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| Board Meeting: | 9 May 2019 | GJF RGB WITHOUT STRAPLINE |
| Subject: | Business Update – March 2019 |
| Recommendation:  | Board members are asked to:

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| --- | --- |
| Discuss and Note |  |
| Discuss and Approve |  |
| 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 contained within the Performance Pack 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 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**

**In Patient/Day Case/Diagnostic Imaging Activity Analysis March 2019**

Activity for in patients/day case procedures measured against a projection of 16,589 (which excludes cardiothoracic/cardiology activity) was ahead of plan by 10.6% for the month of March when activity is adjusted to reflect complexity (Appendix B) and 4.8% 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 March was ahead of plan by 6.1% for the month of March when adjusted to reflect complexity (Appendix B) and 6.8% ahead of the year to date plan.

**3. Analysis of Performance Against Plan at End March 2019**

**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 5034 orthopaedic theatre slots per annum (as documented in Appendix B).

At the end of March, orthopaedic joint activity was ahead of plan for the month of March by 13 joint replacements, 21 foot and ankle procedures and 15 ‘non joint’ procedures. The year to date plan has been exceeded by 233 primary joint replacements, 75 foot and ankle procedures and 97 ‘non joint’ procedures (which consists of intermediate/minor procedures such as ACL repair, arthroscopy etc). Overall, orthopaedic surgery was 449 procedures/theatre slots ahead of the full year plan.

**3.2 Ophthalmic Surgery**

Ophthalmology activity was slightly behind the monthly plan by 7 procedures for the month of March and 137 procedures behind the full year plan.

**3.3 General Surgery**

General surgery performed ahead of the monthly plan in March by 14 procedures and was slightly behind the full year plan by 2 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 March by 40 procedures. Minor plastic surgery was 17 procedures behind the full year plan.

**3.5 Endoscopy**

The endoscopy service performed ahead of plan by 62 procedures in March and was 839 procedures ahead of the full year 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 would be carried out on the new MRI scanners. Additionally, the second CT scanner was commissioned ahead of the planned ‘go live’ date. Consequently we were in a position to offer Boards additional CT activity in February and March.

**4 Current Situation**

* The orthopaedic surgery service had a very productive and successful year. Orthopaedic joint replacements exceeded the full year plan by 7.3%, foot and ankle surgery exceeded the full year plan by 13.6% and orthopaedic ‘other’ procedures exceeded the full year plan by 14.2%. Overall orthopaedic surgery increased their throughput by 6.3% since last year.
* Throughput in Ophthalmology has been high throughout the year although the service fell short of the year end target by 137 procedures. This shortfall is equivalent to approximately 9.7 days of activity throughout the year. The service has however risen to many challenges and continues to redesign and work on innovative solutions to counteract the effect of the national shortage of ophthalmic surgeons.
* The year end output for hand surgery and minor plastics surgery was disappointing. Referrals for each of these procedures are predominantly received from one NHS Board. This Board experienced challenges around the provision of local specialist post operative physiotherapy for patients requiring hand surgery and they therefore cancelled a number of hand surgery theatre sessions. Additionally, the same Board has had challenges identifying appropriate patients to utilise their minor plastic surgery allocation. Consequently only 63% of the expected activity was carried out by the year end. Discussions have taken place with this Board and agreement has been reached that their allocation will be reduced by 50% in 2019/20.
* Endoscopy is delivered entirely by visiting consultants and therefore presents ongoing challenges. However, the service has remained focussed on engaging with the consultants, and has carried out focussed work on actively reducing cancellations and DNAs. At the year end the service delivered 45.4% more procedures than was planned at the beginning of the year.

* Diagnostic imaging performed significantly ahead of their full year plan by 10.8%. This was predominantly due to an underestimation of the capability and efficiency that would be achieved on the new MRI scanner and also the early commissioning of a second CT scanner which resulted in a significant amount of additional capacity being offered to Boards in February and March.
* It was perceived that the hospital had reached maximum capacity in theatres, MRI and CT. However, through collaborative redesign and creative planning, services have continued to grow.

In summary, 2018/19 has been a very productive year for GJNH as is described in the activity chart below.

**Activity 2011 - 2019**

**5 Recommendation**

 Board Members are asked to note the report.

**June Rogers**

**Director of Operations**

**April 2019**