**Ref: GJF/2017/05/12**

# GJF Logo

# Board Meeting: 11 May 2017

**Subject:** Business Update – March 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 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 is provided for information purposes and reflects the number of patients treated against an annual plan of 14,946 (patients).

Appendix B 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**

**2.1 Inpatient/Day Case/Diagnostic Imaging Activity Analysis March 2017**

Activity for inpatients/day case procedures measured against a projection of 14,946 (which excludes cardiothoracic/cardiology activity) was ahead of plan by 8.6% for the month of March and ahead of the full year to date plan by 0.2% when activity is adjusted to reflect complexity (Appendix B).

**2.2 Diagnostic Imaging**

In order to meet the demands of referring Boards, agreement has been 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. Additionally, throughout the year, additional CT scans have been made available to referring Boards by extending the working day. Activity has remained high and for the month of March.

Diagnostic Imaging significantly exceeded the plan by 451 examinations and was ahead of the full year plan by 3,023 examinations (13.2%).

There was a 14.4% increase in diagnostic imaging activity since 2015/16. The following graph indicates the growth in Diagnostic Imaging since 2011/12 to date.

Measured against a total activity projection of 37,871, the combined inpatient/day case and imaging activity at the end of March was 8.1% ahead of the full year plan when adjusted to reflect complexity (Appendix B).

1. **Analysis of Performance Against Plan at End March 2017**

**3.1 Orthopaedic Surgery**

The annual target for orthopaedic joint replacements for 2016/17 is based on 3,700 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 3,700 primary joint replacements, there is a target number of 1020 orthopaedic non joint procedures and 456 foot and ankle procedures for the year. This equates to a total of 5176 orthopaedic theatre slots per annum (as documented in Appendix B).

At the end of March, orthopaedic joint activity was ahead of the year to date plan by 223 primary joint replacements and 299 foot and ankle procedures. However, orthopaedic ‘other’ activity was behind plan by 343 procedures. Throughout 2016 there has been a higher than expected demand for foot and ankle surgery which will be offset against the lower than expected ‘orthopaedic other’ activity. Overall, orthopaedic surgery exceeded the full year plan by 3.5%.

The orthopaedic theatres operated at maximum capacity in 2016/17. However, the team took every opportunity to deliver additional activity. The following chart demonstrates growth in Orthopaedic Surgery:

**3.2 Ophthalmic Surgery**

Ophthalmology activity was slightly behind plan for the month by 7 procedures and 206 procedures year to date. Although slightly behind the year to date plan, the Ophthalmology programme delivered 14% more cataract procedures in 2016/17 than in the previous year.

The following chart demonstrates the actual and projected growth in Ophthalmic Surgery:

**3.3 General Surgery**

General surgery has again performed ahead of plan by 22 procedures in the month of March and was 241 procedures ahead of plan at the year end. Weekend operating lists continued in March to support Boards who are challenged with the delivery of the 12 week waiting time guarantee. At the year-end General Surgery performed 35% ahead of plan.

**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 exceeded our plan for March by 14 procedures and at the end of March was 203 procedures ahead of the full year plan year. The lack of Plastic Surgeon availability has continued throughout the year and as a consequence, minor plastic surgery was 131 procedures behind the full year plan and major plastic surgery was significantly behind plan by 241 procedures at the year end. Despite best efforts, this shortfall was accumulated throughout the year.

**3.5 Endoscopy**

The endoscopy service performed ahead of plan in the month of March and d slightly exceeded the full year plan by 2 procedures.

**4 Situation at End March 2017:**

* Inpatients/Day case activity at the end of March 2017 is 12% higher than at the end of March 2016.
* Diagnostic imaging activity at the end of March 2016 is 14% higher than at the end of March 2016.
* Collectively, (in patient/day case and imaging) activity for 2016/17 was 13.6% higher than in 2015/16.

The following chart demonstrates the total national waiting times activity growth over the past six years:

* Activity levels for all expansions implemented during the course of 2015/16 are embedded and have been sustained. The full year effect of these expansions has been realised.
* Activity for 2017/18 has been finalised with referring Boards. The increased activity associated with the expansion of the Ophthalmology programme has been incorporated into allocations and some other minor adjustments have been made to the three year plan to reflect the needs of some referring Boards.
* Agreement has been reached to continue to provide an orthopaedic outreach service in Highland and Shetland throughout 2017/18, some of which will continue to involve initial consultation via telehealth.
* Agreement has been reached with NHS Fife to extend the Ophthalmology pilot which is testing initial consultation by telehealth for cataract patients.
* Agreement has been reached to retain the mobile MRI Unit on site five days per week throughout 2017/18 while work progresses to install a third permanent scanner.

**5 Waiting Times Internal Audit Report**

* The Waiting Times Internal Audit Reports has reported100% compliance throughout the year.

**6 Conclusion**

The Board is asked to note the report.

**June Rogers**

**Director of Operations**

**26 April 2017**