**Ref: GJF/2017/10/10**

# GJF Logo

# Board Meeting: 26 October 2017

**Subject:** Business Update – August 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 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.

**2 Operational Governance**

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

Activity for inpatients/day case procedures measured against a projection of 16,621 (which excludes cardiothoracic/cardiology activity) was behind plan by 0.8% for the month of August when activity is adjusted to reflect complexity (Appendix B) and 6.1% 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 August was ahead of plan by 1.3% for the month of August when adjusted to reflect complexity (Appendix B) although 2.7% behind the full year to date plan.

**3 Analysis of Performance Against Plan at End August 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 5034 orthopaedic theatre slots per annum (as documented in Appendix B).

At the end of August, orthopaedic joint activity was ahead of the year to date plan by 76 primary joint replacements and 51 orthopaedic foot and ankle procedures, although behind by 89 other ‘non joint’ procedures (which consists of intermediate/minor procedures such as Anterior Cruciate Ligament (ACL) repair, arthroscopy etc). Throughout 2016, there was 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. However, there still appears to be an imbalance with referrals to the foot and ankle service exceeding our expectations. Overall, orthopaedic surgery is currently ahead of plan by 38 theatre slots.

**3.2 Ophthalmic Surgery**

For the first time since the beginning of the financial year, Ophthalmology activity was slightly ahead of plan for the month of August by four procedures. However, the Ophthalmology year to date shortfall is currently 232 procedures. This continues to be attributable to consultant availability. Additionally, the planned activity for the mobile unit was modelled on delivering seven procedures per list; however theatre lists carried out in the mobile theatre continue to run at a maximum of six procedures per list.

**3.3 General Surgery**

General surgery performed slightly behind target by two procedures; the service remains ahead of plan year to date. There have been no requests for additional activity therefore no weekend operating lists were carried out for general surgery in August.

**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 August by three procedures. Minor and major plastic surgery procedures were also behind plan.

**3.5 Endoscopy**

The endoscopy service performed behind plan by 49 procedures in August.

**3.6 Diagnostic Imaging**

In order to meet the ongoing demands of referring Boards, and while the new permanent Magnetic Resonance Imaging (MRI) unit is under construction, agreement was reached for the mobile MRI scanner to remain on site at GJNH for the full year. Activity associated with the mobile unit is included in full year target number.

Activity remained high in diagnostic imaging to meet the challenging activity targets set for 2017/18. The service over performed by 64 examinations in August but remains slightly behind the year to date plan by 88 examinations.

**4 Current Situation**

* Orthopaedic activity remained high in August despite the departure of a highly productive surgeon. A new surgeon has been recruited but is not expected to join the organisation until February 2018.
* Hand surgery is carried out by a single operator. The year to date shortfall can largely be attributed to the impact of annual leave in July. However the situation improved significantly in August and plans are in place to recover the remaining shortfall.
* During August, the number of cataract procedures being carried out per session in the mobile theatre continued to be less than originally planned. There have been various issues raised by Consultants which justify their inability to increase the theatre list size. As issues arise, they are being addressed by the Divisional Management team who are working to ensure the theatre is safe and an appropriate environment in which to deliver the planned number of procedures (i.e. seven per list). Additionally, late cancellations and ‘Did Not Attends’ are being closely monitored to identify opportunities for improvement which would help to address the shortfall in activity.
* There is a shortfall of 122 scopes year to date. Additional theatre capacity will be made available in September and October to begin to recover this.

**5 Recommendation**

Board Members are asked to note the report.

**June Rogers**

**Director of Operations**

**20 September 2017**