 18-week referral-to-treatment (RTT) indicators.

(a) **Admitted patients**. Percentage of those patients whose treatment commenced in the month who completed the pathway within 18 weeks from referral.

The national milestone target for March 2008 for Admitted patients is **85%.**

(b) **Non-Admitted patients**. Percentage of patients whose treatment commenced in outpatients who completed the pathway within 18 weeks from treatment.

The national milestone target for March 2008 for Non-Admitted patients is **90%.**

The interim targets for outpatient, inpatient and diagnostic waits will continue on a reducing trajectory until there is sufficient confidence in the 18-week RTT data to use RTT solely to measure achievement. The Access Board Report contains detail on progress towards the outpatient, inpatient, and diagnostic targets for March 2007 and the forecast is to meet those targets.

Admitted patients RTT by Division

To date an average of approximately **31% to 36%** of admitted patients have been treated within 18 weeks of referral

WOMEN & CHILDREN– Admitted Patients - MARCH 2007 – 36% < 18/52

Specialty	Num < 18w	% <18w	Num >18 wks	% >18 wks	Total RTT patients in period
Paediatrics	5	29%	12	71%	17
Maternity					
Gynaecology	45	38%	75	62%	120
W & C	**50**	**36%**	**87**	**64%**	**137**

SURGERY – Admitted Patients - MARCH 2007– 28% < 18/52

Specialty	Num < 18w	% <18w	Num >18 wks	% >18 wks	Total RTT patients in period
General Surgery	69	31%	156	69%	225
Urology	29	35%	53	65%	82
Trauma & Orthopaedics	26	16%	132	84%	158
ENT	2	20%	8	80%	10
Ophthalmology					
Plastic Surgery					
Pain Management	2	5%	35	95%	37
Gastroenterology	32	49%	33	51%	65
Surgery	**160**	**28%**	**417**	**72%**	**577**

MEDICINE – Admitted Patients - MARCH 2007– 43% < 18/52

Specialty	Num < 18w	% <18w	Num >18 wks	% >18 wks	Total RTT patients in period
General Medicine					
Endocrinology					
Haematology	15	44%	19	56%	34
Diabetes					
Cardiology	0	0%	3	100%	34
Dermatology	0	0%	1	100%	1
Respiratory Medicine	3	75%	1	25%	4
Nephrology					
Neurology					
Rheumatology					
Elderly Medicine					
Medicine	**18**	**43%**	**24**	**57%**	**42**

Non-Admitted Patients – RTT

The Trust has been achieved a performance level of **55%** consistently over the last few months; a divisional/specialty breakdown is provided.

In this context RTT patients in period are those with a new RTT clinic outcome code recorded on PAS. The old clinic outcomes do not map to a RTT status and therefore are not counted for monitoring purposes.

WOMEN & CHILDREN – Non - Admitted Patients - MARCH 2007– 41% < 18/52

Specialty	Num < 18w	% <18w	Num >18 wks	% >18 wks	Total RTT patients in period
Paediatrics					
Maternity	1	100%	0	0%	1
Gynaecology	38	40%	56	60%	94
W & C	**39**	**41%**	**56**	**59%**	**95**

SURGERY – Non - Admitted Patients - MARCH 2007– 55% < 18/52

Specialty	Num < 18w	% <18w	Num >18 wks	% >18 wks	Total RTT patients in period
General Surgery	60	61%	38	39%	98
Urology	11	33%	22	67%	33
Trauma & Orthopaedics	402	59%	279	41%	681
ENT	59	55%	49	45%	108
Ophthalmology	58	43%	78	57%	136
Plastic Surgery	5	83%	1	17%	6
Pain Management	4	31%	9	69%	13
Gastroenterology	38	51%	36	49%	74
Surgery	**637**	**55%**	**512**	**45%**	**1149**

MEDICINE – Non - Admitted Patients - MARCH 2007– 53% < 18/52

Specialty	Num < 18w	% <18w	Num >18 wks	% >18 wks	Total RTT patients in period
General Medicine	12	28%	31	72%	43
Endocrinology	11	44%	14	56%	25
Haematology	1	50%	1	50%	2
Diabetes	1	14%	6	86%	7
Cardiology	111	54%	93	46%	204
Dermatology	79	78%	22	22%	101
Respiratory Medicine	85	49%	87	51%	172
Nephrology	10	30%	23	70%	33
Neurology	33	79%	9	21%	42
Rheumatology	30	41%	44	59%	74
Elderly Medicine	4	44%	5	56%	9
Medicine	**377**	**53%**	**335**	**47%**	**712**

Notes:

1. The Paediatric specialty has not yet commenced collecting the new RTT outcomes and Gynaecology has only just started (part month effect in the March data).
2. Confirmation is being sought on how the RTT target applies to maternity services; it is possible that the only patients referred to a consultant led clinic for the management of complications will be affected.

National and Pilot Site Comparison

National data is not currently produced

Anecdotal evidence from a variety of sources currently indicates that nationally the results are generally as follows:

RTT admitted patients: 30-35%
RTT admitted non-admitted: 70-80%

The early adopters or pilot sites follow this data closely. One prominent example recently published in the Health Service Journal and on the Department of Health 18-Week Website was that of East Kent Hospitals NHS Trust, an '18-Week Early Achiever'. Their current performance in January 2007 was as follows:

RTT admitted patients: 32% (range 06 – 64%)
RTT admitted non-admitted: 79% (range 57 – 92%)

Whitt: RTT admitted patients: 31% (range 05 - 75%)
RTT admitted non-admitted: 54% (range14 – 83%)

The Whittington results data as described above has a wide range, with very small numbers of patients in some cases. Efforts to date have focussed on data collection/quality, and the findings of this provide the basis of the Workstreams for this project at the Whittington.

Recording of the new RTT outcomes on PAS

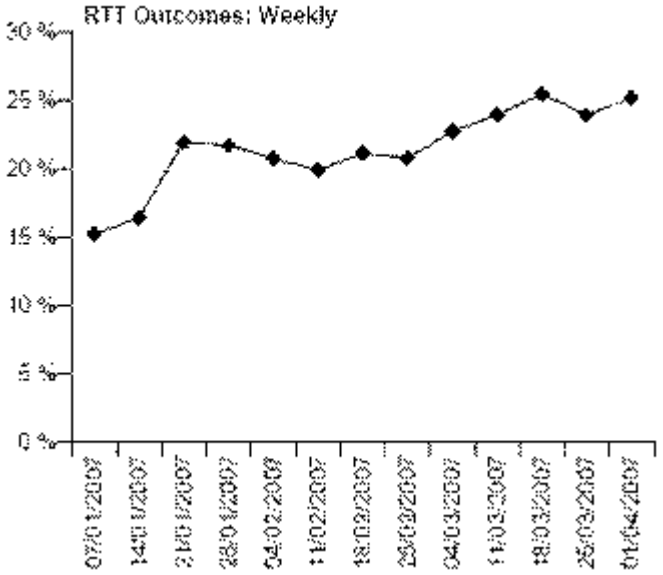
The ability to record the outpatient clinic outcomes and collect data from a variety of new information points (e.g. wards, ED) is central to a robust measurement and monitoring system.

The following tables show results from a new performance monitoring system that has been put into place to show clinic attendees that have had a new RTT outcome recorded on a weekly basis.

Percentage Usage of new RTT clinic outcomes (Trust total)

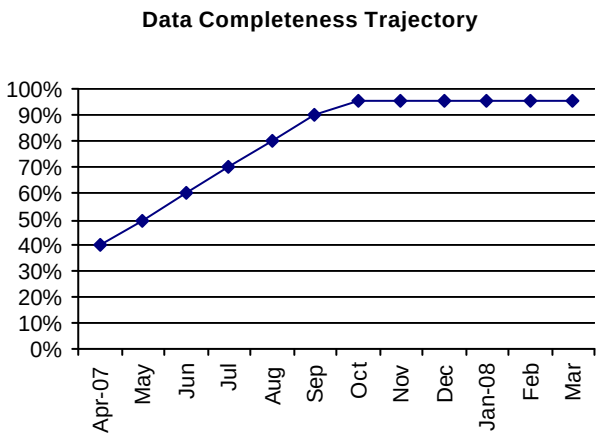
The poor performance reflected in the chart below is due, we believe, to a number of factors, each of which is reflected in the Workstreams for the 18-week project:

- No implementation of new outcome forms in Gynaecology and Paediatrics
- Complex pathways for patients where no system is currently in place to capture data
- Lack of compliance with use of new outcome forms in clinic
- Poor input of new clinic codes in clinic (fat finger syndrome)



Data Completeness Target

In order to monitor progress on data completeness we have set an internal target to achieve 95% completeness by September 2007.

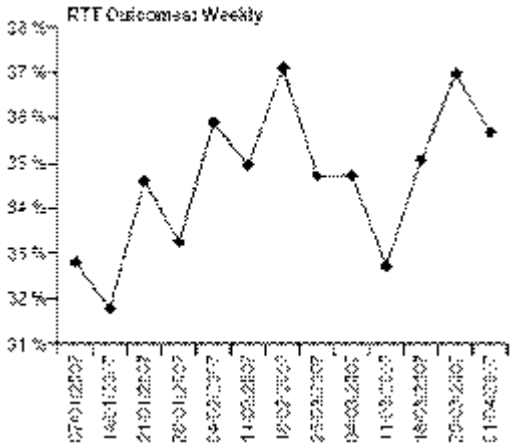


Percentage Usage of new RTT clinic outcomes (by division)

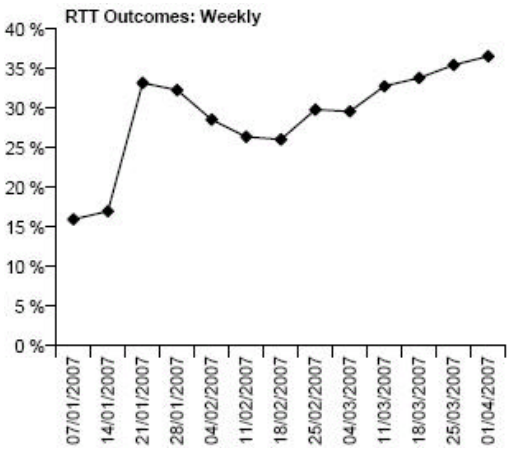
The following tables show the data completeness by division.

Medicine and Surgery making steady progress, whilst Women and Childrens' have yet to have all their clinics started on new outcome forms.

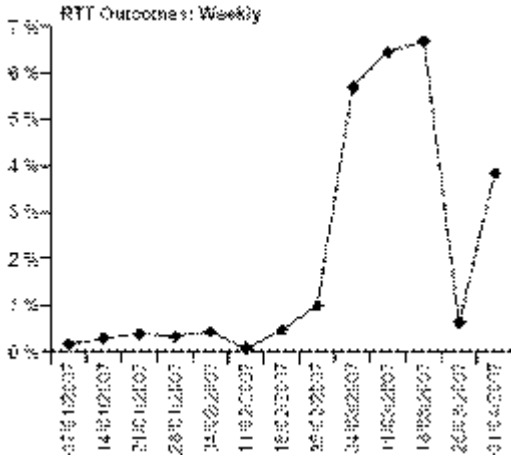
Medicine – currently 36%



Surgery – currently 36%



Women & Children – currently 4%



1.3 Project Management plans for 2007/08

The Project management plan for 18-weeks has been modified and formalised in order to reflect national best practice and our own particular challenges.

Research by the NHS Institute for Innovation and Improvement reveals that elective pathways are the major concern. Tacking the variation in elective pathways will be key to achieving referral to treatment in 18 weeks (*Source: HSJ 8 March 2007*). The Whittington is no different in this respect. Where we currently lag behind pilot sites and early adopters is in the quality of our data.

The other key factor in the success of this project is clinical engagement. So far this has been at a local level and is reflected by the data completeness in some areas rather than others. General Managers and Service Managers will be meeting with Clinical Leads over the coming weeks in order to discuss the objects for their area. This is reflected in the Workstreams noted below.

The project plan also includes a communication plan which mirrors many of the early adopter plans, although does not currently include any patient involvement, as follows:

Communication:

- First communicated at trust meeting in April 2006 setting out operations objectives for 2006-7

- Along with many other trusts the communication for 18-weeks continued with in many cases face to face discussion alongside the implementation of new outcome sheets in clinics. The introduction of a monitoring system is essential to further communication as it to provides evidence of current performance for discussion

- Plans for further communication include:

    1. CEO Briefing piece
    2. HMB papers
    3. Link Article
    4. Agenda of Operations Directorate Meetings
    5. Opening invitation for all Directorates for Steering Group to attend Directorate meetings
    6. Website on Intranet as information source

Workstreams

The overall current project objectives (by the end of June 2007) are to complete the following milestones:

1. General Managers (with Clinical Leads) to complete pathway mapping and audit of incomplete data
2. General Managers (with Clinical Leads) to write service development Project Initiation Documents that describe the effect on the organisation of meeting the referral to treatment target
3. To produce a risk and resource assessment for June 2007

The detail for these Workstreams is set out below:

1. The Quality (validity and reliability) of RTT performance monitoring data

This workstream includes:

i. Audit of exceptional (e.g. very long or unknown) referral to treatment times

ii. Mapping of complex pathways

Including: - Testing data collection point validity
- Delineating simple (linear) pathways from complex pathways

iii. RTT Information Reporting

Including:
All re-design of information systems to assist data quality, validation, and reliability

2. **The completeness of RTT data collection**

This workstream includes:

i. Review of RTT data completeness

ii. Implementation and rate of use of Outcome forms and correct PAS coding in clinical areas

3. Simple or Linear Pathway Mapping (high volume& low performance)

This workstream includes:

i. Identification of simple (high volume, low achieving or quick wins) referral to treatment pathways

ii. Testing data collection point validity

iii. Identification of service development projects to reduce referral to treatment to less than 18 weeks

4. Service Development Projects

This workstream includes:

i. Description of changes in the operational service that will reduce referral to treatment to less than 18 weeks

ii. Identification of resources and organisational effects on Finance (e.g. Income and expenditure), Human Resources (e.g. Staff numbers, skill mix, contractual hours)

iii. All of i and ii to be defined for each individual speciality, or sub-speciality pathway if different, **by the end of May 2007**

5. To Produce a Risk and Resources Document for HMB

The steering group will develop a resource implications and risk document for HMB based on the completion of the above Workstreams **by June 2007**.

2. Making Best Use of Beds Programme

The Making Best Used of Beds (MBUOB) programme achieved the target of 10,000 emergency bed days reduction in 2006/07. There were clear improvements in all the Divisions despite the following pressures:

- Increased emergency medical and paediatric admissions
- An increased demand in Maternity
- The need to achieve the activity targets for the SLA in Surgery coupled with the need to continue to reduce waiting times in line with achieving the 18 week target
- As the proportion of day case to in-patient surgery increases so too has the complexity of patient management and the proportional length of stay for a surgical in-patient

Section 3 Table e. shows the increase in Emergency Admissions by all Specialities 2005/6 as compared to 2006/7. When compared with the SPC run charts in section 3 part g. outlining the reductions in length of stay for non – elective admissions it can be seen that efficiencies have been achieved in all Divisions.

Reductions in length of stay have been achieved by focussing work on:

- Admission avoidance schemes
- New ways of working for the bed management team
- Reducing Delayed Transfers of Care
- Improving discharge planning on wards
- Creating generic reductions in length of stay through improved pathway efficiencies – such as reduced wait for diagnostics such as imaging

2.1 Bed closures

There has been a year on year reduction in medical bed base however the biggest reduction in year happened in 2006/07. The success of the reduction in length of stay brought about by the MBUOB programme allowed the Trust to permanently reduce its medical bed stock.

Table 1 below shows the average number of medical beds open during the winter months since 2003/04.

Table 1: Average Number of Beds Designated as Medical (October – March)

2003/4	254
2004/5	249
2005/6	234
2006/7	205

The opening of the PFI and the move of medical wards from old buildings to new has created opportunities to cohort empty medical beds onto single wards and to temporarily close either wards or bays on wards. This created financial efficiencies through the year. Since April 2007 23 beds have permanently closed following the medical ward moves into new accommodation. A further 11 medical beds will close permanently in the summer following the move of the Medical Assessment Unit (MAU) to Mary Seacole ward in the PFI.

Within the Division of Surgery temporary closures were achieved as planned throughout the year.

3. Key Performance measures

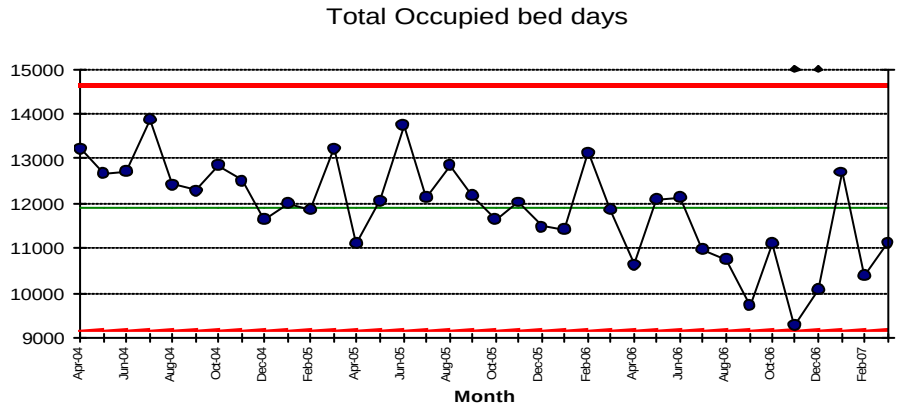
(a) Beds

Across the hospital the average number of beds closed in the April 2006 to March 2007 was 47 beds: an average of 349 acute beds available against a maximum of 396 (excludes maternity & NICU).

Table 2: Average number of beds closed either on a temporary or permanent basis April 2006 – March 2007.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Beds Open	356	373	367	358	325	321	333	331	340	342	354	333
Beds closed TEMPORARY	37	20	26	35	68	72	60	65	54	41	29	50
Beds closed PERMANENT	0	0	0	0	0	0	0	0	2	13	13	13

(b) Total bed days used – all specialties – all admission methods



(c) Non Elective Bed days

By Month

Service	2004/05	2005/06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Medicine	88,050	82,121	6437	7179	7000	6223	6114	5058	6580	4170	5806	6371	5292	6191
Surgery	22,017	23,109	1977	1744	1850	1982	1988	1628	1701	2013	1431	2537	2437	1850
Paediatrics	5,751	4,597	248	398	674	318	335	404	303	354	477	393	428	419
NICU	7,204	6,876	443	613	579	624	584	610	581	1013	573	839	603	468
Maternity	13,018	13,203	1028	1093	1219	1179	1049	1192	1078	1033	998	1603	934	1263
Trust TOTAL	136,040	129,906	10,182	11,068	11,369	10,279	9,861	8,792	10,243	8,582	9,288	11,743	9.541	10,191
Plan			9,855	10,183	9,855	10,183	10,183	9,855	10,183	9,855	10,183	10,183	9198	10,183
Variance			+327	+885	+1514	+97	-322	-1063	+60	-1,273	-895	+1560	+343	+8

Note

1. Trust bed day reduction target of 10,000 days based on the closure of 22-24 beds
2. The data is based on bed days used by patients discharged in the month.

Summary of Non Elective Bed day use in 2006/07

Service	2005/06	2006/07	reduction
Medicine	82,121	72,421	9,700
Surgery	23,109	23,138	-29
Paediatrics	4,597	4,751	-154
NICU	6,876	7,530	-654
Maternity	13,203	13,669	-466
Trust TOTAL	129,906	121,292	8,397

Medicine achieved the required reduction of 10,000 bed days however maternity and children's services experienced growth in demand and used more bed days than last year (non elective non emergency type of bed days)

(d) Non-Elective Length of Stay

Service	2004/05	2005/06	Mar 07 plan	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	06/07 Avg
Medicine	11.98	10.9	9.9	10.25	10.9	11.1	10.1	10.5	8.7	10.3	6.9	9.1	10.5	9.5	10.6	9.9
Surgery	6.0	5.5	5.25	6.6	5.8	5.6	5.7	6.3	5.3	5.5	6.1	4.8	7.3	7.9	5.5	6.0
Paediatrics	2.8	2.0		1.4	2.1	4.0	1.6	2.2	1.8	1.5	1.4	1.9	1.7	1.6	1.6	1.6
NICU	16.4	13.4		14.8	12.8	14.5	8.1	7.3	9.2	8.2	15.6	12.2	11.7	14.4	7.1	10.7
Maternity	2.3	2.2		2.1	2.2	2.2	2.2	2.1	2.1	2.0	2.1	1.9	2.2	1.9	2.3	2.1

Notes:

1. Medicine total excludes admissions to ED consultants (high volume, very short/zero LOS through the IS IS ward). Medical average length of stay Length of stay has met the planned target.

(e) Emergency Admissions – by all Specialities 2005/6 as compared to 2006/7

Type	2005/06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Adult Acute – Medicine	8,741	858	899	844	889	905	861	964	965	958	973	766	882	10,757
Adult Acute - Surgical	4,048	284	292	331	348	321	306	309	330	305	346	307	338	3,842
Paediatric	2,266	179	192	162	201	146	218	209	255	227	237	265	266	2,510
Maternity	6,197	503	519	552	546	521	580	552	528	540	582	500	544	6,355

(f) Day Case Rates

DC activity	2004/2005	2005/06	2006/2007
Surgical services	3833	5955	6540
Total Trust	7219	11487	12752

Elective IP	2004/2005	2005/06	2006/2007
Surgical services	2431	2483	2341
Total Trust	2770	2879	2721

DC Rate (%)	2004/2005	2005/06	2006/2007
Surgical services	61%	71%	74%
Total Trust	72%	80%	82%

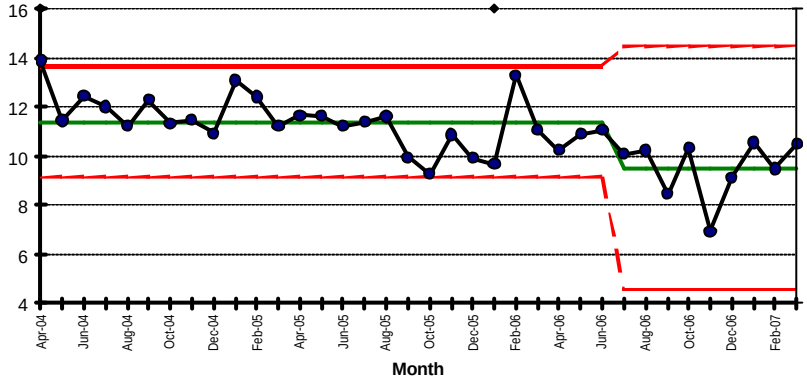
The increase in the Day Case rate represents the conversion of 380 elective inpatients to day cases (272 of which were surgical).

The target for surgical day case percentage for 2006/07 was 75%.

(g) SPC run charts of length of stay and bed day use

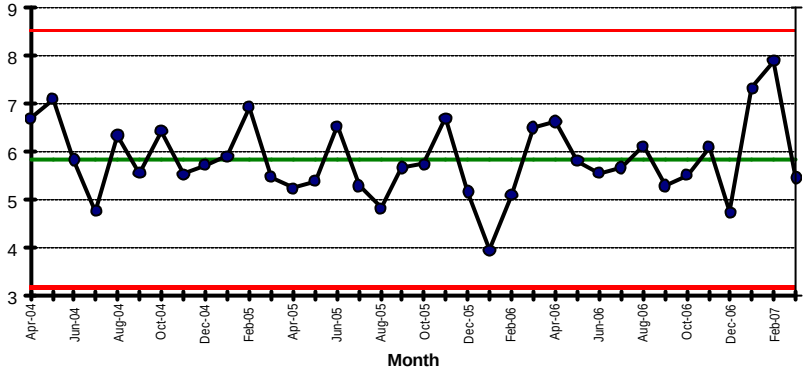
Non-Elective Medicine (excluding ED)

Medical Non Elective AvLOS (days)



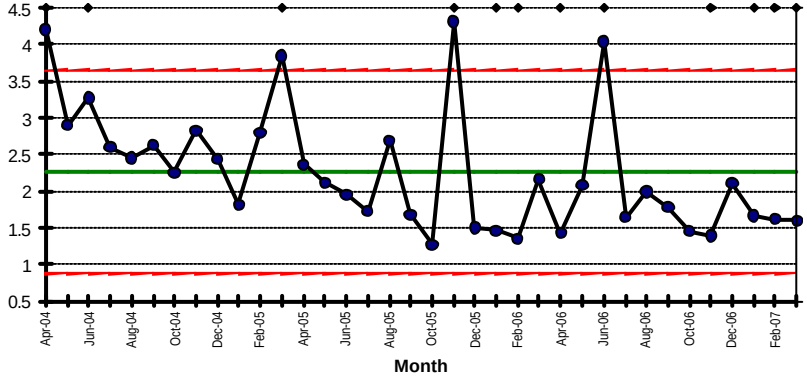
Non-Elective Surgery – all specialties

Surgical Non Elective AvLOS



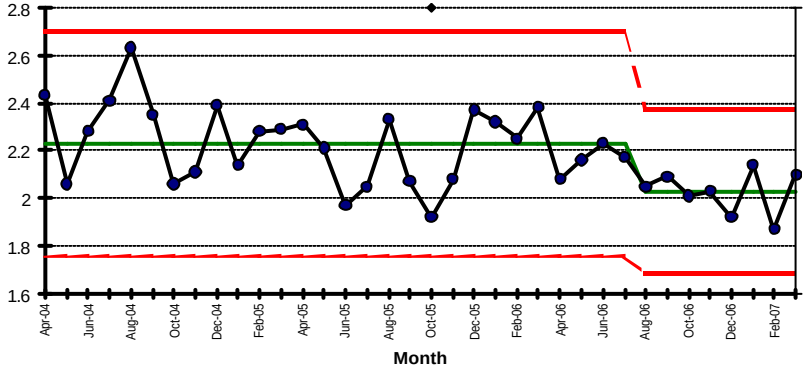
Non-Elective Paediatrics

Paediatric Non Elective AvLOS



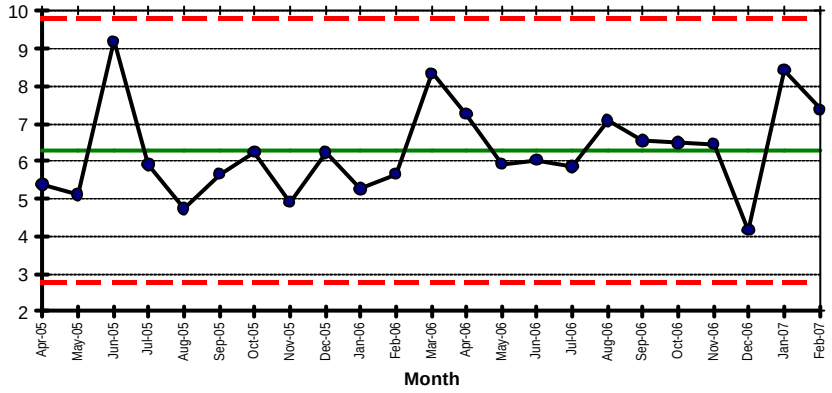
Maternity

Maternity AvLOS

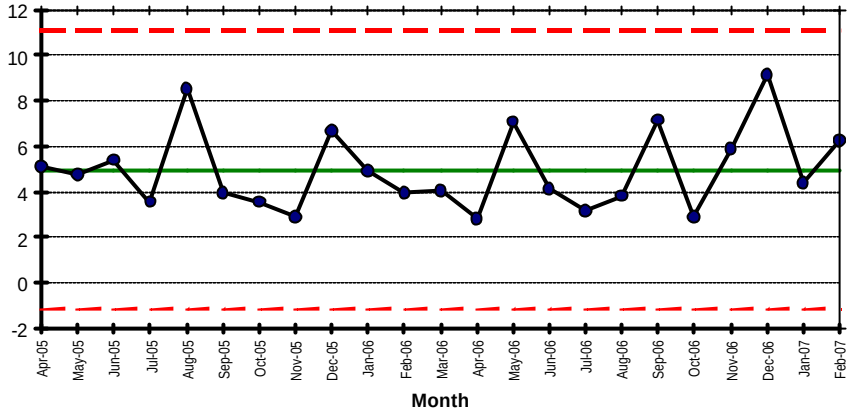


Non-Elective Surgery - by specialty

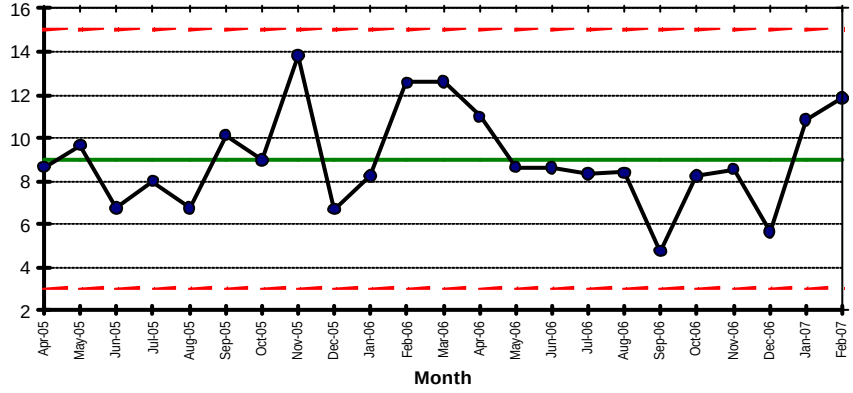
General Surgery Non Elective ALOS AvLOS



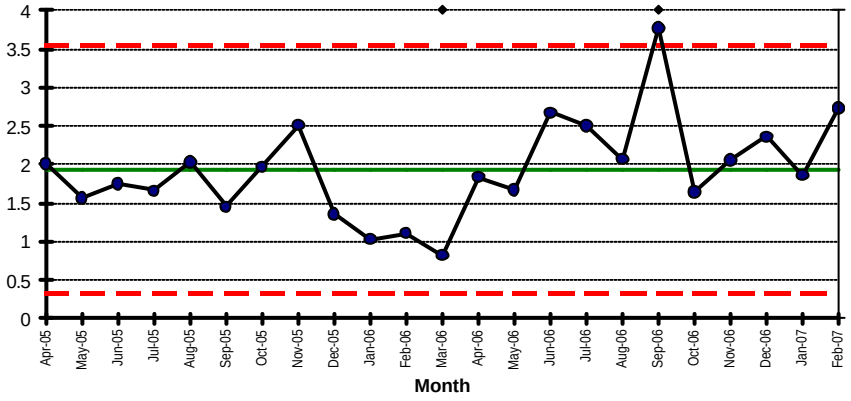
Urology Non Elective ALOS AvLOS



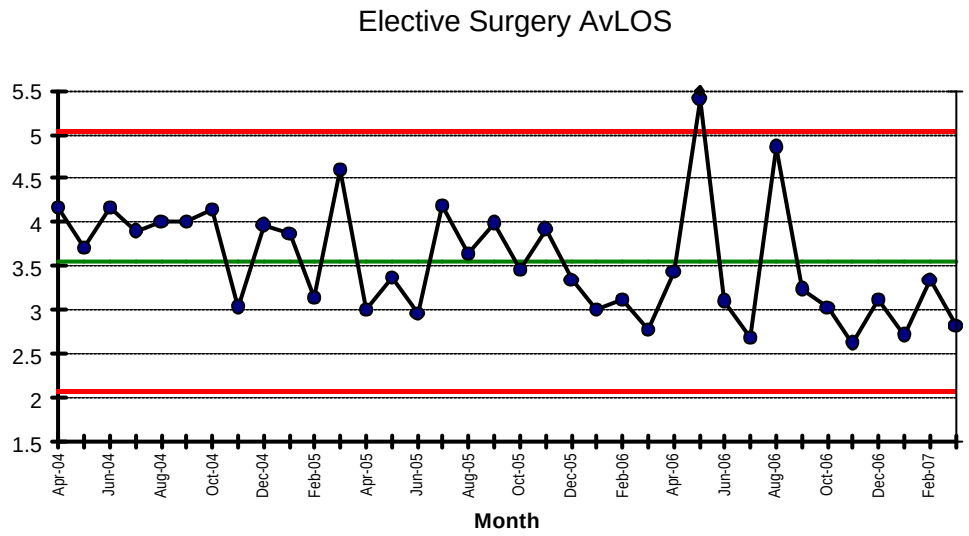
Trauma & Orthopaedics Non Elective ALOS AvLOS



Gynaecology Non Elective ALOS AvLOS



Elective Surgery Average LOS



4.0 Next steps

Division of Medicine

Many of the work streams that form the MBUOB programme have become every day practice in the Division of Medicine. The Division is looking forward to the move of MAU to Mary Seacole. This will reduce medical bed base by a further 11 beds and for this reason all medical beds which are temporarily closed at present will be reopened as required to cope with the reduction in MAU type beds. With the opening of Mary Seacole there will be an implementation of a new clinical management pathway for acute medical admissions and Mary Seacole will see a reduced length of stay for this type of patient. To ensure its efficient operation it is recognised by the General Physicians that work must continue on reducing medical in-patient length of stay and the Divisions aim is to now reduce bed occupancy to 85%. In order to achieve this work will now concentrate on the implementation of nurse lead discharge and a project team has been brought together to start this programme of work.

Division of Women's and Children's

The Division is working to maintain the gains, which were made in 2006/07. In 2007/08 work will focus on the following areas:

- Achieving the 18 week target
- Increasing the conversion of cases from in-patient to day case
- Improving data capture – this may be masking true performance
- Considering undertaking more ambulatory/ 23 hour care

Division of Surgery

As discussed in previous HMB meetings the Division is identifying the drivers and constraints specific to each speciality in order to identify in – patient bed requirements. This work includes the following:

- Identifying what capacity is required to achieve the 18 week waiting time
- Changes to theatre scheduling which will impact on what type and number of bed is required and when
- How changes to bed numbers and ward configuration may reduce Hospital Acquired Infection
- What affect increasing the conversion of in-patient to day case may have on capacity requirements
- Undertaking more 23 hour care and what is required to achieve this
- What can be done to reduce pre-operative length of stay and what will the impact be on required bed capacity

3. PCT Demand Management Schemes

The demand management schemes proposed by PCTs under the SLA for 2007/08 have been analysed and a methodology for monitoring proposed. This monitoring is primarily for internal use for managers to quantify on a scheme-by-scheme, service-by-service basis the impact as a tool to match demand and capacity and/or use any resulting capacity to meet 18 week and other targets. The Finance Department will continue to use the SLAM system to formally monitor each PCT SLA.

Appendix A has examples of the monitoring reports. These reports are very much work in progress and will be developed

- by scheme: the example given is the ED activity reduction scheme
- by service: Orthopaedics showing the range of schemes and activity types affected
- by PCT: a summary of all schemes for a PCT

Appendix A **Demand Management Monitoring Reports**

Service Level Agreements 2007/08

EMERGENCY DEPARTMENT

The Whittington Hospital NHS
NHS Trust

Demand Management Schemes

1. Right Care Right Place - reduction of 14,727 ED attendances
2. Reduction in the number of patients attending with sickle cell disease - 1369 fewer ED attendances in a year

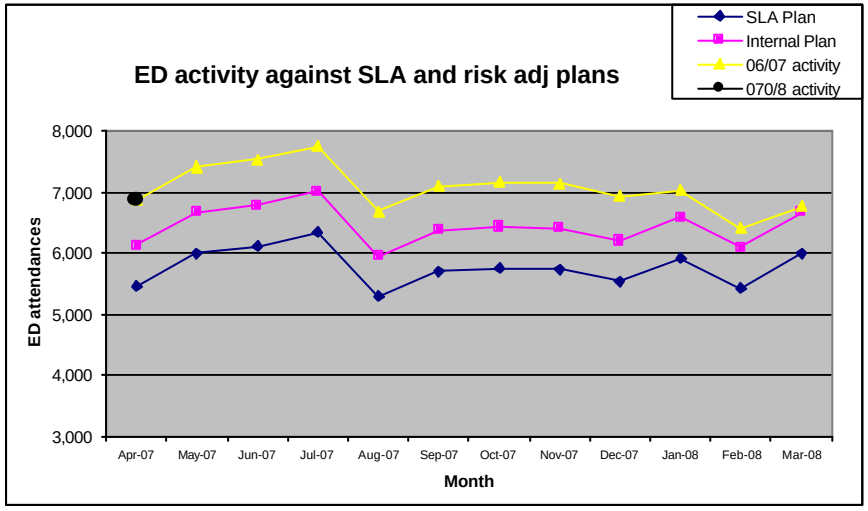
Planned Activity

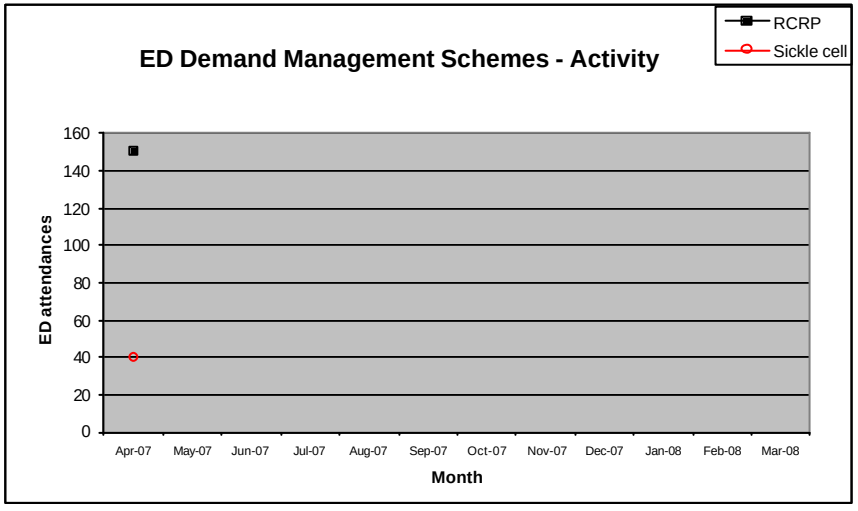
Service		18 week adj	Demand Man adj	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Total
ED attendances	SLA	0	-16096	5,467	6,010	6,123	6,348	5,290	5,703	5,763	5,744	5,536	5,928	5,426	6,011	69,349
ED attendances	Risk adjusted profile	50%	prob of fail	6,138	6,681	6,794	7,019	5,957	6,374	6,434	6,415	6,207	6,599	6,097	6,682	77,397
ED attendances	06/07 profile			6,872	7,420	7,534	7,761	6,693	7,110	7,170	7,151	6,941	7,035	6,422	6,780	84,889

Actual Activity

ED attendances	Total ED ACTIVITY (excl RCRP)		6879													6879
ED attendances	Right Care Right Place	(av of 1227 per mon)	150													150
ED attendances	Sickle Cell	av of 54 pm in 06/07	40													40

variance	Against SLA Plan	1,412													1,412
variance	Against Risk Adjusted SLA Plan	741													741
variance	Against 06/07 profile	7													7





The Whittington Hospital NHS
NHS Trust

ED Demand Management Schemes

Financial Modelling

ED HRG analysis

HRG	ED HRG Description	tariff	OT Activity	Value £	Dem Man	Dem Man £	SLA Activity	SLA value £
V01	High Cost Imaging (died/admitted)	101	844	85,244			844	85,244
V02	High Cost Imaging (referred/discharged)	101	143	14,443			143	14,443
V03	Other High Cost Investigation (died/admitted)	101	9,488	958,288			9,488	958,288
V04	Other High Cost Investigation (referred/discharged)	101	14,345	1,448,845			14,345	1,448,845
V05	Lower Cost Investigation (died/admitted)	73	4,090	298,570			4,090	298,570
V06	Lower Cost Investigation (referred/discharged)	73	8,122	592,906	-1369	-99922	6,753	492,984
V07	No Investigation (died/admitted)	55	3,870	212,850			3,870	212,850
V08	No Investigation (referred/discharged)	55	44,543	2,449,865	-14727	-809985	29,816	1,639,880
Totals			**85,445**	**6,061,011**	**-16,096**	**-909,907**	**69,349**	**5,151,104**

Activity

HRG	ED HRG Description	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08
V01	High Cost Imaging (died/admitted)												
V02	High Cost Imaging (referred/discharged)												
V03	Other High Cost Investigation (died/admitted)												
V04	Other High Cost Investigation (referred/discharged)												
V05	Lower Cost Investigation (died/admitted)												
V06	Lower Cost Investigation (referred/discharged)												
V07	No Investigation (died/admitted)												
V08	No Investigation (referred/discharged)												

Financial Value

HRG	ED HRG Description												
V01	High Cost Imaging (died/admitted)												
V02	High Cost Imaging (referred/discharged)												
V03	Other High Cost Investigation (died/admitted)												
V04	Other High Cost Investigation (referred/discharged)												
V05	Lower Cost Investigation (died/admitted)												
V06	Lower Cost Investigation (referred/discharged)												
V07	No Investigation (died/admitted)												
V08	No Investigation (referred/discharged)												

Variance against plan for Demand Management schemes

V06	Lower Cost Investigation (referred/discharged)												
V08	No Investigation (referred/discharged)												

By Service – example of Orthopaedics

Service Level Agreements 2007/08

The Whittington Hospital NHS
NHS Trust

Trauma & Orthopaedics

Demand Management Schemes

Scheme	PCT	Reduction in activity	Reduction in value £	Risk Assessment (prob of failure)	Adj Reduction
Musculo-skeletal triage	Islington	806	119,288	25%	605
Musculo-skeletal triage	Haringey	449	66,452	50%	225
Consultant : Consultant Referral	Islington	177	26,196	0%	177
Consultant : Consultant Referral	Haringey	131	19,388	50%	66
New Outpatient Reduction	Islington	177	26,196	25%	133
New Outpatient Reduction	Haringey	0	0	50%	0
New Outpatient Reduction	Barnet				0
Reduced Follow up OP	Islington	517	37,741		517
Reduced Follow up OP	Haringey	81	5,767	50%	41
Reduced Follow up OP	Barnet	236	17,228		236
PBC redesign scheme	Islington	0			0
PBC redesign scheme	Haringey	0			0
					0
					0
Emergency IP - data validation	Islington	12	31,253		12
Elective IP - data validation	Islington	12	18,889		12
Day Cases	Islington	0	0		0
Emergency short stay	Haringey	2	1,023	100%	0
Excess Bed days	Islington	178	35,600	0%	178

total reduction	405,021

Activity Type	07/08 SLA Activity	Risk Adj Activity
First OP	6002	6,494
Follow up OP	14535	14535
Elective IP	743	743
Day Cases	1125	1125
Emergency IP	938	938
Emergency Short stay IP	34	36
Elective Excess BDs	300	300
Emergency Excess BDs	1240	1240

Service Level Agreements 2007/08

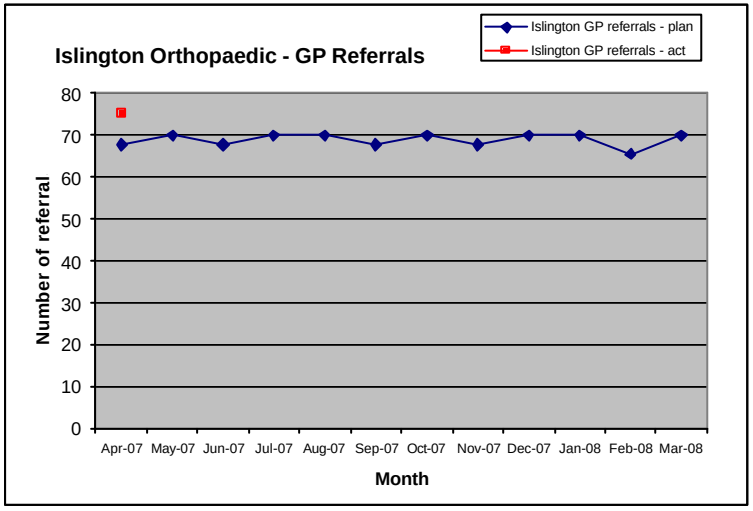
Trauma & Orthopaedics

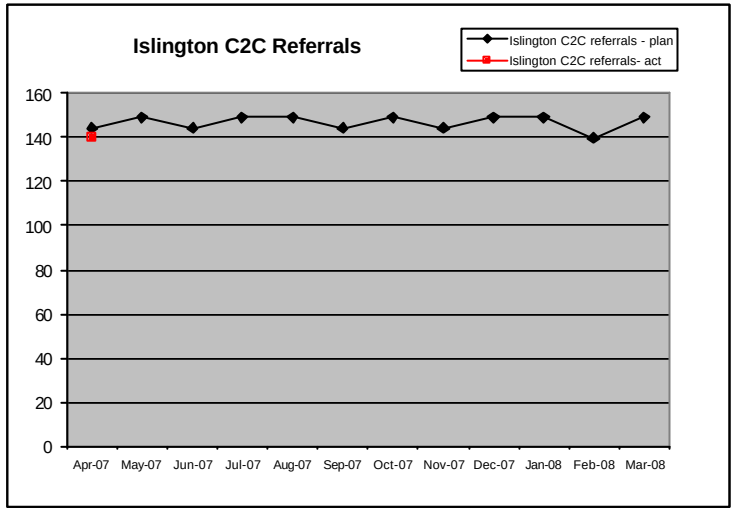
SLA Plan

OP Referrals	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Total	2006/07 Profile
Islington GP referrals - plan	68	70	68	70	70	68	70	68	70	70	66	70	827	1,561
Islington C2C referrals - plan	144	149	144	149	149	144	149	144	149	149	140	149	1,761	2,193
Islington other referrals -plan	45	46	45	46	46	45	46	45	46	46	43	46	544	461
Total Islington referrals -plan	257	265	257	265	265	257	265	257	265	265	248	265	3,132	4,215

Actual Referrals														
Islington GP referrals - act	75													
Islington C2C referrals- act	140													
Islington other referrals -act														
Total Islington referrals														

GRAPHS of Actual vs Plan





Monitor Haringey & Total for the specialty

Monitor Other activity types

By PCT

Service Level Agreements 2007/08

ISLINGTON PCT

The Whittington Hospital NHS
NHS Trust

Demand Management Schemes

Month 1

Scheme id	Scheme	Category	Effect Months	activity	value £ '000s	YTD red in activity	YTD actvity var	YTD reduction £	YTD £ var
1	Community Matrons	Emergency IP	12	212	350				
2	A&E Right Care Right Place	ED attendances	12	14,727	810			0	
3	AA via care homes	Emergency IP	12	33	55				
4	Community Access to IC beds	Emergency IP	12	35	58				
6	Falls LAS	Emergency IP	12	29	49				
7	Twilight nursing	Emergency IP	12	23	38				
8	Musculo skeletal triage	First OP	12	1,106	184				
9	Consultant : Consultant Referral Protocol	First OP	12	1,121	186				
10	New Outpatient Reduction	First OP	12	1,121	186				
11	Excess bed days	Excess bed days	12	3,061	481				
12	Data Validation	Emergency IP	12	109	180				
13	Sickle Cell	ED attendances	12	1,369	100			0	
15	Anticoagulation		12	0	0				
16	PBC Redesign Schemes	First OP	9	1,084	180				
other	Consequent Follow up reductions	Follow up OP	6	3,342	266				
					3,123			0	0