**Ref: GJF/2018/06/13**

# GJF Logo

# Board Meeting: 21 June 2018

**Subject:** Business Update – March 2018

**Recommendation:** Board members are asked to 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 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.

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 (which is allocated on the basis of complexity) 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.

**2 Operational Governance**

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

Activity for inpatients/day case procedures measured against a projection of 16,621 (which excludes cardiothoracic/cardiology activity) was behind the full year plan by 5.6% when activity is adjusted to reflect complexity (Appendix B).

Measured against a total activity projection of 46,071, the combined inpatient/day case and imaging activity was on target at the year end when adjusted to reflect complexity (Appendix B).

**3 Analysis of Performance Against Plan at End of March 2018**

**3.1 Orthopaedic Surgery**

The annual target for orthopaedic joint replacements for 2017/18 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, the number of complex joint replacements referred for treatment in 2017/18 was approximately 9%. These procedures typically take the equivalent theatre space of 1.5-2 primary joint replacements. This is consistent with the number of complex joints referred in 2016/17.

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 annum (as documented in Appendix B).

The orthopaedic service had an extremely productive year in 2017/18. At the end of March, orthopaedic joint activity was ahead of the full year plan by 135 primary joint replacements and 126 foot and ankle procedures although behind by 117 other ‘non joint’ procedures (which consists of intermediate/minor procedures such as Anterior Cruciate Ligament (ACL) repair, arthroscopy etc). Overall, orthopaedic surgery ended the year ahead of the full year plan by 124 procedures/theatre slots.

**3.2 Ophthalmic Surgery**

Delivery of the Ophthalmology programme was a significant challenge throughout 2017/18. A very challenging target of 7,650 procedures and approximately 9,945 outpatient appointments was set for this financial year. This represents a 27% increase on the previous year. The ophthalmology year end shortfall was 835 procedures. This was primarily due to consultant availability and productivity in the mobile theatre.

The capacity projected for 2017/18 was predicated on the assumption that seven cataracts per session would be standard in the mobile theatre, however, due to various infrastructure issues, this could not be achieved. Additionally, it had been our expectation that an additional surgeon would join the Ophthalmology team in May 2017, however, the surgeon never took up post.

It should be noted that while the full year target was not met in Ophthalmology, there was a 17.5% increase in throughput in this service. Approximately 1,320 additional outpatients were seen and an additional 1,015 patients were treated this year.

Actual Ophthalmology growth since 2011/12 is show on the following graph:

**3.3 General Surgery**

General Surgery performed well and ended the year 17 procedures ahead of the full year plan. The General Surgery service is delivered entirely by visiting consultants, which occasionally presents consultant availability challenges..

**3.4 Plastic Surgery**

For reporting purposes, Plastic Surgery has been split and was monitored throughout 2017/18 as hand surgery, minor plastic surgery and major plastic surgery.

Hand surgery was slightly behind plan at the year end. While this service is relatively new to GJNH, it performed well throughout the year. The service is delivered by a single operator and is therefore impacted by periods of annual leave etc.

Minor plastic surgery and major plastics procedures, which are delivered by visiting consultants, were also behind the full year plan.

**3.5 Endoscopy**

The endoscopy service performed slightly behind the full year plan by 40 procedures, which equates to less than three days’ operating time.

**3.6 Diagnostic Imaging**

Despite the adverse weather in March which resulted in 241 patients being cancelled, and workforce challenges in ultrasound, the service still significantly over-performed and ended the year 839 examinations ahead of the full year plan

**4 Key Points**

* Despite best efforts, quarter four activity was disappointing. Reasons for this include 363 cancellations were experienced due to adverse weather conditions and the availability of consultants (particularly over the school holiday period and after the period of adverse weather). Additionally, challenges relating to the mobile ophthalmology theatre continued throughout the year.
* Orthopaedic activity remained high and the service over-performed throughout the year.
* Despite cancellations, workforce issues associated to the delivery of the ultrasound service and implementation of additional MRI Scanners. The Diagnostic Imaging service performed extremely well throughout the year.
* Challenging activity targets were set for 2017/18 in comparison to those set for 2016/17. In comparison to actual activity carried out in 2016/17, the increased activity was as follows:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Actual Activity  2016/17 | Actual Activity  2017/18 | Percentage  Increase |
| Inpatients/Day Cases | 14,981 | 15,714 | 5% |
| Diagnostic Imaging | 25,948 | 30,289 | 17% |
| Total | 40,929 | 46,003 | 12.5% |

* The following chart demonstrates the significant growth in activity at the Golden Jubilee National Hospital over the past seven years:

**5 Recommendation**

Board Members are asked to discuss and note the report.

**June Rogers**

**Director of Operations**

**June 2018**