

OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD
DATE: 28 FEBRUARY 2013
REPORT BY: NIGEL KEE, DIVISIONAL MANAGER PLANNED CARE
DIVISIONAL DIRECTOR: ANDREW FURLONG
SUBJECT: CANCELLED OPERATIONS

1.0 Present state

The Trust is required to ensure that the percentage of operations cancelled on/after the day of admission of all elective activity for non-clinical reasons is no more than 0.8%.

January performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non-clinical reasons was 1.5% (135 patients) against a target of 0.8%. The main reason for the increase in short notice cancellations during the month was due to an increase in emergency demand creating pressure on the bed capacity and elective bed capacity not being 'protected'.

Total 'On the Day' Hospital Cancellations for Non Clinical Reason								
Cancellation Reason	Oct-12	Nov-12	Dec-12	Jan-13	Month	Cancs	Short notice cancans a % of Elective FFCes	
Capacity Pressures	HOSPITAL CANCEL - HDU BED UNAVAILABLE	10	11	5	9	Apr-12	90	1.1%
	HOSPITAL CANCEL - ITU BED UNAVAILABLE	2	2	2	7	May-12	114	1.2%
	HOSPITAL CANCEL -PT DELAYED TO ADM HIGH PRIORITY PATIENT	21	12	19	16	Jun-12	97	1.2%
	HOSPITAL CANCEL - WARD BED UNAVAILABLE	20	68	37	65	Jul-12	84	0.9%
Capacity Pressures	Sub Total	53	93	63	97	Aug-12	44	0.5%
Other	HOSPITAL CANCEL - CASENOTES MISSING	3		2	1	Sep-12	74	0.9%
	HOSPITAL CANCEL - LACK ANAESTHETIC STAFF	2	2	4	9	Oct-12	100	1.1%
	HOSPITAL CANCEL - LACK SURGEON	7	10	1	9	Nov-12	149	1.6%
	HOSPITAL CANCEL - LACK THEATRE EQUIPMENT	4		2	2	Dec-12	91	1.2%
	HOSPITAL CANCEL - LACK THEATRE STAFF	1	6	2	1	Jan-13	135	1.5%
	HOSPITAL CANCEL - LACK THEATRE TIME / LIST OVERRUN	30	37	17	16	YTD	978	1.1%
	HOSPITAL CANCEL - MRSA TEST RESULTS		1					
Other	Sub Total	47	56	28	38			
	TOTAL	100	149	91	135			

The percentage offered a date within 28 days of the cancellation was 92.7% year to date against a threshold of 95%, with performance in January 2013 being 97%.

2.0 Action plan

- To ensure that patients have been offered another date for surgery within 28 days (target of 95%), every cancellation will continue to be reviewed at the weekly access meeting to confirm that patients have already been re-dated or a clear plan is available to ensure patients are re-dated within 28 days. This is clearly beginning to show improvement as the

target was delivered in January (97%).

- Further work has been undertaken at the Glenfield on the scheduling of patients to minimise risk of day case cancellations
- Some elective urology activity has been transferred to the Independent Sector
- As part of the Trust's theatre project all aspects of scheduling will be considered with a particular focus on reducing list overruns and improving pre operative assessment
- An electronic rota system has been introduced into Anaesthetics to maximise availability of anaesthetic resource
- Theatre transfer team now in place (on a pilot basis) to improve timeliness to theatres / wards to minimise delays
- Further action in progress to plan a medium term solution to increase current LRI daycase capacity
- Further action in progress to review the clinical protocol for recovery and discharge of daycase procedures to avoid overnight stays.
- Work continues to identify EDD of all patients and promote discharges before 11 am

Risks:

The main risk is that Divisions do not keep within their agreed bed base and that elective capacity is not protected.

3.0 Date when recovery of target or standard is expected

The re-dating of cancellations within 28 days (95%) will be delivered from 1st April onwards.

The maximum 0.8% cancellation standard will not be delivered consistently until later in the 2013/2014 year. The achievement of this target will be a key deliverable in the Theatres Transformation Project, and the work being undertaken to clarify the correct bed base across the Trust.

4.0 Details of senior responsible officer

Divisional SRO: Nigel Kee, Divisional Manager, Planned Care

Corporate SRO: Charlie Carr , Head of Performance Improvement

Divisional Director: Andrew Furlong