



Oxford University Hospitals
NHS Foundation Trust

Learning from Complaints:

Cancelled Procedures

Trust Board: Wednesday 11th September 2019

TB2019.88

Sam Foster: Chief Nursing Officer



Chief Nursing Officer's Report – September 2019

Executive Summary:

Cancelled procedures and admissions is one of the 10 focus areas of the Chief Nursing Officer's Patient Experience Delivery Plan 2019-2021. The aim is to improve patient experience.

Delays in admission and procedures can have a negative impact on patients' experiences of care, by causing increased levels of anxiety, stress and personal inconvenience for patients and their families. Some patients experience a deterioration in their health while waiting for operations and procedures.

Two example patient stories are featured in this report, which originated from upheld complaints regarding cancelled procedures. The individual anonymised complaints and investigation responses are shown in Appendices 1 and 2.

The stories describe cancellations and delays, or cancellations on the day of planned surgery; often as a result of emergency procedures needing to take priority.

The complainants all understood the complexities of managing emergency and planned procedures, but also described the physical, emotional and financial impact of these delays on the patient and their family.

This project is in the early stages, with the plan during September and October to:

1. Understand the complexities and problems from the perspective of Operational Service Managers responsible for scheduling procedures
2. Plan and undertake telephone interviews with patients who have experienced cancellations.

Board lead: **Sam Foster, Chief Nursing Officer**

Key purpose: Strategy **Assurance** Policy Performance

Chief Nursing Officer's Report – September 2019

Purpose:

The purpose of this paper is to explore the lessons learnt from the experiences of patients whose procedures or admissions have been cancelled and rescheduled.

Recommendation:

The Trust Board is asked to reflect on the lessons learnt and assurance gained from listening to patients' complaints, by using them to inform the ongoing improvements relating to cancelled procedures and admissions.

Patient Experience Delivery Plan

Stakeholder engagement meetings are taking place to discuss the 10 focus areas of the Patient Experience Delivery Plan:

- Patient waiting times in ED
- Car parking on hospital sites
- Delivering same sex accommodation
- **Cancelled procedures and admissions**
- Patient-centered care plans for patients with Cancer
- Home First
- Reduction of noise at night
- Bridging the gap in the discharge process
- End of life care
- PLACE (patient led assessment of the care environment)

The Trust will carry out surveys about the 10 priorities and analyse existing data (PALS feedback, complaints, FFT comments, department surveys).



- Meet with Divisional leads to discuss focus areas. Engagement of staff and patients to improve experience



- Gather available information
- Design questions, including embedding of equality and diversity in the engagement process



- Fieldwork: Engagement of staff and patients to obtain their views and experience
- Triangulate with available information (FFT, other surveys, Datix) and learning from other feedback
- Analyse survey results



- Work with Divisions to develop implementation plans for service improvements, in response to the surveys
- Evaluation of the process to inform Stage 2 of the cycle

Story one (complaint letter and response in Appendix 1)

The first story involved problems following a patient's outpatient appointment. After the patient's pre-operative assessment, they were told to visit the hospital first thing in the morning for surgery.

As the patient and their family lived a long way from the hospital, they decided to leave home early, hoping this would mean they would be seen sooner.

On arrival at the hospital, they were welcomed by a member of the hospital team, who checked the patient in and asked them to wait.

A consultant explained the operation, assessed the patient, checked the patient could stay overnight, and verified their place on the day's running schedule.

The consultant explained that prioritisation was based on the severity of the patient's condition, which the patient fully understood.

The patient described waiting for a long time, during which they were given updated timescales for the procedure, but which eventually could not take place as the surgeon had run out of time. The patient had waited for 8 hours in total that day.

The patient described their frustration, especially as they had not eaten or drunk anything for hours. They explained the problems they had experienced, including taking time off work and travel costs.

Complaint investigation:

The preceding patients' procedures were more complex than had originally been anticipated. This caused delays and meant the patient's procedure unfortunately had to be cancelled and rescheduled.

Story two (Complaint letter and response in Appendix 2)

The second story involves a patient who experienced two last-minute cancellations of a planned surgical procedure within five weeks.

The patient's family complained on the patient's behalf.

The night before the planned surgery there had been several emergency admissions. They were told that the operation was cancelled because there were emergency cases, which had to take priority. They completely understood emergency patients must come first, but asked why the Trust doesn't have a process for dealing with emergencies of this nature, as it must be a regular occurrence.

The family described the physical, emotional and financial impact for the patient. The cancellations meant the patient had booked weeks off work unnecessarily. The patient was worried about preparing herself emotionally and physically for a further operation.

At the time of the complaint, a new date for the operation had been booked. The patient's family explained their worry of the potential of a further cancellation. They were keen to bring this to the Chief Executive's attention, to raise awareness of the experience of having an operation cancelled and to see whether a better system could prevent this from happening.

Complaint investigation:

Patients required emergency admissions the night before, which led to delays the following day. The clinical teams are trialling allocating a theatre for emergencies only, to enable planned procedures to proceed as arranged.

Trust wide picture: background and current practice

The key standards in the protocol to minimise the same day cancellation of planned surgery (November 2018) are:

- Patients should not have their elective procedure cancelled on the day of admission, or after admission, for non-clinical reasons.
- If a procedure is cancelled for non-clinical reasons, the patient must be given a firm date for re-admission that is within 28 days of the cancelled date. If this is not done, then the patient is entitled to have their operation performed by another provider, funded by the original provider.
- The Trust has agreed with NHS Improvement that it will meet a national expectation that, by 31 March 2019, none of its patients will be waiting on incomplete referral to treatment pathways for more than 52 weeks.
- The Trust's capacity to deliver planned surgery is tightly constrained by factors, such as funding and staffing.
- The NHS maximum waiting time for non-urgent consultant-led treatment to take place or begin is 18 weeks from receipt of referral (UBRN conversion date for electronic referral system (eRS) referrals, or when the hospital receives the referral letter from a non-eRS referral).
- In order to minimise adverse impact on patients, to treat its patients within 52 weeks, and to use its limited capacity to best effect, the Trust intends to avoid cancellations of admissions for non-clinical reasons.
- The Trust's protocol sets out who needs to be involved in decisions to cancel elective procedures for non-clinical reasons.

Reference:

<http://ouh.oxnet.nhs.uk/18Week/Pages/Cancellations.aspx>

<https://www.nhs.uk/using-the-nhs/nhs-services/hospitals/guide-to-nhs-waiting-times-in-england/>

Trust wide patient feedback – 1st April 2018 to 31st March 2019

There were 94 complaints in 2018/19 where a patient's operation was cancelled for non-clinical reasons, and four where the operation was cancelled due to patient factors, such as the procedure not being safe for the patient.

The spread of complaints throughout 2018/19 is shown in Chart 1 below. The number of cancelled operations is shown in Chart 2 below.

The number of complaints by month does not directly correlate to cancelled operations and procedures, possibly due to a delay between the patient's care and submitting a complaint. There is no trend over the year in the number of operations cancelled for non-clinical reasons. There was an increase in complaints about delayed operations and procedures towards the middle of the year, but they returned to the previous levels by the end of the year.

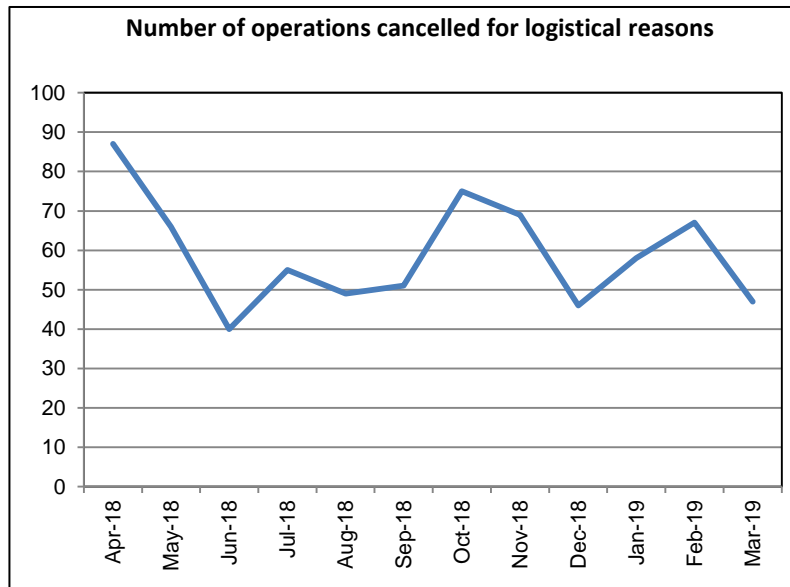


Chart 1

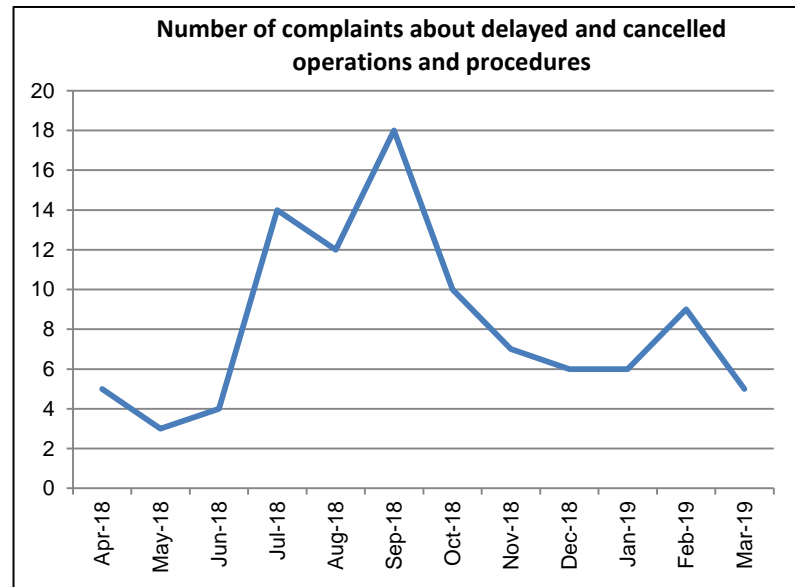


Chart 2

Trust wide patient feedback – 1st April 2018 to 31st March 2019

Trust patient feedback

There were 454 (22.5%) negative or very negative feedback comments taken from the Friends and Family Test (FFT), from an overall total of 2,011 comments relating to 'cancelled admissions and procedures' on the Trust Envoy system for the year financial year 2018/19.

In the National Survey 2017 and 2018 respondents were asked 'Was your admission date changed by the hospital?':

- the Trust scored 88.7 in 2017. This means 11.3% of respondents had a cancelled admission in 2017.
- the Trust scored 87.8 in 2018. This means 12.2% of respondents had a cancelled admission in 2018, putting the Trust in the bottom 20% of Trusts for this question.

In March 2019, there were 95 comments from the Friends and Family Test about operations and procedures.

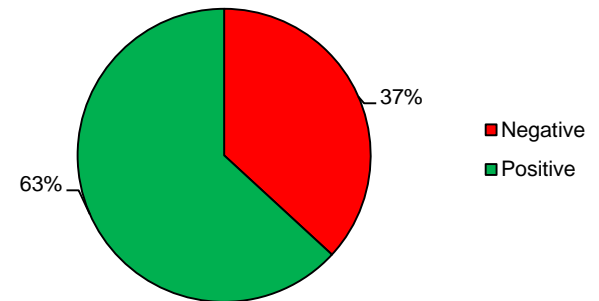
Of these, 60 patients (63%) said their operation/procedure was carried out efficiently and with little delay.

A further 35 patients (37%) said their operation was cancelled or there was a delay. The reasons for cancellations and delays included:

- other emergencies/clinical priorities
- correct equipment not available
- administrative errors
- lack of nursing staff
- lack of theatre space
- consultant not available
- lack of beds
- referral error

FFT Feedback about timely operations and procedures

Source: FFT March 2019



Trust patient feedback - themes

The main themes within the feedback were as follows:

- Patients would prefer to be given the maximum notice if their operation is to be cancelled. Many were upset that their operation was cancelled when they were already in a hospital gown and had been fasting for hours.
- If an operation is cancelled, patients would like an apology and explanation. One patient said they would not have minded if someone had told them there was an emergency that took priority, but they were not given an explanation.
- Some patients said that they did not mind the delay, because the staff handled it so well.

Patients explained that the effect of cancellations and delays was considerable and included:

- patient's condition worsening, which could lead to an emergency admission
- pain
- impact on finances
- deterioration of mental health
- no quality of life
- waiting years for operations (one patient waited 5 years).

Some patients experienced several cancellations in a short period of time.

Investigating the impact on patients and families, to inform service improvement plans

- The Patient Experience team (PET) will carry out further meetings with the Divisional Operational Service Managers in September and October 2019, to gain greater understanding and appreciation of current practices, particularly relating to communication.
- A telephone interview questionnaire will be developed in conjunction with PALS, Complaints, Operational Service Managers and the Interim Director for Clinical Services.
- The PET will undertake the questionnaire by telephone interviews with selected patients recommended by the PALS and Complaints teams, to gather information to understand the impact of cancelled admissions and procedures on patients and their families. This will provide valuable insight for recommendations to enhance patients' experiences. The telephone calls are scheduled to take place throughout October 2019.
- The analysis of the results of the questionnaire will be shared with Trust Board and Quality Committee in the monthly Patient Experience Delivery Plan report.
- The feedback will inform the service improvement plans.

Conclusion:

The Trust understands the difficulties related to cancelling admissions and procedures, and the impact on patients, their relatives and staff. It is hoped this project will enable clinical and operational teams to improve patients' experiences in difficult circumstances.

Recommendations:

The Trust Board is asked to reflect on the lessons learnt and the assurance gained through the investigation processes, as well as the ongoing work being carried out under the leadership of the Chief Nursing Officer with the Patient Experience Delivery Plan.

Sam Foster, Chief Nursing Officer, Executive Lead

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Appendix 1: Anonymised complaint letter

From: email
To: PALS (RTH) OUH
Subject: Official complaint

Dear Sir or Madam,

I am writing an official complaint. After my pre-operation appointment I was told to visit hospital very early the next day to have surgery.

As the hospital is far from where I live, my family and I decided to leave home by 5.00am, to be there early, hoping that we would be seen earlier.

When we arrived at the hospital we were greeted by an administrator, who checked me in and asked me to wait. I was then seen by the consultant, who explained the operation, examined me, checked I could stay overnight, and confirmed my place on the surgery list. I asked how the hospital ordered the surgery list for the day and the consultant told me it was based on the severity of the patient's condition. I understood this and he assured me I would be seen that day.

We waited for my surgery in the waiting room. After nearly 3 hours I asked how much longer the wait would be and they said 2 more hours. After 3 more hours, I asked again. I was then told I would definitely be seen within the hour. At that point, an administrator realised I had been waiting for 6 hours, and he checked on my behalf. He then told me it would be half an hour. After another hour, a different member of staff was concerned because I had been waiting 7 hours. She went to find out how much longer it would be, and told me the surgeon was on his way to collect me. Another half an hour later (8 hours in total), a doctor told me that unfortunately they had run out of time that day and they would not be able to operate on me.

I know that you will understand my exasperation. I had not eaten or drunk anything for a long time. I feel let down and worried because I was told I needed to see a surgeon that day. We have lost a lot of money, due travel costs and parking costs as well.

I would like an appointment with a time for surgery within the next 2 weeks, preferably first on the list .

Yours sincerely,

Appendix 1: Anonymised response letter

Oxford University Hospitals
NHS Foundation Trust
John Radcliffe Hospital
Headley Way
Headington
Oxford, OX3 9DU

Dear

Thank you for bringing your concerns regarding the cancellation of your operation to my attention in your email. I am very sorry that you have had cause to write to us; I appreciate that you will not have done so lightly. Your concerns have been investigated on my behalf by the Senior Manager responsible for the department.

The Senior Manager has confirmed that you were seen as an emergency in the clinic and were seen by the on-call consultant. You were subsequently listed for surgery on the emergency theatre list. Patients on this list are operated on in order of clinical priority (the severity of the patient's condition). Unfortunately, on this day, the theatre list overran, as the patients that were listed were more complex and time sensitive than the operating team had initially anticipated. This resulted in unforeseen delays, which could not have been anticipated before the surgery had started. Sadly, as a result of these delays, your operation had to be cancelled.

I understand that you were offered a further operation date but you telephoned a couple of days before to confirm that you were unwell and so could not attend. A further date was arranged and you underwent surgery on this day. I am very sorry that your initial surgery date was cancelled and for the inconvenience this will have caused for you, but I hope that the explanation above helps to offer some reassurance that this cancellation could not have been anticipated.

I would like to apologise for your experience and give you my assurance that we have taken your concerns seriously. I do hope that you are recovering well. If you have any further questions, please contact the Complaints Team on complaints@ouh.nhs.uk

Yours sincerely,

Sam Foster
Chief Nursing Officer

Appendix 2: Anonymised complaint letter

Dear Dr Holthof,

Last week my niece and I returned from the John Radcliffe Hospital, following the last-minute cancellation of a planned surgical procedure. This is the second time in 5 weeks that her surgery has been cancelled.

We were told that the operation was cancelled because there were emergency cases, which had to take priority. We completely understand emergency patients must come first, but why don't you have a process for dealing with this, as it must happen a lot?

The effect of both cancellations has been very upsetting for her. She has been very worried, and has also experienced financial loss, as she is self-employed.

My niece is very worried about her operation being cancelled again, as without any contingencies in place, the same thing may re-occur.

We wanted to bring this to your attention so you can understand what it is like to have your operation cancelled and to see whether a better system could prevent this from happening.

Yours sincerely,

Appendix 2: Anonymised response letter

Oxford University Hospitals
NHS Foundation Trust
John Radcliffe Hospital
Headley Way
Headington
Oxford, OX3 9DU

Dear

Thank you for bringing your concerns regarding the care of your niece and the cancellations of her operations to my attention in your email. I am very sorry that you have had reason to complain; I appreciate that you will not have done so lightly. Your concerns have been investigated on my behalf by the Senior Manager responsible for the department.

Your niece was listed for surgery by the consultant surgeon. I am very sorry that the two operation dates were cancelled at either short notice or on the day of the operation and for the added anxiety and inconvenience this caused.

Your niece's first operation was cancelled as the custom-made prostheses were not manufactured in time for the surgery; this meant the surgery could not go ahead.

The second operation date was cancelled on the day of the operation due to the need to prioritise emergency patients. I would like to assure you that the decision to cancel surgery on the day is not taken lightly and is the very last option. Currently, the surgical team do not have access to an emergency theatre space for clinically urgent patients. Therefore, the on-call consultant is responsible for making the clinical decision to cancel elective (planned) operations to accommodate clinically urgent patients. The team are currently trialing the allocation of a theatre space for emergencies only, which cannot be used for unforeseen reasons by other specialties within the Directorate. We hope this will help to relieve some of the pressure for theatre space and result in fewer elective operations being cancelled.

I understand your niece has a new surgery date and we will do our best to make sure this surgery goes ahead. I wish her all the best with this surgery. I apologise again for your niece's experience and give you my assurance that we have taken your concerns seriously. If you have any further questions, please contact the Complaints Team complaints@ouh.nhs.uk

Yours sincerely,

Sam Foster
Chief Nursing Officer