**Ref: GJF/2017/03/06**

# GJF Logo

# Board Meeting: 30 March 2017

**Subject: Business Update**

**Recommendation:** Board members are asked to note the report.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## 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 14,946 (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.

**2 Operational Governance**

**Inpatient/Day Case/Diagnostic Imaging Activity Analysis January 2017**

Activity for inpatients/day case procedures measured against a projection of 14,946 (which excludes cardiothoracic/cardiology activity) was behind plan by 6.2% for the month of January and ahead of the year to date plan by 0.4% when activity is adjusted to reflect complexity (Appendix B).

Measured against a total activity projection of 37,871, the combined inpatient/day case and imaging activity at the end of January was 7.7% ahead of plan year to date when adjusted to reflect complexity (Appendix B).

**3 Analysis of Performance Against Plan at End January 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 1,020 orthopaedic non-joint procedures and 456 foot and ankle procedures for the year. This equates to a total of 5,176 orthopaedic theatre slots per year (as documented in Appendix B).

At the end of January, orthopaedic joint activity was ahead of the year to date plan by167 primary joint replacements and 252 foot and ankle procedures. However, orthopaedic ‘other’ activity was behind plan by 280 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. On the whole, orthopaedic surgery is currently exceeding the year to date plan.

**3.2 Ophthalmic Surgery**

Ophthalmology activity was behind plan for the month by 34 procedures and 103 procedures year to date.

**3.3 General Surgery**

General Surgery has again performed ahead of plan by 15 procedures in the month of January and is 195 procedures ahead of plan year to date. Weekend operating lists continued in January to support Boards who are challenged with the delivery of the 12 week waiting time guarantee.

**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 January by 29 procedures and is currently 146 procedures ahead of plan year to date. The lack of Plastic Surgeon availability continues to present a significant challenge and consequently minor plastic surgery remains behind plan by 100 procedures and major plastic surgery is significantly behind plan by 200 procedures year to date. Recovery of this situation is under constant review, however, a solution to this is unlikely.

**3.5 Endoscopy**

The Endoscopy service performed very slightly behind plan by 1 procedure in the month of January and is behind the year to date plan by 36 procedures. It is our expectation that this shortfall will be recovered as we progress towards the year end.

**3.6 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. Activity has remained high and for the month of January, Diagnostic Imaging significantly exceeded the plan by 141 examinations and is currently ahead of the year to date plan by 2,384 examinations.

**4 Current situation**

* The Plastic Surgery service remains an ongoing challenge. The access we have to Plastic Surgeons only permits us to deliver 20% of our commitment to the referring Board. Consequently, we are in discussion with the Board concerned around the sustainability of this service at GJNH. It is our belief that the theatre capacity assigned to general anaesthetic plastics procedures could be better utilised if it was converted to another specialty on an ongoing basis. These discussions are fairly advanced and our expectation is that we will have a decision on the way forward before the end of the financial year.
* Additional General Surgery lists will continue to be offered to Boards who have challenges in delivering their waiting time guarantee until the end of the financial year.
* To date, uncertainty remains around the start date of the Ophthalmic Surgeon who was appointed in quarter three. This delayed arrival has had an adverse impact on our ability to deliver the high number of cataracts in this year’s plan. Interviews are scheduled for the beginning of March to recruit additional consultants to the team, however, this will be too late to have an effect on the year end 2016/17 activity achievement.
* Plans continue to be progressed around the commissioning of a mobile Ophthalmology Theatre:
  + The Ophthalmology Outpatient Department moved to temporary accommodation on Level 4 in the first week in March.
  + The mobile theatre arrived on site on 19h March 2017.
  + Installation commenced on 20 March 2017.
  + Commissioning and infection control testing will begin on 3 April 2017.
  + Go live is scheduled for week commencing 18 April.
  + Visiting surgeons will be commissioned, as necessary, to support this activity.
* The Recovery Group will continue to meet on a weekly basis to scrutinise theatre utilisation and address any shortfalls in activity as they arise

**June Rogers**

**Director of Operations**

**21 March 2017**