**Ref: GJF/2017/06/08**



# Board Meeting: 15 June 2017

**Subject:** Business Update – April 2017

**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 contained within the Performance Pack 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 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 April 2017**

Activity for inpatients/day case procedures measured against a projection of 16,546 (which excludes cardiothoracic/cardiology activity) was behind plan by 11.9% for the month of April when activity is adjusted to reflect complexity (Appendix B).

Measured against a total activity projection of 45,996, the combined inpatient/ day case and imaging activity at the end of April was 4.8% behind plan when adjusted to reflect complexity (Appendix B).

**3 Analysis of Performance Against Plan at End April 2017**

**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 5,034 orthopaedic theatre slots per annum (as documented in Appendix B).

At the end of April, orthopaedic joint activity was behind the year to date plan by 35 primary joint replacements and 16 orthopaedic ‘other’ procedures while foot and ankle procedures were slightly ahead of plan by 6 procedures. Throughout 2016 there has been a higher than expected demand for foot and ankle surgery and lower orthopaedic ‘other’ than expected, so activity was realigned for 2017/18 to take this into account. Overall, orthopaedic surgery is currently behind plan 45 theatre slots.

**3.2 Ophthalmic Surgery**

Ophthalmology activity was behind plan for the month by 77 procedures, which was disappointing for the first month of the year. This was due to consultant availability.

**3.3 General Surgery**

General surgery performed on target. No weekend operating lists were carried out for general surgery in April.

**3.4 Plastic Surgery**

For reporting purposes Plastic Surgery has been split and will be monitored throughout 2016/17 as hand surgery, minor plastic surgery, and major plastic surgery. The delivery of hand surgery activity in the month was exactly as planned for the month of April. Minor plastic surgery was 1 procedure ahead and major procedures were 3 behind plan.

**3.5 Endoscopy**

The endoscopy service performed slightly behind plan by 11 procedures in the month of April.

**3.6 Diagnostic Imaging**

In order to meet the ongoing demands of referring Boards, and while the new permanent MRI unit is under construction, agreement was reached for the mobile MRI scanner to remain on site at GJNH for the full year. The activity associated with the mobile unit is included in full year target number. Activity has remained high and for the month of April, although Diagnostic Imaging performed slightly behind plan by 5 examinations.

**4 Current Situation**

* Delivery of the Plastic Surgery service was an ongoing challenge throughout 2016/17 due to access to Plastic Surgeons. We have therefore realigned some of the major plastics procedures and replaced the capacity with a combination of general surgery and orthopaedic surgery. This agreement was reached with the referring Board.
* There have been no requests so far this year for additional weekend general surgery lists.
* There has been further delay in the arrival of the Ophthalmic Surgeon appointed in Autumn 2016. This delayed arrival, together with recent sickness absence, has had a significant adverse impact on our ability to deliver the high number of cataracts in April. Interim solutions to this challenge are being explored.
* The mobile Ophthalmology theatre arrived on site and was expected to ‘go live’ in mid April. However, there were a number of issues that delayed activating this theatre until mid May. Activity assumptions and allocations were realigned to reflect this delay.
* The two week Easter holiday period in April presented challenges in delivering the planned activity in most specialties. However, the Recovery Group will continue to meet on a weekly basis to scrutinise theatre utilisation and address the shortfall in activity that has already been accumulated.

**June Rogers**

**Director of Operations**

**19 May 2017**