**Ref: GJF/2018/05/10**

# GJF Logo

# Board Meeting: 10 May 2018

**Subject:** Business Services Patient Activity Performance Report – February 2018

**Recommendation:** Board members are asked to discuss, provide suggestions, support and approve the plans for marking this important year

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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 16,546 (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 February 2018**

Activity for inpatients/day case procedures measured against a projection of 16,621 (which excludes cardiothoracic/cardiology activity) was behind the plan by 13.2% for the month of February when activity is adjusted to reflect complexity (Appendix B) and 4.9% behind the full year to date plan.

Measured against a total activity projection of 46,071, the combined inpatient/day case and imaging activity at the end of February was behind the plan by 5.1% for the month of February when adjusted to reflect complexity (Appendix B) and 0.1% behind the full year to date plan.

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

**3.1 Orthopaedic Surgery**

The annual target for orthopaedic joint replacements for 2016/17 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 5034 orthopaedic theatre slots per annum (as documented in Appendix B).

At the end of February, orthopaedic joint activity was ahead of the year to date plan by 141 primary joint replacements and 107 foot and ankle procedures although behind by 113 other ‘non joint’ procedures (which consists of intermediate/minor procedures such as Anterior Cruciate Ligament (ACL) repair, arthroscopy etc). Overall, orthopaedic surgery is currently ahead of the full year plan by 135 procedures/theatre slots.

**3.2 Ophthalmic Surgery**

Ophthalmology activity was 115 procedures behind plan for the month of February. The ophthalmology year to date shortfall is currently 734 procedures. This continues to be primarily due to Consultant availability and productivity in the mobile theatre.

**3.3 General Surgery**

General Surgery performed slightly ahead of the monthly target in February and remains ahead of the year to date plan.

**3.4 Plastic Surgery**

For reporting purposes, Plastic Surgery has been split and will be monitored throughout 2017/18 as hand surgery, minor plastic surgery and major plastic surgery. Hand surgery was slightly behind plan for the month of February by 5 procedures. Minor plastic surgery procedures were also behind plan and major plastics procedures were on target) for the month of February.

**3.5 Endoscopy**

The endoscopy service performed was also behind plan by 29 procedures in the month of February.

**3.6 Diagnostic Imaging**

For the first time this year, although activity has remained high in diagnostic imaging, there was a slight underperformance of 17 examinations in February although ahead of the year to date plan by 703 examinations.

1. **Current Situation (February 2018)**

* For various reasons, activity in February was very disappointing. These reasons include: availability of Consultants (particularly over the school holiday period) and the high number of cancellations we experienced at the end of the month due to adverse weather conditions. Unfortunately, cancellations due to adverse weather continued into March. Ophthalmology, endoscopy and diagnostic imaging were most affected by these challenges.
* Orthopaedic activity remained high in the month of February and the service has continued to over perform.
* Demand for foot and ankle surgery continues to exceed our capacity. However, this service has been working extremely well and has already exceeded the full year plan of 550 procedures/theatre slots.
* Ophthalmology was 115 procedures behind their monthly plan, which is the equivalent to the workload of a full time Consultant. Having now reinforced the floor in the mobile theatre and purchased a new microscope, we are hopeful that productivity in the mobile unit will now improve.
* The recovery plan for Endoscopy had proven to be successful, however, this was impacted by the adverse weather when there were a high number of cancellations and consultants were unavailable to recover the shortfall.

1. **Update Year End Position (March 2018)**

* Although the 2017/18 year end activity still needs to be finalised, early indications of the end of March position is as follows:
  + Inpatients/Day Cases - 5.5% behind full year plan
  + Total Inpatients/Day Cases/Diagnostics - 0.1% behind full year plan

**Key Points**

* Challenging activity target were set for 2017/18 as indicated below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2016/17 Target | 2017/18 Target | Percentage Increase |
| Inpatients/Day Cases | 14,946 | 16,621 | 11.2% |
| Diagnostic Imaging | 22,925 | 19,450 | 28% |
| Total | 37,871 | 46,071 | 21.6% |

* Due to the increasing demand from referring Boards, a mobile theatre was commissioned and became operational in May 2017. The Ophthalmology activity target was set at 14% higher than in 2016/17 (2,145 additional out patients and 1,650 additional procedures).
* The majority of the shortfall experienced in 2017/18 was accumulated throughout the year in ophthalmology. This was predominantly due to the following:
  + A surgeon was recruited and accepted his appointment prior to the start of the financial year. However, this surgeon did not ever take up his post at GJNH. The expectation is that this surgeon would have carried out approximately 1,200 of the procedures planned and allocated to Boards for 2017/18.
  + An assumption was made that seven cataracts per list could be achieved in the mobile theatre. However, numerous infrastructure issues prevented this from being achievable.
  + Additionally, on scrutinising ophthalmology data, approximately 25% of all patients treated in 2017/18 were categorised as having a complexity of DSD 3 (formula used by surgeons to indicate the degree of surgical difficulty). Patients who in this category require a longer period of time in theatre. This has also impacted the overall numbers of patients that could be treated.
* Orthopaedic surgery was in high demand throughout the year and this service over performed significantly by the year end.
* Diagnostic imaging also significantly exceeded their full year plan.
* A full report will be presented when the year-end activity has been ratified.

**June Rogers**

**Director of Operations**

**30 April 2018**