**GJF/2018/02/10**

# GJF Logo

# Board Meeting: 15 February 2018

**Subject:** Business Update – December 2017

**Recommendation:** Board members are asked to discuss and 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 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 December 2017**

Activity for inpatients/day case procedures measured against a projection of 16,621 (which excludes cardiothoracic/cardiology activity) was behind plan by 9.4% for the month of December when activity is adjusted to reflect complexity (Appendix B) and 4.5% 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 December was ahead of plan by 3.1% for the month of December when adjusted to reflect complexity (Appendix B) and 0.3% behind the full year to date plan.

**3 Analysis of Performance Against Plan at End December 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 December, orthopaedic joint activity was ahead of the year to date plan by 122 primary joint replacements and 74 foot and ankle procedures although behind by 78 other ‘non joint’ procedures (which consists of intermediate/minor procedures such as ACL repair, arthroscopy etc).

Throughout 2017 there continues to be a higher than expected demand for foot and ankle surgery and lower orthopaedic ‘other’ than expected. Overall, orthopaedic surgery is currently ahead of the full year plan by 118 procedures/ theatre slots.

**3.2 Ophthalmic Surgery**

Ophthalmology activity was 148 procedures behind plan for the month of December. The ophthalmology year to date shortfall is currently 567 procedures. This continues to be primarily due to consultant availability and productivity in the mobile theatre.

**3.3 General Surgery**

General surgery performed slightly behind the monthly target in December but remains ahead of the year to date plan.

**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 ahead of plan the month of December by 7 procedures. Minor and major plastic surgery procedures were slightly behind plan. Major plastics procedures were slightly behind the plan for the month of December but remain 40 procedures behind the full year plan.

**3.5 Endoscopy**

The endoscopy service performed ahead of plan by 16 procedures in the month of December.

**3.6 Diagnostic Imaging**

Activity has remained high and the service has over performed by 240 examinations in December and remains ahead of the year to date plan by 647 examinations.

**4 Current Situation**

* The delivery of planned activity was challenging throughout December. There was a higher than expected cancellation rate on the day of surgery, particularly in the week commencing 25 December 2017, when we experienced a 15.6% cancellation rate. This was predominantly due to patients being unable to attend and a higher than expected DNA rate. Ophthalmology was the service most affected during this period, particularly on 29 December 2017, when we experienced adverse weather conditions.
* Orthopaedic activity remained high in the month of December. The ‘Orthopaedic Enhanced Monitoring Unit’, which is intended for complex patients with additional needs or extended lengths of stay, was planned to become operational in January. However, this opened ahead of time in December and appears to be working well in reducing reliance on High Dependency Unit beds for complex patients.
* Demand for foot and ankle surgery continues to exceed our capacity. Throughout the year there has been a lower than expected number of ‘ortho non joints’ being referred for treatment. Boards are using this capacity to refer foot and ankle patients. Consideration will need to be given to developing the foot and ankle service to cope with this increasing demand.
* Discussions are continuing with the ophthalmic consultants on a regular basis to explore every opportunity that may exist to recover the significant shortfall in ophthalmology. We are currently projecting a shortfall of 750 cataracts by the year end. This accumulation is due to six procedures being carried out per list in the mobile theatre when the planning assumptions were based on seven per list. Additionally a Consultant recruited at the beginning of this financial year was unable to take up his post as planned.
* The recovery plan for endoscopy has been successful and the shortfall has reduced to only 30 scopes. We continue to remain optimistic that this shortfall will be fully recovered by the year end.
* The mobile MRI scanner has moved off site and the two new MRI scanners became operational during the first week in December in accordance with the plan. They are working well and delivering activity in accordance with the plan.

**5 Recommendation**

Board members are asked to discuss and note the report.

**June Rogers**

**Director of Operations**

**February 2018**