## Patient Story - Same Day Cancellation

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Trust Board paper E

# **Executive Summary**

#### Context

To describe the experience of a patient and their spouse when attending for planned surgery. The planned surgery was cancelled at Leicester Royal Infirmary in 2014 December. This paper describes how services have been changed in response to this experience.

Across Leicester's Hospitals, a large number of planned and unplanned operations occur each week. For a very small number of patients surgery is cancelled on the day of their planned surgery.

In the last nine months progress has been made to reduce on the day (OTD) cancellations based on a number of service improvement initiatives and operational changes. In 2014-15, UHL made significant improvements in reducing OTD cancellations. In the fourth quarter of 2013-14 there were 621 operations cancelled. In the fourth quarter of 2014-15 there were 345 operations cancelled, which is a reduction of 276 cancelled operations.

### **Experience of Care**

A patient's experience has been captured on DVD and will be shared with the Trust Board to highlight the impact of an operation being cancelled on the day of surgery. The impact is heightened since; in this case, surgery was needed prior to receiving treatment for cancer. This patient had their operation cancelled on the first occasion partially due to them being clinically not well. On the second occasion, the planned operation was cancelled due to lack of a critical care bed. The lack of a critical care bed was due to an emergency patient requiring this bed.

## Response to Feedback

It is very rare to have a patient cancelled a second time. In this instance the clinical need of the emergency patient took the priority over the elective case. The ITAPS Clinical Management Group management team reduce the number of cancelled operations by:

- Escalating all risks of cancellations in accordance to the escalation policy
- Improving the use of Critical Care facilities
- This year expanded the ITU capacity by four beds in all three sites
- Using Intensive Care Unit (ICU) staff flexibly across all three sites
- Working with surgical specialities to try to manage demand.

#### Conclusion

Due to the unpredictable nature of emergency ICU demand, there will always be a risk to elective operation cancellations; priority has to be given for the patient who has the highest clinical need. Significant improvements have been made in reducing on the day cancellations. Extensive discussions take place prior to any surgery being cancelled ensuring all viable options have been explored.

### Input Sought

The Trust Board is asked to:

- Receive and listen to the patient's story
- Support the improvements instigated in response to this feedback.

## For Reference

#### Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	Yes
Effective, integrated emergency care	Yes
Consistently meeting national access standards	Yes
Integrated care in partnership with others	Yes

Enhanced delivery in research, innovation & ed' Not applicable

A caring, professional, engaged workforce Yes
Clinically sustainable services with excellent facilities
Financially sustainable NHS organisation
Yes

Enabled by excellent IM&T Not applicable

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register No Board Assurance Framework Yes

3. Related **Patient and Public Involvement** actions taken, or to be taken:

Patients are encouraged to share their stories of care within the Trust. This story was actively encourages to illustrate to staff the impact of cancelling operations

- 4. Results of any Equality Impact Assessment, relating to this matter: N/A
- 5. Scheduled date for the **next paper** on this topic: No further paper required
- 6. Executive Summaries should not exceed **1 page.** Paper complies
- 7. Papers should not exceed **7 pages.** Paper does not exceed 7 sides