University Hospitals of Leicester NHS

NHS Trust

Escalation for On the Day Cancellations UHL Policy
Elective Operations/Procedures

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Trust Lead:	Siobhan Favier – Deputy Chief Operating Officer
Board Director Lead:	Jon Melbourne – Chief Operating Officer
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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Version 1:   New policy

Version 2:   Review and v2. Published, changes detailed below:

- P1: revised author details and review date changed
- P4&5: Section 6.4 insertion of section covering cancellations on the day
- P5: Section 8 insertion of process for monitoring cancellations before the day
- P6: Section 11.1 amendment of reference to new policy title (access policy for elective care)

Version 3:   Review and v3. Published, changes detailed below:

- P1: revised author and responsible individual names, and review date
- P4: Policy Aim, Objectives and Scope sections merged into one section 2.
- P5: Service Managers, General Managers and all staff added to section 5.

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- P5: Paragraphs on both cancellations of elective operations before the day and cancellation of elective theatres on the day included re-subtitled.
- P6: On the job training provided added to section 7.
- P6: Section on legal liability removed
- P9: Appendix 1 label replaces figure 1.

Version 4:   Amended Policy and v4. Awaiting approval

- P1: Changed policy name, responsible office and review date
- P3: Key words amended to include OTDC and escalations of cancellations
- P4: Section 1 - Paragraph on Introduction and overview re-written. Section 2, re-written policy scope to reflect the changes in the aim and objectives of the policy, i.e. On the day cancellations codes with examples of when to use them, roles and responsibilities and escalation process.
- P5: Section 3 - Definitions included within a table and updated to include the 7 sub-sections of cancellation reasons/codes.
- P6: Section 5 - Removed all text from v3 and re-written to reflect the changes in the policy. Included within v4 is ORMIS codes and examples of when to use the codes. Paragraph included on the escalation process for Clinical, non-clinical (hospital) and patient cancellations with key roles and responsibilities.
- P12: Section 7 - Updated to include the changes in governance and reporting structure
- P12: Section 9 – Updated support evidence and related policies to include the UHL Theatre Utilisation and UHL Access policy
- P14: Appendix 1: New flow diagram for the escalation of clinical cancellations
- P15: Appendix 2: New flow diagram for the roles and responsibilities for non-clinical cancellations- Hospital/Theatre reasons
- P16: Appendix 2.1 New flow diagram for Non-clinical surgical speciality reasons
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- P18: Appendix 4: Standby Patients

KEY WORDS

List of words, phrases that may be used by staff searching for the Policy in PAGL

- Cancelled Operations,
- Elective Operations,
- Escalation of cancellations,
- On The Day Cancellations.
- OTDC

1   INTRODUCTION AND OVERVIEW

1.1   This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for escalation for elective procedures/operations that have been cancelled on the day.

1.2   As an NHS provider, we are committed to take all the necessary steps to avoid the operation/procedure being cancelled on the day. Analysis suggests that with efficient capacity planning of elective operations combined with appropriate intervention some of these cancellations could be avoided.

1.3   There will, however, be occasions when cancellations are unavoidable. When this is the case, the decision to cancel should sit with the appropriate person / people.

1.4   Avoiding cancellation of a patient's operation before, on or after the day of admission is a high priority for the Trust. Not only does cancellation of elective surgery decrease operating theatre efficiency (operating theatre time not being utilised) it is inconvenient to patients and staff and can lead to decreased patient satisfaction and adversely impact staff morale. In addition, there is the financial impact of lost income and the costs of any specific equipment, staffing costs, costs of pre-operative tests and assessments which may need repeating.

2   POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1   The aim of the policy:

- Will define the cancellation process,
- Will help identify the different types of cancellation reasons and codes, with explanations/examples of when to use the cancellation codes.
- Key roles and responsibilities when cancelling patients on the day
- Set out the escalation process to ensure the right people are notified of the cancellation on the day
- Enable cancellations to be tackled appropriately.
- To reduce the cancellations on the day

2.2   The main Objectives of this policy are:

- Ensure that cancellations are recorded correctly and escalated to the key individuals
- Support the front-line staff to mitigate the risk of cancellations by offering the support from Senior Management or other key individuals.
- Make sure all the cancellations are reviewed to understand any trends or issues to avoid cancellations happening in the future.

2.3   The policy covers the escalation process to be followed by UHL staff to mitigate risk of all planned and elective operations being cancelled.

2.4   This policy applies to all elective patient operations.

2.5   This policy covers all three sites including the three operating theatres within the Alliance.

2.6   The policy does not cover emergency/urgent and trauma operations.

3   DEFINITIONS AND ABBREVIATIONS

Cancellations due to scheduling reasons	Hospital cancellation due to scheduling
Cancellations due to surgical specialty reasons	Hospital cancellations due to surgical specialty reasons for example – no surgical flow on the ward beds or specialised equipment booked.
Cancellations for Clinical Reasons	The clinician (surgeon/anaesthetist/Nurse) has decided the procedure needs to be cancelled for a clinical reason.
Cancellations for Hospital Reasons	The hospital has decided to cancel due to an unavoidable hospital reasons such as industrial action
Cancellations for Theatre/ITAPS reasons	The hospital has decided to cancel the patient due to non-clinical reasons, for example theatre staff unavailable
Cancellations for Patient reasons	The patient has cancelled their operation.
Cancellations for Pre-assessment Reasons	Cancellation has occurred due to Pre-assessment advice either not followed or given. This can either be referred to as clinical or non-clinical cancellations.
CMG	Clinical Management Group
DCOO	Deputy Chief Operating Officer
DHoO	Deputy Head of Operations
Elective admissions	The patient is admitted as a planned admission with the intention if receiving care/procedure or investigations.
Emergency Operations	Patient is admitted through an emergency pathway for example: A&E, GP direct referral, consultant clinics and/or bed bureau.
GM	General Manager
HISS	Hospital Information Support System
HoN	Head of Nursing
HoO	Head of Operations
ITAPS	Intensive Care/Theatres/Anaesthetics/Pain and Sleep directorate
ICU / HDU	Intensive Care Unit /High Dependency Unit
MOD	Manager of the Day
NCEPOD	National Confidential Enquiry into Patient Outcome and Death – Immediate life, limb or organ intervention
OTDC	On the Day Cancellation: A cancellation on the day of intended surgery is defined as any operation/procedure that was scheduled and not performed on that day.
ORMIS	Operating Room Management Information System
POA	Pre-Operative Assessment
RTT	Referral to Treatment Time
SM	Service

4 ROLES – WHO DOES WHAT

4.1 Deputy Chief Operating Officer (DCOO) for Planned Care

Executive responsible for the application of this policy.

4.2 Head of Operations (HoO) or Deputy Head of Operations (DHoO)

Responsible for making the final decision to cancel (non-clinical reasons) having ensured that all options have been considered and all possible actions taken. Out of hours the decision to cancel operations lies with the on-call Director.

The HoO or deputy is responsible for escalating to the DCOO if there is a risk that an urgent patient will be cancelled for a second time on the day of surgery. This must be done at the earliest opportunity to ensure that the risk is mitigated and that surgery is performed where possible.

Manage the escalation process through regular evaluation and review.

4.3 Clinical Directors (CD) and Head of Nursing (HoN)

Ensure all their staff apply the policy and follow the escalation process.

4.4 Service Managers and General Managers

To ensure all procedures relating to the cancellation of the policy are followed including patient records updated on ORMIS, theatre staff notified as soon as possible (for on the day cancellations) and liaise with the theatre floor staff to enable theatre staff to be relocated where appropriate.

4.5 All Staff

All staff to follow the policy and to escalate as soon as possible any deviation.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Cancellations on the Day to be recorded on ORMIS under a pre-defined coding system which are all associated to key themes. The key themes are:

- Clinical reason
- Hospital reason
- ITAPS reason
- Patient cancellation
- Pre-operative assessment related
- Scheduling
- Surgical Specialty

The associated on the day cancellation codes are tabled below with examples of when to use the codes.

ORMIS Cancellation Reasons	
Clinical Reasons	**Examples**

53	Complex case	The clinician has decided that a patient is unfit due to a newly presented acute illness other than COVID and/or the procedure is expected to take longer than the allocated time
147	Different theatre session or clinical setting required	The clinician has decided that the patient requires another setting, such as radiology suite, clean room etc.
DONOR	Donor issues	The clinician has decided the procedure is cancelled due to donor issues
111	Further investigations required	The Clinician has decided that the patient requires further investigation that was not previously identified on the waiting slip or Pre-assessment form.
110	Operation / procedure no longer required	The clinician has decided that the procedure is no longer necessary – for example this could be because the condition is resolving
115	Patient unfit for operation / procedure	The patient has a pre-existing medical condition, such as high blood pressure and the clinician has indicated that it needs to be resolved or optimised before the procedure can take place. A detailed description of the reason why is required within the long text to mitigate against any further cancellation when rebooking.
Hospital Reasons		**Examples**
106	Industrial Action – Equipment	The session has been cancelled due to equipment being unavailable due to industrial action.
106	Industrial Action - Staff	Includes (Any staff group) the session has been cancelled due to staff being unavailable due to industrial action.
BLOOD	National Blood Supply Shortage	Blood products required for/following surgery are unavailable due to hospital/national shortage
118	Replaced by emergency or priority patient	A planned list is taken down due to the need to provide additional emergency / trauma capacity
Theatre/ITAPS Reasons (Hospital)		**Examples**
119	Anaesthetist sickness	A planned list has to be taken down due to Anaesthetist sickness absence on the day
122	Anaesthetist unavailable	The list with an identified surgeon is unable to run due to a lack of Anaesthetist staffing
105	ICU / HDU Adult bed unavailable	No Adult Intensive Care Unit /High Dependency Unit beds are available for patient recovery **This code to be used for an ICU/HDU planned admissions only.**

190	NCEPOD Emergency Cover	The list surgeon/Anaesthetist is unavailable due to providing emergency cover in the NCEPOD theatre and their list cannot be backfilled by another surgeon/Anaesthetist
RECOV	Recovery staff unavailable	A planned list has to be taken down due to recovery practitioner being unavailable
126	Sterile kit issue	A key piece of sterile kit is not available or damaged
128	Theatre equipment issue	A key piece of equipment is unavailable.
121	Theatre team sickness	A planned list has to be taken down due to theatre team sickness absence on the day
124	Theatre team unavailable	A list with an identified surgeon is unable to run due to lack of theatre team
135	Urgent theatre maintenance	(unplanned) A list has to be taken down due to unplanned maintenance
Patient Cancellations		**Examples**
COVP	Patient Coronavirus	The patient is unable to attend due to testing positive for COVID-19
131	Patient Did Not Attend	The patient has not attended
145	Patient did not attend COVID swab	Patient has not attended for their COVID Swab
36	Patient died before the session start time	The patient passed away between the time of booking the list and date of admission
54	Patient operation or procedure not wanted	The patient decides they no longer want the procedure.
TRAVEL	Patient own transport issues	Patient unable to attend or late due to own transport issues
48	Patient undergoing other treatment	The patient had a planned admission date but has notified the Trust that they are undergoing other treatment
14	Patient unwell for operation / procedure	The patient declares themselves unfit for their procedure.
Pre-Operative Assessment related		**Examples**
146	Patient COVID swab unavailable	COVID swab not completed or advice not followed
114	Patient not starved	Patient has not followed fasting guidance given at pre-operative assessment. Should not be used for patients whom were booked for a LA and require a GA on admission, in this case please use patient unfit for operation/procedure and provide the details within the long text.
49	Patient test results unavailable	Inadequate time between Pre-assessment and admission date to receive test results

NOPRE	Pre-operative assessment related	Patient has not been fully worked up / given the correct information at Pre-assessment and is not ready or suitable for surgery
Scheduling (Hospital)		**Examples**
DUP	Duplicate booking	An administrative error has occurred. For example, the patient was booked on the wrong or multiple lists
107	Late start could not complete list	Delays in starting the list on time resulted in insufficient time to complete all the booked cases, Include reasons for delay start within the long text. .
List	List order	Changes in the list order at the start of the session resulted in insufficient time to complete all the booked sessions
108	Out of theatre session time	The previous procedure(s) takes longer than originally planned, meaning the procedure is cancelled due to insufficient session time.
109	Patient on standby	**Exempt from reporting** Patients are booked knowing that they may not get their procedure on that day, for example back-up patients in case no ICU bed can be sourced for a major case. This is to ensure theatre time is been used efficiently.
45	Previous list over ran	The previous procedure(s) takes longer than originally planned, meaning the procedure is cancelled due to insufficient session time.
112	Reason not listed	Reason not listed in the above – provide details in the long text.
102	Specialty Staff unavailable	A key member of clinical staff is unavailable.
Unknown	Unknown	Reason unknown
X-ray	X-ray - MRI - CT Scan - Unavailable	The specified essential support was not booked or unavailable
Surgical Specialty		**Examples**
52	Ambulance / Hospital Transport	The patient did not arrive or arrived late due to pre-booked hospital transport
104	ICU / HDU Paed bed unavailable	No Paediatric Intensive Care Unit /High Dependency Unit beds are available for patient recovery **This code to be used for an ICU/HDU planned admissions only.**
Book	Booking Error	An administrative error has occurred. For example, the patient has received the wrong date / time for their admission.
33	Operation / procedure already carried out	Booking error – the patient has already had the operation/procedure planned

50	Patient record missing or delayed	An administrative error has occurred. For example, the patient medical records are missing or delayed
120	Surgeon sickness	A planned list has to be taken down due to surgeon sickness absence on the day
123	Surgeon unavailable	The surgeon is unavailable due to short notice
103	Ward bed unavailable	Cancelled due to a lack of ward beds

5.2 Clinical Cancellations

- Under normal circumstances, a cancellation for clinical reasons should be made by the consultant anaesthetist or the consultant surgeon, dependent upon where the clinical issue lies.

- The decision to cancel will be discussed with the patient and documented within the medical notes.

- It is the responsibility of the clinical team to inform the Theatre staff during the team briefing of the cancellation decision with a clear narrative of the reason why, this can then be correctly recorded on ORMIS under the pre-defined code, with the name of the clinician, narrative around the cancellation and actions taken to be recorded within the long text.

- Theatres floor control will inform the relevant General or Service Manager on the day via the WhatsApp OTDC group.

All unexpected clinical cancellations can be divided into avoidable or unavoidable:

- Potentially avoidable (A pre-existing medical condition which was not resolved/optimised before the procedure); or

- Potentially unavoidable (Patient present on the day with a newly acute illness that was not identified at pre-operative assessment).

A cancellation due to clinical reasons needs to be investigated to determine if this cancellation was avoidable or unavoidable. As this classification is based on the detailed reasons (long text) and information gathered at pre-operative assessment appointment, all clinical cancellations will be reviewed by the relevant POA leads to determine the categorisation of the cancellations.

5.3 Non-Clinical Reasons (Hospital Reasons)

Patients scheduled as "Stand By" patients must be clearly identified and will be exempt from OTDC reporting (see appendix 4).

(During office hours (08:00hrs to 18:00hrs, Monday to Friday)

- Any operations that are at high risk of cancellation on the day of operation due to non-clinical reasons needs to be escalated to the relevant managers at the first opportunity as highlighted in the flow diagram (See appendix 2). They can be contacted via switch board or sent a text message to their mobile.

- Prior to any action being taken, the following information must be gathered:

Theatre related – Non-clinical cancellations	Surgical speciality – Non clinical cancellations

Why is the patient cancellation request being made?	Why is the patient cancellation request being made?
Is there scope for the procedure to be carried out in another theatre by another Surgeon?	Is there scope to create additional capacity, can any patients awaiting discharge be moved to a discharge lounge or sit within waiting areas
Can equipment be located through an alternative source?	Can the patient be cared within a different ward/area or department than originally planned?
If cancellation request is being made because of time constraints, are staff willing to stay over?	Is there scope to move workforce to support any shortfall in staffing to reduce the risk of cancellation.
Patients RTT time and has the patient been cancelled previously on the day?	If cancellation request is been made because of lack of medical notes, have all options been explored to locate the notes and retrieve them in a timely manner.
	Patients RTT time and has the patient been cancelled previously on the day?

- The Management Team either Theatres or CMG Manager of the Day (MOD) will confirm that all options have been explored prior to escalating to Head of Operations or Deputy, ITAPS floor control and relevant CMG GM must be informed as part of the escalation process.

- A tiered approach is used to select the patients for cancellation with the aim to cancel the minimum number of patients possible. The tiered criterion is based on:

  1) Clinical urgency or those that that are at risk of becoming an emergency
  2) Cancer diagnosis and/or treatment
  3) Previous cancellations,
  4) Referral to Treatment waiting time status.

- The Deputy Chief Operating Officer (DCOO) for Planned Care must be informed of all non-clinical (hospital) cancellations as part of the approval process via phone call or text message to their mobile. Where the DCOO is not available, this must be escalated to the senior corporate operational lead of the day for escalations via switch board.

- All cancellations at risk are discussed within the tactical command meeting with confirmation that all options have been exhausted.

- For theatre related cancellations: The Theatre Management Team will confirm the cancellation and inform the theatre Team Leader that the patient is cancelled and it is their responsibility to ensure that the patient is cancelled on ORMIS with the appropriate reason on that day. The Theatre management team will inform the relevant CMG either MOD, General or service Manager to ensure that the patient is informed within a timely manner.

- For CMG related Cancellations: The Manager of the Day will confirm the cancellation to the Bed/Flow-coordinator and delegate responsibility to the appropriate service to ensure the patient is informed in a timely manner and

notified that they will receive a new date for their surgery within the next 28 days. The MOD will delegate responsibility to inform Theatres of the patient's cancellation so that this can be recorded on ORMIS with the appropriate reason.

(Out of Hours)

- Any cancellation risks on the day of operation need to be escalated to the on-call senior manager and he/she will intervene to reduce the risk of cancellation by taking necessary actions. Where the On call senior manager cannot mitigate the risk of cancellation it needs to be escalated to the on-call Director.

5.4 Patient Cancellations

- Patients have the right to cancel their appointment ahead of their appointment time, if they are unable to attend. It is considered good practice to agree a date for another appointment at the time of the cancellation where possible.
- Where circumstances were beyond the patient's control, the Trust will endeavour to be as flexible as possible.
- The Trust recognises that people may choose not to attend appointments, or discontinue contact with the services we provide for them.
- When a patient fails to attend, contact with the patient should be attempted on the day of cancellation by the admitting area to source the reason for failing to attend. This should be clearly documented within the patients' notes and relevant cancellation forms.
    1) Date/time of call
    2) Telephone number that was called.
    3) If other telephone numbers are available, these should also be attempted.

- Admitting staff will need to contact the theatre department and specialty Service Manager to inform the patient's non-attendance and reason why; if known.
- The Theatre Team will record this on ORMIS under the cancellation code deemed fit for the reason of non-attendance.

Please refer to the UHL Access Policy for management of patients whom did Not Attend their appointment.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 This policy required widespread dissemination to all the relevant staff groups.

6.2 On the job training provided.

7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Method	Frequency	Reporting arrangements

All the operations cancelled due to hospital reasons on the day of admission need to be escalated in accordance with this policy	HoO in ITAPS	Daily data collection from HISS and ORMIS	Quarterly	Report to DCOO
Review of on the day cancellations numbers and reasons to drive improvement	HoO in ITAPS & Improvement lead	Weekly data collection from HISS and ORMIS	Weekly	Report to DCOO Report to weekly Theatre Productivity meeting
Escalations of the number of on the day cancellations and overview of improvement projects	HoOP in ITAPS	Monthly collection from ORMIS and HISS	Monthly	Reports to Theatre Productivity and Assurance Board

8   EQUALITY IMPACT ASSESSMENT

8.1   The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2   As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9   SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1   Access Policy for Elective Care UHL policy B3/2004

9.2   Theatre Utilisation UHL Policy B19/2020

9.2   National guidance on Cancelled Operation Guidance (www.england.nhs.uk)

10   PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1   This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

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Clinical Cancellations Flow Diagram

Clinical cancellations should be carried out by the lead medical staff member for the operating list.

Intend to cancel due to Clinical Reasons

For on the day cancellations related to anaesthetic reasons these can only be carried out by Consultants, all other grades must discuss with the on call consultant. The cancelling anaesthetist must state why the case is cancelled and what should be done to ensure the patient can be treated next time.

Decision needs to be made by the Consultant Surgeon or Consultant Anaesthetist once all mitigating factors have been explored

Patient informed and any resolving factors discussed with the patient i.e. Visit GP

Cancellation reason documented in the medical notes with clear advice on when to rebook

Anaesthetist or Surgeon

Cancellation Reason to be discussed in the team briefing if the cancellation was prior to the patient reaching theatres

Ward staff

Ensure cancellation reason is recorded in the medical notes and the patient understands any actions

Theatre Staff

Cancellation reason to be inputted on ORMIS and cancellations to be escalated to Theatre Management Team

Cancellation form is completed with clear narrative around reasons for cancellations and next steps

Theatre Management Team

Reports clinical cancellation to the Surgical Speciality GM or SM The Deputy Chief Operating Officer for Planned Care (if not available the senior corporate operational lead for escalations) **must be informed**

Clinical cancellation to be reviewed by the POA Lead Quality nurse to determine if the cancellation was avoidable or unavoidable

If avoidable, are there any identifying themes or occurrences where additional learning is required

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Non-Clinical Cancellations (Hospital/Theatre Reasons) *Equipment issues, list overruns/lack of theatre time and theatre/anaesthetist staff unavailability.*

Theatre Team Leader Responsibilities

The following information must be gathered:
- Why is the patient cancellation request being made?
- Is there scope for the procedure to be carried out in another theatre by another Surgeon?
- Is there scope to move workforce to support any shortfall in staffing.
- Can equipment be located through an alternative source?
- If cancellation request is being made because of time constraints, are staff willing to stay over?
- What is the patients RTT time and has the patient been cancelled previously on the day?

Theatre Management Team

- Explore that all options have been examined.
- Provide confirm/challenges if required
- Reports to surgical speciality (CMG MOD, GM or SM) risk of cancellation and mitigations taken
- Escalation of the intent to cancel to the CMG and ITAPS Head or Deputy Head of operations with all mitigating factors in place and/or taken
- **The Deputy Chief Operating Officer for Planned Care** (*if not available the senior corporate operational lead for escalations*) **must be informed of all potential non-clinical cancellations at this point.**
- Escalate intended cancellation within the Tactical command Meetings

ITAPS Head of Operations or Deputy

- Provide challenge to confirm that all options have been explored.
- Escalate intended cancellations within the Tactical command Meetings
- Informs the Management team of decision to cancel once all options have been exhausted
- Monitoring of this escalation process will be done through the Theatre Productivity and Assurance Board as part of Theatre Utilisation performance.

Theatre Management Team

- The Management Team will need to delegate responsibility as per guidance below once the cancellation has been confirmed:

  - To ensure that the patient is cancelled on ORMIS with the appropriate reason on that day.
  - To inform the surgical CMG to ensure the patient is informed in a timely manner and the CMG will explore a date for surgery within the next 28 days.

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Non-Clinical Cancellations (Specialty/Bed flow Reasons) *Booking errors, Lack of inpatient bed capacity, lack of medical notes, surgeon unavailability...*

Bed Coordinator/Matron/NIC Responsibilities

The following information must be gathered:
- Why is the patient cancellation request being made?
- Is there scope to create additional capacity, can any patients awaiting discharge be moved to a discharge lounge or sit within the waiting areas
- Can the patient be cared within a different ward/area or department than originally planned?
- Is there scope to move workforce to support any shortfall in staffing to reduce the risk of cancellation.
- If cancellation request is been made because of lack of medical notes, have all options been explored to locate the notes and retrieve them in a timely manner.

CMG Management Team

- Explore that all options have been examined.
- Provide confirm/challenges if required
- Reports to Theatres (Management team, Surgeon and Anaesthetist) the risk of cancellation and mitigations taken
- Escalation of the intent to cancel to the CMG and ITAPS Head or Deputy Head of operations with all mitigating factors taken place
- **The Deputy Chief Operating Officer for Planned Care** (*if not available the senior corporate operational lead for escalations*) **must be informed of all potential non-clinical cancellations at this point.**

CMG Head of Operations or Deputy

- Provide challenge to confirm that all options have been explored.
- Escalate intended cancellations within the Tactical command Meetings
- Informs the CMG Management team of decision to cancel once all options have been exhausted
- Monitoring of this escalation process will be done through the Theatre Productivity and Assurance Board as part of Theatre Utilisation performance.

CMG Management Team

- The CMG Management Team will need to delegate responsibility as per guidance below once the cancellation has been confirmed:
  - To ensure that the patient is informed in a timely manner and notified that they will receive a new date for their surgery within the next 28 days.
  - To ensure Theatres are informed that the patient is cancelled and to record cancellation on ORMIS with the appropriate reason on that day.

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Patient Cancellations

DNAs and patients cancellation on the day are a very costly waste of resource within the NHS and so it is important for services to have mitigated the risk of patients failing to attend for their appointment and to have a focused plan of action to proactively manage them.

Ward Staff

Fails to attend – Contact must be attempted on the day of cancellation to source the reason for failing to attend

Attempts to contact the patients must be clearly documented in the medical notes and relevant forms. Information to include:
- Date and Time
- Contact number
- Reason for cancellation if successful in reaching the patient.

To contact the Theatre Department directly to inform of non-attendance and reasons why (if known).

Theatre Staff

The theatre Team to input cancellation reason onto ORMIS under the code deemed fit for the reason provided.

Escalation of patient cancellation to the theatre Management Team

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Theatre Management Team

Report all patient cancellations to the relevant Surgical Speciality GM or SM

Surgical Speciality GM/SM or booking staff

If ward staff were unsuccessful in making contact with the patient on the day to determine the reason for non-attendance, contact with the patent should be attempted on the next working day

There could be occasions where a person's non-attendance could indicate that they could be at risk to themselves or others through deterioration in their mental health or other issues preventing them from attending

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Stand-by patients

Backfill Patients

NHS England

In answer to the question posed around backfilling of operating lists due to cancellations on the day, the National Theatre Board have agreed that suggested process:

1) *'Are the patients offered a reserve opportunity fully briefed and understand that this is not a definitive offer of admission?*
2) *Are the patients only asked to come in when there is a short notice cancellation?*
3) *Is there clear documentation that clarifies what is being offered and that there is no definitive TCI sent to the patients who are offered the opportunity to go on the short notice list?*
4) *Is the above documented in the patients record?*

If the answer to all 4 is yes then I would consider that these patients would not need to be reported as cancelled on the day of admission.'

Patients should be scheduled as backfill patients on the system so they can be clearly identified.