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| Board Meeting: | 14 February 2019 | GJF RGB WITHOUT STRAPLINE |
| Subject: | Business Services Update |
| Recommendation: | Board members are asked to discuss and:  |  |  | | --- | --- | | Discuss and Note |  | | Discuss and Approve | X | | Note for Information only |  | | |
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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 16,589 (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.

This paper is intended to monitor and report on the national waiting times activity allocated to Boards across Scotland. High level Regional Heart and Lung Centre activity is also provided for information purposes. This activity is reported in more detail on the Divisional Performance and Planning Reports which are then summarised for presentation to the Board.

Referring Boards receive a monthly monitoring document which provides 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 2018**

Activity for inpatients/day case procedures measured against a projection of 16,589 (which excludes cardiothoracic/cardiology activity) was ahead of plan by 9.8% for the month of December when activity is adjusted to reflect complexity (Appendix B) and 4.1% ahead of the year to date plan.

Measured against a total activity projection of 48,419, the combined inpatient/day case and imaging activity at the end of December was ahead of plan by 2.6% for the month of December when adjusted to reflect complexity (Appendix B) and 6.9% ahead of the year to date plan.

1. **Analysis of Performance Against Plan at End December 2018**

**3.1 Orthopaedic Surgery**

The annual target for orthopaedic joint replacements for 2018/19 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 December, orthopaedic joint activity was very slightly behind plan for the month of December by 1 joint replacement and 7 foot and ankle procedures but ahead of the monthly plan by 46 ‘non joint’ procedures. The year to date plan has been exceeded by 233 primary joint replacements, 35 foot and 36 ‘non joint’ procedures (which consists of intermediate/minor procedures such as Anterior Cruciate Ligament repair, arthroscopy etc). Overall, orthopaedic surgery is currently ahead of the year to date by 304 procedures/theatre slots.

**3.2 Ophthalmic Surgery**

Ophthalmology activity was behind the monthly plan by 16 procedures for the month of December and 150 procedures behind the year to date plan.

**3.3 General Surgery**

General surgery performed ahead of the monthly plan in December by 14 procedures and is slightly behind the year to date plan by 4 procedures.

**3.4 Plastic Surgery**

For reporting purposes, Plastic Surgery has been split and will be monitored throughout 2018/19 as hand surgery and minor plastic surgery. Major plastic surgery is no longer carried out at GJNH. Hand surgery was behind plan for the month of December by 24 procedures. Minor plastic surgery procedures were 8 procedures behind plan.

**3.5 Endoscopy**

The endoscopy service performed ahead of plan by 116 procedures in the month of December and is 623 ahead of the year to date plan.

**3.6 Diagnostic Imaging**

The annual diagnostic imaging target has increased from 29,450 to 31,830 (8% increase) in 2018/19 to take account of the additional activity that will be carried out on the new Magnetic Resonance Imaging (MRI) scanners. For the first time this year the monthly target was behind slightly plan by 25 examinations in the month of December.

**4 Current Situation**

* Despite losing four operating days due to public holidays over the festive period, inpatient and day case surgery activity performed 9.8% ahead of plan. Additionally, despite losing four imaging days due to public holidays, the diagnostic imaging target was only narrowly missed by 25 examinations. Collectively, performance remains ahead of the year to date plan at the end of December.
* For information purposes, in the same reporting period last year, performance was 4.5% behind year to date plan for inpatients and day cases, 3% ahead of the year to date plan for diagnostic imaging and only 0.3% ahead of the year to date plan for inpatients, day cases and diagnostic imaging. This illustrates a significant improvement in activity (to date) in 2018/19.
* A bid was made to the Scottish Government to provide recurring activity in general surgery (200 procedures per full year), endoscopy (1,200 procedures per full year), ophthalmology (600 per full year) and orthopaedic surgery (200 joint replacements per full year). This bid was accepted and some of this work commenced mid December.
* Additionally, funding was requested (and supported) to procure a mobile cardiac catheterisation laboratory (cath lab) to support the pressure on the interventional cardiology waiting lists. The cath lab arrived on site on 7 January 2019 and to date is working very well with no adverse comments from patients or staff.

* Installation of a second Computer Tomography (CT) scanner is progressing well with a slight delay in the recovery area build. However, an interim solution is being sought to ensure the CT ‘goes live’ according to plan in mid February.

**June Rogers**

**Director of Operations**

**18 January 2019**