

# **The Pennine Acute Hospitals NHS Trust**

## **Cancelled Operations: Delayed Discharges Report**

## Report on Cancelled Operations Due to Delayed Discharges

### 1. Introduction

1.1 This paper has been produced at the request of the Joint Health Overview & Scrutiny Committee and outlines information relating to a query raised at the June Committee meeting. The request specifically requested information on the number of cancelled operations due to delayed discharges.

### 2. Cancelled Operation Data

2.1 The Pennine Acute Hospitals NHS Trust hold a 'Cancelled Operations Group' which meet on a regular basis and include representatives from all directorates and support services particularly involved in 'cancelled operations'. The group discuss both reportable and non-reportable cancelled operations and have devolved individual service 'actions plans' to address areas of concern to ensure continuous improvements are made.

2.2 Reportable cancelled operations are defined as patients who are cancelled at short notice for non-clinical reasons. These would include cancellations due: to admin processes; clinical staff not being available; lists overrunning; bed availability; and equipment not being available. However for this report we are concentrating on cancellations due to delayed discharges, in particular around a suitable bed not being available for the particular patient. This information is collated and monitored within the trust.

2.3 It should be noted that the specific category of 'cancellations due to delayed discharges' is not a category used for reporting purposes. Cancellations may be attributed to a suitable bed being unavailable for example elective beds or critical care beds (High Dependency Unit (HDU) or Intensive Care Unit (ICU)) are unavailable. **The reason for a bed being unavailable could be for a range of reasons, which may include delayed discharges but this is not the sole reason for bed unavailability. As such 'beds not available' is only a proxy for delayed discharges leading to cancelled operations, and shows over reporting.**

2.4 Tables 1 and 2 outline cancelled operation information during a 6 month period from 1<sup>st</sup> February to 31<sup>st</sup> July 2015. Table 1 illustrates cancellations by hospital site and Table 2 shows cancellations by Clinical Commissioning Group.

**Table 1 Cancelled Operations by Site by Month due to Bed Availability**

Site	Reason	Month						Total
		Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	
Bury	Beds not Available – elective	13	15	11	1	0	2	42
	Beds not Available – HDU/ICU	0	0	0	0	3	0	3
North Manchester	Beds not Available – elective	3	3	3	6	6	2	23
	Beds not Available – HDU/ICU	3	2	3	1			9
Oldham	Beds not Available – elective	0	0	0	1	12	3	16
	Beds not Available – HDU/ICU	1	0	0	0	5	1	7
Total	Beds no Available - total	20	20	17	9	26	8	100

2.5 The total of cancelled operations due to 'beds not available' represented 21% of the overall reportable cancelled operations during this 6 month time period.

**Table 2 Cancelled Operations by Clinical Commissioning Group by Month due to Bed Availability**

Site	Reason	Month						Total
		Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	
Bury CCG	Beds not Available – elective	3	5	4	1	1	1	15
	Beds not Available – HDU/ICU	0	0	1	1	1	1	4
North Manchester CCG	Beds not Available – elective	3	1	2	2	6	0	14
	Beds not Available – HDU/ICU	0	0	0	0	1	0	1
Oldham CCG	Beds not Available – elective	3	2	1	4	3	4	17
	Beds not Available – HDU/ICU	2	1	1	0	4	0	8
Heywood, Middleton & Rochdale CCG	Beds not Available – elective	7	9	6	0	7	2	31
	Beds not Available – HDU/ICU	1	1	1	0	2	0	5
Other CCGs	Beds not Available – elective	0	1	1	1	0	0	3
	Beds not Available – HDU/ICU	1	0	0	0	1	0	2
<b>Total</b>	<b>Beds no Available - total</b>	<b>20</b>	<b>20</b>	<b>17</b>	<b>9</b>	<b>26</b>	<b>8</b>	<b>100</b>

2.6 To illustrate the potential for over reporting 19 of the 100 cancellations shown in table 1 were due to critical care bed availability. It is highly unlikely that there were delayed discharges within the critical care units and it is more likely that patients were unwell and not ready for step down from the critical care unit.

2.7 To provide some context the total number of elective operations undertaken at the Trust from July 2014 to July 2015 was over 89,000. The percentage of reportable cancellations was 1.01% for this period, and a proportion of these were due to bed unavailability.

### 3. Recommendations

The Health Scrutiny committee is asked to note this report.

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