# GJF LogoBoard Meeting: 2 August 2018

**Subject:** Business Update - June 2018

**Recommendation:** Board members are asked to discuss and note the report

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**1. Background**

Patient activity is reported on a monthly basis, both by month and year to date. Data is primarily measured in episodes of care. However, data is also captured to reflect the number of procedures being carried out by Board, by specialty. This information is particularly relevant to referring Boards who are allocated activity and measure their activity/throughput at the Golden Jubilee National Hospital (GJNH) in numbers of procedures.

Appendix A to this document is provided for information purposes and reflects the number of patients treated against an annual plan of 16,589 (patients).

Appendix B to this document is adjusted to represent theatre slots used (as opposed to numbers of patients) in both orthopaedic surgery and plastic surgery. This allows us to more accurately reflect actual theatre utilisation and allows us to focus on maximising the theatre capacity that is available to us.

Referring Boards receive a monthly monitoring document which provides them with a detailed breakdown of the number of patients referred, their complexity and the number of theatre slots used to treat them.

1. **Operational Governance**

**Inpatient/Day Case/Diagnostic Imaging Activity Analysis June 2018**

Activity for inpatients/day case procedures measured against a projection of 16,589 (which excludes cardiothoracic/cardiology activity) was ahead of plan by 2.8% for the month of June when activity is adjusted to reflect complexity (Appendix B) and 3.9% ahead of the year to date plan.

Measured against a total activity projection of 48,419, the combined inpatient/day case and imaging activity at the end of June was ahead of plan by 6.6% for the month of June when adjusted to reflect complexity (Appendix B) and 3.6% ahead of the year to date plan.

1. **Analysis of Performance Against Plan at End June 2018**

**3.1 Orthopaedic Surgery**

The annual target for orthopaedic joint replacements for 2018/19 is based on 3,803 primary joint replacements. This number is calculated on the basis of one patient to one theatre slot. Each session equals two primary joint theatre slots. However, based on experience over the recent years, we have made the assumption that the number of complex joint replacements likely to be referred for treatment would be approximately 9%. These procedures typically take the equivalent theatre space of 1.5-2 primary joint replacements.

In addition to the 3,803 primary joint replacements, there is a target number of 681 orthopaedic non joint procedures and 550 foot and ankle procedures for the year. This equates to a total of 5,034 orthopaedic theatre slots per year (as documented in Appendix B).

At the end of June, orthopaedic joint activity was ahead of the year to date plan by 65 primary joint replacements and 17 foot and ankle procedures although behind by 33 other ‘non joint’ procedures (which consists of intermediate/minor procedures such as ACL repair, arthroscopy etc). Overall, orthopaedic surgery is currently ahead of the year to date plan by 49 procedures/theatre slots.

**3.2 Ophthalmic Surgery**

Ophthalmology activity was slightly behind plan by seven procedures for the month of June and 17 procedures behind the year to date plan.

**3.3 General Surgery**

General Surgery performed very slightly behind the monthly target in June by one procedure and the service is 17 procedures behind the year to date plan.

**3.4 Plastic Surgery**

For reporting purposes, Plastic Surgery has been split and will be monitored throughout 2018/19 as hand surgery, minor plastic surgery, and major plastic surgery.

Hand surgery was ahead of plan for the month of June by 17 procedures. Minor plastic surgery procedures were 11 procedures behind plan and 3 major plastics procedures were carried out in the month of June.

**3.5 Endoscopy**

The endoscopy service performed ahead of plan by 41 procedures in the month of June and is 153 ahead of the year to date plan.

**3.6 Diagnostic Imaging**

The annual diagnostic imaging target has increased from 29,450 to 31,830 (8% increase) in 2018/19 to take account of the additional activity that will be carried out on the new MRI scanners. While this is an ambitious target, it was exceeded by 228 examinations in the month of June.

**4 Current Situation**

* It has been a good productive start to the year. Inpatient/day case activity at the end of June 2018 was 19% higher than at the same time last year. Additionally, diagnostic imaging activity was 24% higher at the end of June than at the same time last year.
* Orthopaedic activity remained high in the month of June and the service continues to over-perform.
* The Ophthalmology service was only slightly behind plan by seven procedures in June. Having now reinforced the floor and having purchased a new microscope for the mobile theatre, we are now achieving seven cataract procedures per half day session. We are hopeful that this level of productivity in the mobile unit will continue.
* Additional days of Endoscopy were staffed in the month of June to support waiting times challenges in another Board. It is our intention to continue to offer these additional lists for the next three months. These sessions are currently being staffed using overtime, bank, and agency staff and are therefore less predictable than they would be if they were operating with a substantive workforce.
* The Diagnostic Imaging annual target has been increased by 2,380 examinations in 2018/19. However, the service continues to over perform.

**5 Recommendation**

Board members are asked to discuss and note the report.

**June Rogers**

**Director of Operations**

**20 July 2018**