|  |  |  |
| --- | --- | --- |
| Board Meeting: | 6 December 2018 | GJF RGB WITHOUT STRAPLINE |
| Subject: | Business Services Patient Activity Performance Report – October 2018 |
| Recommendation: | Board members are asked to:  |  |  | | --- | --- | | Discuss and Note | X | | Discuss and Approve |  | | Note for Information only |  | | |
|  |  | |

**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.

This paper is intended to monitor and report on the national waiting times activity allocated to Boards across Scotland. High level regional Heart and Lung Centre activity is also provided for information purposes. This activity is reported in more detail on the Divisional Performance and Planning Reports, which are then summarised for presentation to the Board.

Referring Boards receive a monthly monitoring document which provides 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 October 2018**

Activity for inpatients/day case procedures measured against a projection of 16,589 (which excludes cardiothoracic/cardiology activity) was ahead of plan by 14.1% for the month of October when activity is adjusted to reflect complexity (Appendix B) and 2.5% 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 October was ahead of plan by 14.6% for the month of October when adjusted to reflect complexity (Appendix B) and 6.9% ahead of the year to date plan.

1. **Analysis of Performance Against Plan at End October 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 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 5034 orthopaedic theatre slots per annum (as documented in Appendix B).

At the end of October, orthopaedic joint activity was ahead of plan for the month of October by 40 joint replacements, 8 foot and ankle procedures although behind plan by 28 ‘non joint’ procedures. The year to date plan has been exceeded by 201 primary joint replacements and 31 foot and ankle procedures although is behind the ‘non joint’ procedures plan (which consists of intermediate/minor procedures such as Anterior Cruciate Ligament repair, arthroscopy etc) by 26 procedures. Overall, orthopaedic surgery is currently ahead of the year to date by 130 procedures/theatre slots.

**3.2 Ophthalmic Surgery**

Ophthalmology activity was ahead of plan by 30 procedures for the month of October and 189 procedures behind the year to date plan.

**3.3 General Surgery**

General surgery performed ahead of the monthly plan in October by 11 procedures and is slightly behind the year to date plan by two procedures.

**3.4 Plastic Surgery**

For reporting purposes, Plastic Surgery has been split and will be monitored throughout 2018/19 as hand surgery and minor plastic surgery. Major plastic surgery is no longer carried out.

Hand surgery was behind plan for the month of October by 25 procedures. Minor plastic surgery procedures were 15 procedures behind plan.

**3.5 Endoscopy**

The endoscopy service performed ahead of plan by 119 procedures in the month of October and is 384 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 Magnetic Resonance Imaging (MRI) scanners. The monthly target was exceeded by 430 examinations in the month of October.

1. **Current Situation**

* There was a plan for orthopaedic theatre upgrade works to be carried out later in the year. In order to counteract the impact of this disruption, every effort has been made to get ahead of planned activity. Consequently, activity has remained high and the service is exceeding the full year plan by 206 procedures/theatre slots. The upgrade work has now been delayed until the beginning of financial year 2019/20. However, it is our intention to continue with this level of activity until the year end.
* The Ophthalmology service was ahead of plan by 30 procedures in October although the year to date shortfall is 189 procedures. This shortfall was mostly accumulated over the peak summer holiday period. A recovery plan that was put in place to address this has, as expected, demonstrated positive results in October.
* The necessary nursing staff are now in place to deliver an additional two days of endoscopy activity. This service is completely dependent on the availability of visiting consultants which potentially poses a risk to delivering these additional procedures. However, every effort will be made to mitigate this risk.
* The Diagnostic Imaging annual target has been increased by 2,380 examinations in 2018/19. However, the service continues to significantly over perform. It would appear that the additional activity being carried out in the new MRI scanners was underestimated.
* The process for agreeing the next three years Service Level Agreement has now begun and we are aiming to complete this process by December 2018.

**June Rogers**

**Director of Operations**

**30 November 2018**