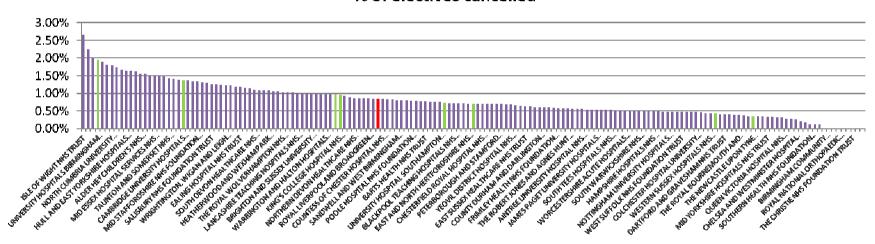


- On-Day cancellation of operations for clinical and non-clinical reasons stands at 6.8% (February 2015).
- Approximately 1/3 are for clinical reasons and 2/3 non-clinical.
- This is the equivalent of 2,500 operations per annum out of a total target of 35,000.
- The Trust target is 4%, 1,075 fewer cancellations across the surgical specialties and Operating Services, Critical Care and Anaesthetics (OSCCA)
- In the context of an expected 10% increase in operative demand (~3,300 operations) for 2015/16.



National comparisons – operations cancelled on the day for non-clinical reasons Quarter 2 14/15 (STH in red and Shelford Trusts in green):

### % of electives cancelled

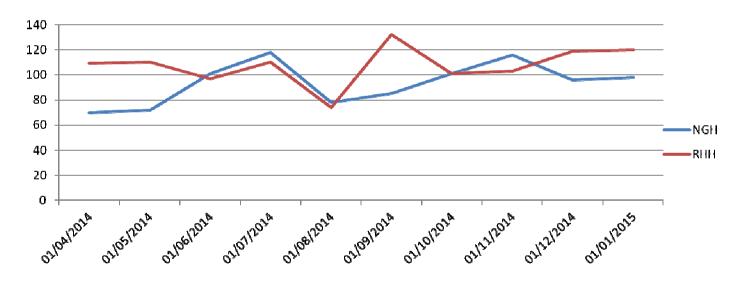


(excludes UCL at 0%)



### Progress in 2014/15:

•Some initial success prior to Quarter 3:



### •Some winter deterioration but minimised via:

- Bolder approach to managing winter pressures
- The opening of four 'Extended Recovery' (Critical Care 'lite') beds to reduce pressure on general critical care beds
- Additional general critical care capacity
- Substantive increase in Anaesthetic input to cross-city pre-operative assessment services to tackle 'unfit on the day'



2015/16 Plan – an incrementally reducing target during the financial year to achieve the 4% objective by Quarter 4:

### Phased Approach by Quarter 2015/16

Specialty	Potential Q1 gain (patients)	Potential Q2 gain (patients)	Potential Q3 gain (patients)	Potential Q4 gain (patients)	Total Gain (patients) 2015/16	Total Gain 16/17
ENT	0	0	0	0	1	1
<b>General Surgery</b>	10	21	31	41	103	164
Gynaecology	0	0	0	0	0	0
Nephrology	2	4	6	8	20	33
Neurosurgery	7	14	20	27	68	109
Ophthalmology	11	21	32	42	105	168
Oral Surgery	2	3	5	6	16	26
Orthopaedics	11	23	34	45	113	181
<b>Plastic Surgery</b>	17	35	52	70	175	279
Urology	4	9	13	17	43	69
Vascular Surgery	3	6	8	11	28	45
Total	67	134	202	269	672	1075



### Delivery Plan:

•The focus upon cancellations is part of the Trust's recently approved 7-step approach to improving surgical flow and productivity within Theatres:

ø,	1. Reduce defects in the		
<u>&gt;</u>	existing system		
Reactive	2. Display real time		
S. S	performance to engage all		
	staff		
	3. Standardise theatre		
e e	planning and utilisation		
Proactive	4. Improve and redesign		
o o o o o o o o o o o o o o o o o o o	surgical processes		
7	5. Redesign to reduce artificial		
	variation		
<b>e</b>	6. Change the Operating		
<del>#</del>	Theatre culture		
reventati	7. Use production control		
<u>&gt;</u>	principles to manage capacity,		
<u> </u>	demand and flow		

•And links with OSCCA's Operational Grip and surgical pathway workstreams focusing upon preoperative assessment, the NGH Theatre Assessment Unit, theatre staffing, and scheduling.

### Creating the Impetus for Change



NHS - Surgical Cancellations-SD.mp4