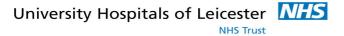
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OPERATIONAL PERFORMANCE EXCEPTION REPORT

REPORT TO: TRUST BOARD

DATE: 31 JANUARY 2013

REPORT BY: JEZ TOZER, INTERIM DIRECTOR OF OPERATIONS

AUTHOR: NIGEL KEE, DIVISIONAL MANAGER, PLANNED CARE

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%.

December performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 1.1% (91 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'.

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD
Operations cancelled for non-clinical reasons on or after the day of admission	1.1%	1.2%	1.2%	0.9%	0.5%	0.9%	1.1%	1.6%	1.1%	1.1%

Operations Cancelled by Hospital at 'Last Minute' for Non Clinical Reason - December 2012

Capacity		
Pressures	HOSPITAL CANCEL - HDU BED UNAVAILABLE	5
	HOSPITAL CANCEL - ITU BED UNAVAILABLE	2
	HOSPITAL CANCEL -PT DELAYED TO ADMISSION OF HIGH PRIORITY	
	PATIENTS	19
	HOSPITAL CANCEL - WARD BED UNAVAILABLE	37
Capacity		
Pressures	Sum:	63
Other	HOSPITAL CANCEL - CASENOTES MISSING	2
	HOSPITAL CANCEL - LACK ANAESTHETIC STAFF	4
	HOSPITAL CANCEL - LACK SURGEON	1
	HOSPITAL CANCEL - LACK THEATRE EQUIPMENT	2
	HOSPITAL CANCEL - LACK THEATRE STAFF	2
	HOSPITAL CANCEL - LACK THEATRE TIME / LIST OVERRUN	17
Other	Sum:	28
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	TOTAL	91
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The percentage offered a date within 28 days of the cancellation was 88.2% against a threshold of 95%.

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2.0 Action plan

- To ensure that patients have been offered another date for surgery within 28 days (target of 95%), every cancellation will 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.
- Additional capacity / space is being created at the Glenfield site to minimise risk of day case surgery being cancelled. Exact 'go live' date for this space will be confirmed next week
- Some elective urology activity is being 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 overuns.

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.

4.0 Details of senior responsible officer

Divisional SRO: Nigel Kee, Divisional Manager, Planned Care

Corporate SRO: Charlie Carr, Head of Performance Improvement