

## Escalation for Potential Elective Operation Cancellations UHL Policy (due to Hospital Reasons)

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## REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

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Version 1:	New policy
Version 2:	Review and v2.0 published, changes detailed below:
30/09/2016	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:	P1: revised author and responsible individual names, and review date
07/08/2020	changed P4: Policy Aim, Objectives and Scope sections merged into one section 2. P5: Service Managers, General Managers and all staff added to section 5. 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 (V2): Section on legal liability removed. P9: Appendix 1 label replaces figure 1.

## KEY WORDS

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Cancelled Operations, Elective Operations, Escalation, Cancellations On The Day.

## 1 INTRODUCTION

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- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust's Policy and Procedures for escalation of the operations that have high risks of being cancelled due to hospital reasons. When, as a NHS provider, we commit to plan a patient's operation, we need to take all necessary steps to avoid the operation being cancelled due to resource capacity or other Organisational constraints.
- 1.2 Avoiding cancellation of a patient's operation before, on or after the day of admission is a high priority for the Trust. Analysis suggests that with efficient capacity planning of elective operations combined with appropriate intervention early enough on the day of the patient's admission it is possible that some of these cancellations could be avoided.

## 2 POLICY AIM, OBJECTIVES AND SCOPE

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### 2.1 The aim of the Policy

To reduce cancellations due to hospital reasons by having a clear escalation route.

### 2.2 The main Objectives of this policy are:

- 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 cancelled due to hospital reasons – e.g. due to bed availability or a lack of theatre time and many others (see figure 1).

2.4 This policy applies to all elective patient operations.

2.5 This policy covers all three sites including the cath labs.

2.6 The policy does **not** cover decisions to cancel patients for clinical reasons; this remains the decision of the clinical team responsible for the patient.

2.7 The policy does **not** cover emergency and trauma operations.

## 3 DEFINITIONS

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### 3.1 Cancellations for Hospital reasons

These are cancellations due to resource capacity or other organisational constraints. This excludes cancellations due to clinical need or at the request of the patients. hospital cancellation reasons include, but are not limited to:

- unavailability of Adult and Paediatric intensive care or high dependency (ITU/HDU)

- beds,
- lack of equipment,
- lack of medical records,
- shortage of staff
- lack of theatre time.

## **4 ROLES AND RESPONSIBILITIES**

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### **4.1 Chief Operating Officer (COO)**

Executive responsibility for application of this policy.

### **4.2 Head of Operations (HoO) for ITAPS**

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

The HoO for ITAPS is responsible for escalating to the COO 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 and Heads of Operations**

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 STATEMENTS, STANDARDS, PROCEDURES AND PROCESSES**

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### **5.1 Cancellation of Elective Operations before the day of Operation**

The Trust has three daily command meetings in order to manage emergency flow, elective surgical flow and any other operational issues within the Trust. A forward look discussion takes place during the 13:00hrs and 16:30hrs tactical command meetings to establish the number of elective operations for the following day and whether any known constraints would likely lead to elective surgeries being cancelled. Reasons for cancellations prior to the day include but are not limited to:

- No ward beds
- No ITU/HDU beds

- Theatre / Ward staff sickness
- Surgical / Anaesthetic Staff sickness
- Pandemic
- Doctor Strike
- Operational issues e.g. theatre / ward estate damage

All options to remove constraints are escalated within the tactical command meeting and are discussed until all options are exhausted. A decision is then made about the necessity to cancel patients. 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 2) previous cancellations, and 3) Referral to Treatment waiting time status. Clinically urgent patients are selected last for cancellation and are often cancer patients, or those that that are at risk of becoming an emergency.

It is the responsibility of Service and General Managers in the affected speciality to ensure that the affected patients are contacted immediately the cancellation decision has been made and to advise them of the next steps for re arranging an admission date. The dates requiring cancellation are then cancelled on HISS (the hospital patient administration system) and ORMIS (the theatre scheduling system) and patients contacted at the earliest point and offered a new admission date if a slot is available and rebooked. The specialties contact theatres to advise an updated theatre list for the next day.

## 5.2 Cancellation of Elective Operations On the Day

*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 need to be escalated to the relevant managers at the first opportunity as highlighted in the flow diagram (see figure 1). They can be contacted via switch board or sent a text message to their mobile.

*Out of Hours*

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

*Escalation Process*

Based on the reasons of cancellation relevant staff are expected to follow the escalation process in the flow diagram illustrated in appendix 1.

All the clinicians and nursing staff must apply the policy and make sure if patients are at risk of being cancelled due to hospital reasons this is escalated prior to cancellation of the patient and permission need to be taken from ITAPS Head of Operations before cancelling the patient.

## 6 EDUCATION AND TRAINING REQUIREMENTS

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- 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 OF THIS POLICY

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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 the policy	HoO in ITAPS	Daily data collection from HISS and ORMIS	Quarterly	Report to COO
Review of on the day cancellations numbers and reasons to drive improvement	HoO in ITAPS	Daily data collection from HISS and ORMIS	Monthly	Report to COO
Review of cancellations due to hospital reasons before the day of admission	HoO in ITAPS	Daily data collection from HISS and ORMIS	Quarterly	Report to COO

## 8 EQUALITY IMPACT ASSESSMENT

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- 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

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- 9.1 Access policy for elective care. UHL policy B3/2004
- 9.2 National guidance on Cancelled Operation Guidance ([www.england.nhs.uk](http://www.england.nhs.uk))

## 10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

Escalation Policy for Potential Elective Operation Cancellations (due to Hospital Reasons)  
V3 approved by Policy and Guideline Committee on 17 July 2020 Trust Ref: B11/2015

Next Review: November 2023

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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.

10.2 As a new policy this document will be reviewed in response to reported risks or incidences.



## Appendix 1: Escalation Process for On the Day (OTD) Cancellations Due to Hospital Reasons

