

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
11 SEPTEMBER 2012
NOTTINGHAM UNIVERSITY HOSPITALS TRUST – CANCELLATION OF NON-URGENT ELECTIVE OPERATIONS – PROGRESS REPORT
REPORT OF THE HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)

ITEM 5

1. Purpose

- 1.1 Representatives of the Nottingham University Hospitals Trust (NUH) have been invited to today's meeting to update the Committee on measures taken and resulting outcomes to date in respect addressing the unacceptable levels of cancellations of non-urgent elective operations at the Queen's Medical Centre (QMC) and City Hospital earlier in 2012.
- 1.2 This is the first of three quarterly progress reports requested by the Committee following its meeting in May 2012. The Committee will receive both a written report and a presentation at the meeting.

2. Action required

- 2.1 The Committee is asked to consider the information presented at the meeting and determine whether it is satisfied with progress to date.

3. Background information

- 3.1 At its May 2012 meeting, and as a matter of urgency, the Committee considered in detail the issue of the cancellation of non-urgent elective operations at the QMC and City Hospitals in January to April 2012.
- 3.2 The details of that discussion and resulting outcomes are captured in the minute extract, attached for information at Appendix 1 to this report. In brief, NUH representatives explained that nearly 600 operations had been cancelled in the period in question, that the Trust had experienced unprecedented pressures on both Emergency Department and on critical care capacity during this period, that these could not have been forecast, and that a raft of measures were being taken to minimise cancellations and to achieve the 'national standard' level of service for Nottingham patients.
- 3.3 In response, the Committee requested quarterly updates until March 2013 to ensure a quick resolution to the upsurge in cancellations, to make sure there was no repeat upsurge, and to monitor the Trust's progress against the National Standard, it having been an 'outlier' in performance terms for some time.

- 3.4 The Committee Chair and Vice-Chair met informally with the Trust Chief Executive in mid-August 2012 to discuss a range of issues, including that of cancelled operations. Assurances were given that the issue remained a key priority and that good progress had been made since May 2012. It was also explained that the outcomes of the external review commissioned by the Trust were expected to be published in late September 2012, and that these would be shared with the Joint Committee, once finalised.

4 List of attached information

None.

5. Background papers, other than published works or those disclosing exempt or confidential information

None.

6. Published documents referred to in compiling this report

Minutes from Joint Committee meeting held on 15 May 2012

7. Wards affected

All

8. Contact information

Contact Colleague

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17 August 2012

MINUTE EXTRACT FROM JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE MEETING – 15 MAY 2012
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 CANCELLATION OF NON-URGENT ELECTIVE OPERATIONS**

Consideration was given to a report of the Head of Democratic Services and a response from Mr Homa, Chief Executive Nottingham University Hospitals NHS Trust, copies of which had been circulated. The report and written response related to the recent media coverage and concerns raised about the number of non-urgent elective operations which had been cancelled by the Trust.

Ms Leggott made a presentation which summarised the remedial actions being taken and the multiple factors which had led to the cancellation to the election operations.

She confirmed that a new 20 bedded clinical observation unit would be opened by September 2012 as well as increasing the Level One critical care beds by eight as of May 2012 which was part of the Major Trauma Centre.

The response to the issues and questions raised by the Chair of the Joint Health Scrutiny Committee in a letter sent to Mr Homa were summarised as follows (the full response was attached as an appendix to the report):

- regrettably, there had been 555 operations cancelled between 1 January and 27 April 2012 but this was put in the context of over 33,600 operations and surgical procedures undertaken. Initial analysis had shown that there had been approximately a 5% increase in the number of older patients presenting as emergency with complex medical problems, with older patients staying in hospital 10.4% longer, compared to the same period in the previous year;
- a record number of 450 patients presented to the Emergency Department on 23 out of 31 days which was exceptional;
- these challenges were also compounded by a pressure on critical care capacity in late March/early April;
- the Trust had not met the National Standard benchmark for 'on the day' cancelled operations and was determined to improve with performance being discussed at monthly public Trust Board meetings. It was pointed out that the Trust could not have reasonably be expected to anticipate the trends which occurred in January and March 2012;
- detailed information was provided relating the actions undertaken by the Trust to manage the emergency pressures usually occurring in the winter months, as well as, accelerating longer term plans to further

- the annual elective surgery work programme would be reviewed and where appropriate, arranged around the emerging and distinctive emergency requirements for patients. This year's trend would be carefully incorporated into future plans and hopefully avoid significant emergency demands coinciding with substantial planned elective work;
- the proposals to reduce bed capacity by 96 had been made to this Committee in March 2011 and was based on careful modelling and delivered through the 'Better for You' internal change programme. This was based on reduced length of stays and carefully monitored to ensure no adverse impact on patients. With no adverse signals this was successful and delivered £5 million savings for the Trust;
- it was confirmed that the major trauma centre had not contributed to the cancellation of any operations and that only one patient had been admitted during this period. The Trust was receiving additional funding for this and the admittance of seriously ill patients from across the region would occur on a phased basis;
- in relation to the request for data the following statistics were presented:
 - 39,048 attended the QMC's Emergency Department (ED) between January and March 2011 compared to 39,997 this year. This was an increase of 1.3% for the same period;
 - the total number of Emergency Department attendances treated and discharged on the same day was 37,548 in 2011 and 38,567 in 2012 (an increase of 2.7%). Of these 9,932 (26.5%) were admitted in 2011 and 9,805 (25.4%) were admitted in 2012. However, this included a higher number of older patients with complex medical problems whose average stay was 7.7 days, an increase of 10.4% which inevitably affected capacity;
 - whilst there had been an initial increase in the number of patients presenting from Erewash when Derby's Emergency Department moved to the new Royal Derby Hospital, the cross boundary admissions have actually reduced by 1% this year when compared to 2011. Detailed postcode analysis also shows that other changes such as the closure of the Stapleford Walk-in Centre had a minimal impact on the bed pressures experienced. However, there had been a marked increase in ED admissions from Nottingham City residents, and in particular from NG3 and NG5 postcodes, as well as a 'spike' in post Bank Holiday emergency admissions;

- a comprehensive review was being undertaken and the full details of the Trust's recovery plan would be shared with the Committee once available.

During discussion the following additional information was provided in response to questions:

- it was confirmed that there was a number of reasons why operations were cancelled which included the patient being poorly, staff sickness, patients being given a priority due to becoming more urgent. The number of patients cancelling operations tended to be fairly static and was usually for a variety of different reasons such as illness or bereavement etc;
- decisions were always taken by clinicians to decide patient priority such as those with the most urgent need, as well as the outcome and impact that cancellation would have;
- the decision taken to reduce the number of beds by 96 in 2011 had been based on a programme of work which included reducing the length of stay and included full risk assessments. The Trust was running at 85% bed occupancy which was the same level of other Trusts;
- the Trust had planned for winter but there was no way to predict the number of patients and the level of complexity they presented with at the hospital in March. There had been an increase in admissions of elderly people with complex conditions but these had not appeared to be weather or season related. A review was taking place which would include the Trust's capacity for emergency and elective work, the results of which would be available by September;
- the private sector was used to support the delivery of patient care especially if patients had been on a waiting list for a long period of time. The Trust used local hospitals but still retained the more complex procedures;
- the Trust was an outlier in comparison to other similar organisations for cancelled operations and it was acknowledged that this had to improve;
- tracking data showed that there was no correlation between patients being discharged early and then being readmitted. Usually the re-admittance was for a different issue or change in the condition;
- the plan was to transfer elective operations to the City Hospital and for these to be effectively managed and scheduled. This would also free up bed space at the Queens Medical Centre;

- it was also important to work more closely with the GPs and NEMS at QMC to direct patients to the right services;
- nursing staff were increased by 33 full time equivalents in the Emergency Department and each ward had a set number of staff. The Trust had a low level of vacancies and covered any staff sickness with agency staff.

The Chair expressed concern that there were spikes in people attending the Emergency Department following Bank Holidays when GP practices were closed and that the issue of the increasing number of older patients with more complex needs would be an ongoing issue for the future.

RESOLVED that

- (1) the action plan drawn up by the Trust be noted;**
- (2) the Committee receive updates from the Trust for consideration at its meetings in September 2012, December 2012 and March 2013, the information provided to include:**
 - (a) levels of last-minute non-clinical cancelled operations;**
 - (b) levels of 'prior to' cancellations;**
 - (c) comparator information from similar major Trusts in the region (noting that comparator information was provided following the meeting);**
 - (d) benchmarking performance against the National Standard, where available, the Committee being conscious that the Trust has been an 'outlier' in this area for some time;**
 - (e) an assessment of the knock-on effect of the upsurge in cancellations on waiting times for non-urgent elective operations, the Committee being concerned that patients suffering cancellations could potentially face ever-longer waiting times for rescheduled operations;**
- (3) an update on the progress, and outcomes, when available, of the external review commissioned by the Trust into the upsurge in cancellations, be made available to the Committee;**
- (4) the Chief Operating Officer of NHS Nottingham City Clinical Commissioning Group be requested to investigate both recent significant increases in numbers of Emergency Department (ED) patients from Nottingham City, and particularly from NG3 and NG5 postcodes, and the possible reasons for a 'spike' in post Bank Holiday ED admissions, and report findings to a future meeting of the Committee.**