

Cancelled Operations Update- October 2019

BACKGROUND

1. This paper provides an update to the previously presented paper in July 2018. The paper outlines performance against the national headline 28 Day Cancellation Standard and local total Last Minute Cancelled Operations standard, benchmarked performance and the causes, implications and actions to resolve.

2. What is meant by a last-minute cancellation?

A last-minute cancellation is one that occurs on the day the patient was due to arrive, after they have arrived in hospital or on the day of their operation. For example, a patient due to be admitted to hospital on a Monday for an operation scheduled for the following day (Tuesday). If the hospital cancelled the operation for non-clinical reasons on the Monday then this would count as a last-minute cancellation. This includes patients who have not actually arrived in hospital and have been telephoned at home prior to their arrival.

3. What is a breach of the standard?

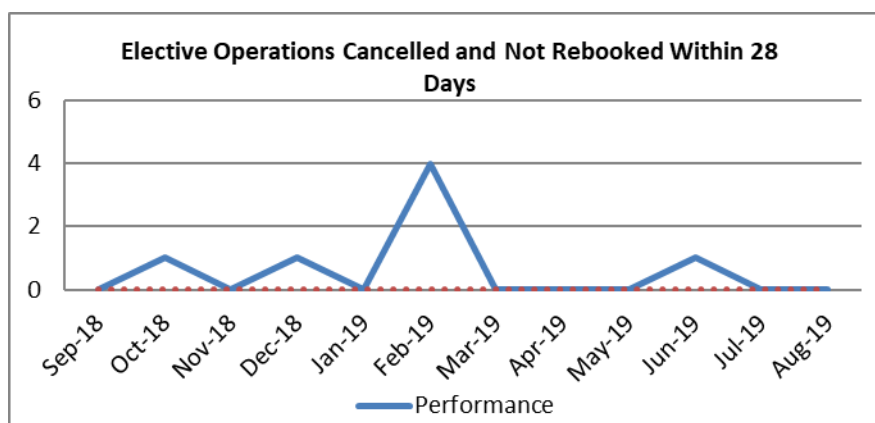
Although total last minute cancellations are monitored nationally, the standard relates to patients who have been cancelled at the last minute and then not been treated within 28 days of the cancellation. The expected standard is therefore zero breaches. If a patient is offered a reasonable date within 28 days but prefers to be treated later, this should not be recorded as a breach.

4. In addition to the national standard, UHMBFT have also set an internal standard of last minute cancellations to equate to less than 0.8% of total theatre cases carried out in a month.
5. Both standards are monitored monthly by the Quality Committee, Finance Committee and reported to the Board of Directors.

PERFORMANCE

6. Chart 1 on Page 2 shows the number of elective operations cancelled and not re-booked within 28 Days against the standard of 0. The standard was met in 8 of the previous 12 months, with a spike of 4 in In February, 1 breach in October and December 2018 respectively and 1 in June 2019.

Chart 1- Elective Operations Cancelled and Not Re-Booked Within 28 Days



7. The reasons for the breach of the standards were;

October & December 2018- theatre availability and equipment failure.

February 2019- The RLI Day Surgery Theatre was closed to the Ophthalmology service due to capital works required to maintain safe standards. As a result, 3 patients were unable to be offered dates within 28 days. 1 Trauma and Orthopaedic patient who could only be treated at the RLI due to clinical need was cancelled due to the increase in trauma cases. A date could not be offered within 28 days due to capacity issues in ensuring that routine patients were booked in date order.

Table 1- Headline National Standard-Patients treated within 28 days of last-minute elective cancellations Q2 2018/19 to Q1 2019/20. Benchmarking Data by Peer Group

8. At 3% of patients not being offered a date within 28 days of a last-minute cancellation, MBHT is the 6th out of 10 within the peer group in treating patients within 28 days of a last-minute elective cancellation. The position has been adversely impacted upon by the impact of the closure to ophthalmic cases of the Day Surgery Unit at the RLI. The England average is 8.74%.

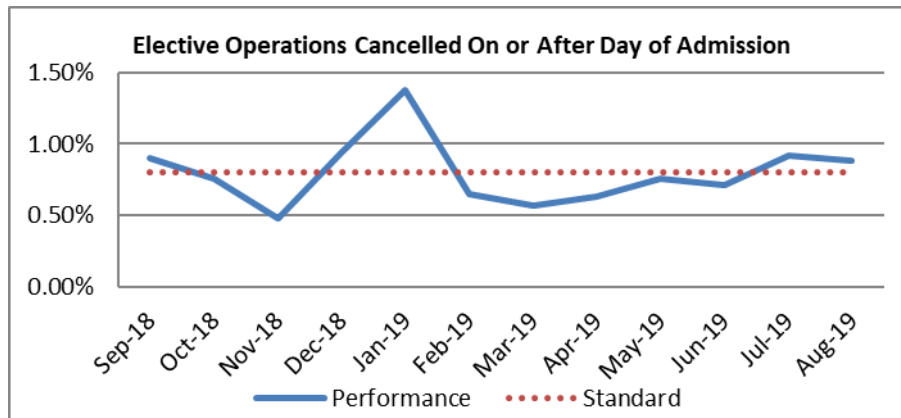
Table 1

Organisation Name	2018/19			2019/20	Total	% of total cancellations
	Q2	Q3	Q4	Q1		
MBHT	2	2	4	1	9	3.00%
England (Excluding I.S)	1501	1665	2159	1727	7052	8.74%
Calderdale and Huddersfield	0	0	0	0	0	0.00%
North Tees and Hartlepool	1	0	0	0	1	0.57%
Shrewsbury and Telford	0	1	4	2	7	1.02%
Bradford Teaching Hospitals	6	0	3	1	10	1.67%
The Royal Bournemouth And Christchurch	2	1	1	1	5	1.81%
Northern Lincolnshire and Goole	6	2	7	3	18	4.14%
Royal Devon and Exeter	10	11	33	15	69	13.64%
Norfolk and Norwich	30	51	83	85	249	17.20%
Royal Cornwall Hospital	45	30	42	21	138	17.21%

Chart 2 shows MBHT performance against the internal standard of last minute cancellations equating to no more than 0.8% of total theatre cases carried out in month.

9. The spike in cancellations in December to January 2018 and the minor increase in July and August 2019 relate directly to an increase in elective cancellations due to spikes in trauma demand. In particular there has been an increase in overnight trauma for fractured neck of femur resulting in on the day cancellations

Chart 2



CAUSES OF LAST MINUTE CANCELLATIONS

10. Other causes of hospital initiated cancellations of surgery on the day 2019 include;
- 11.
- On the day sickness absence within theatre and anaesthetic teams resulting in elective cancellations
 - Administrative errors
 - Theatre unavailability due to works required
 - Theatre over runs where time has run out on a list.
 - Equipment failure.
12. Last minute cancellations only occur in order to maintain the highest standards of patient safety.

IMPLICATIONS

13. Patients on a cancer pathway, those requiring urgent surgery and the longest waiting patients are protected and the least likely to be cancelled.
14. All efforts are made to avoid the last minute cancellation of surgery. The implications for the patient include; disappointment; potential distress; inconvenience; the unpicking of arrangements made and the further planning for a date within 28 days. For the Hospitals Trust, implications include a reduction in available capacity for elective surgery, loss of income, the potential impact upon the RTT standard, an increase in waiting list size and potential financial penalties.

ACTIONS

15. Actions completed to maximise theatre throughput and reduce the potential for last minute cancellations include;
 - a) Implementation of the Theatre Efficiency Programme including the detailed planning and monitoring of each theatre list and identifying 'case opportunity' to maximise lists.
 - b) Maximisation of the theatre capacity across the 3 main sites, including the trial of the higher dependency, ASA 3 patients to be treated at Westmoreland General Hospital (WGH) during the week commencing 23/07/18.
 - c) Daily operational call to review theatre activity and take timely action.
 - d) Review of Pre-operative assessment to ensure that each patient fit for WGH is identified, thus best utilising theatre and bed capacity.
 - e) Escalation process in place to ensure that Assistant Director of Operations authorisation is given for last minute cancellations.
 - f) Focus on staff health and well-being through the Flourish programme and attendance management therefore reducing cancellations due to sickness/absence.

16. Further actions include;
 - a) Included within the Theatre Efficiency Programme
 - i) Booking average procedure times by clinician to increase productivity;
 - ii) Improving start times to prevent sessions running out of time and subsequent on day cancellation
 - b) Weekly scheduling meetings continue and include reviewing the surgeon specific booking rules with senior oversight
 - c) Bespoke work within one specialty to address being an outlier for cancelled on the day, this has included an audit of clinicians COTD rate and will lead to 1:1 meetings with outlying clinicians
 - d) New process go-live for 23rd September 2019 to manage outcomes and lessons learned from existing cancelled ops due to strengthen the existing process around managing themes.
 - e) Anaesthetic team requested to undertake pre-op admin review of listed patients in advance of the day of surgery to reduce cancellations for patients deemed unfit on the day despite being declared fit through the pre-op process

SUMMARY

16. The cancellation of elective procedures at the last minute is and will continue to be strenuously avoided as a last resort in order to maintain patient safety.