

**Trust Headquarters** 

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Please ask for: Chief Executive's Personal

Assistant

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Thursday 30 August 2012

Councillor G Klein Constitutional Services L H Box 28 Loxley House Station Street Nottingham NG2 3NG

Dear Councillor Klein,

Further to our meeting on Wednesday 15 August 2012 and your earlier correspondence dated 22 May 2012, I am pleased to provide our first quarterly update on cancelled operations.

I am pleased to confirm that we have sustained our improved performance, with significantly fewer cancellations since the end of April 2012.

I include in this update:

- Background information on our publication of total cancellations (further to our briefing note in July 2012)
- A full response to the questions from the Joint Health Scrutiny Committee (this is our first quarterly update to the Committee).

## **BACKGROUND**

Earlier this year we recognised that we were cancelling too many patients on the day of their planned surgery. Between January and June we made 743 such cancellations. Unfortunately, many patients were cancelled more than once. Our review of many thousands of records subsequently found that we cancelled a further 2,541 operations prior to the day of operation over the same period (3,284 cancellations in total for the period January to June). We have apologised at every opportunity to patients, their relatives and loved ones for the distress, worry and inconvenience caused.

We cancelled operations predominantly because we had to prioritise more urgent clinical cases and operations to our available beds and critical care. This winter we saw a modest increase in emergency admissions compared to the last. This was compounded by unprecedented surges in Emergency Department attendances and emergency admissions at different times of the day and night. Although these individual changes were relatively small, they had the cumulative effect of using significantly more of our beds and theatres for emergency cases. 43% of cancelled operations January-June were due to unavailability of beds and 20% were to make way for emergency or cancer surgery.

We responded to these pressures over the winter by:

- Opening a new emergency day unit (December 11) which avoids up to 15 admissions daily
- Opening 30 new beds in early 2012 (December 11)
- Recruiting more nursing and medical staff to our Emergency Department (December 11)
- Increasing the number of specialists in the treatment and care of older people on our admissions wards (December 11)
- Extending the use of our patients' Discharge Lounge at QMC (March 12)

Additional actions completed/underway to further reduce cancellations include:

- Moving elective orthopaedics from QMC to City Hospital to ensure this activity is not disrupted by emergencies (completed August 12)
- Opening 28 medical beds on Ward F18 at QMC (during September 12)
- Opening a new 20-bed short-stay treatment and observation unit at QMC (October 12)
- Opening a 12-bed respiratory short-stay treatment and observation unit at City Hospital (November 12)
- Opening a further 20 medical beds at QMC (for the period January-March 13)
- Recruiting 120 nurses to these new beds (by January 13)
- Improving the way we use our theatres, particularly during holiday periods (ongoing)
- Working closely with our health and social care partners across Nottinghamshire to ensure patients have ready access to a full range of care services prior to or after admission to hospital

## Our decision to publishing the total cancellation figure

NHS hospitals (and the Department of Health) routinely publish 'on the day' cancellations of planned operations. This winter we had more such cancellations than similar (our peer) hospitals. However, hospitals also cancel some operations earlier than 'on the day'. These numbers are not routinely collected or made available, but give a much fuller account of cancelled operations. Determined to learn from and share this information we looked at all of our cancelled operations since January 2012. Our

figures have been independently verified. We have reported total cancellations (and reasons for them) at our monthly public Board meetings since June. We believe we are the first NHS trust in the country to adopt this approach.

### **DEFINITIONS**

- 'On the day' (or 'last minute') means on or after the day the patient was due to be admitted for their operation (usually on the planned day of the surgery). For example: if a patient is admitted on a Monday for an operation on Tuesday and we cancel the operation on Monday or Tuesday, this would count as an 'on the day' cancellation.
- **'Prior to the day'** means before the day the patient was due to be admitted for their operation (this can range from one day before to several weeks before the scheduled surgery).

### **QUARTERLY UPDATE: 1**

Please find below our first quarterly update for the Joint Health Scrutiny Committee, covering each area in turn where information has been requested by the Committee.

# 1. Levels of last minute ('on the day') & prior to the day non-clinical cancelled operations

We can report a significantly improved position since the end of April 2012. January-July 2012 we cancelled 2,850 operations prior to the day and 712 operations 'on the day' (a total of 3,562 operations). In the same period, we performed 74,507 operations and procedures at our hospitals.

Please refer to Table 1 (below) for monthly reduction figures for NUH (for 'on the day' and 'total' cancellations) for all reasons January-July 2012 and Table 2 (also below) for the percentage of cancellations (vs total admissions) for the same period. The total cancellation rate January-March 2012 was 10%, compared to 4.1% for April-July 2012.

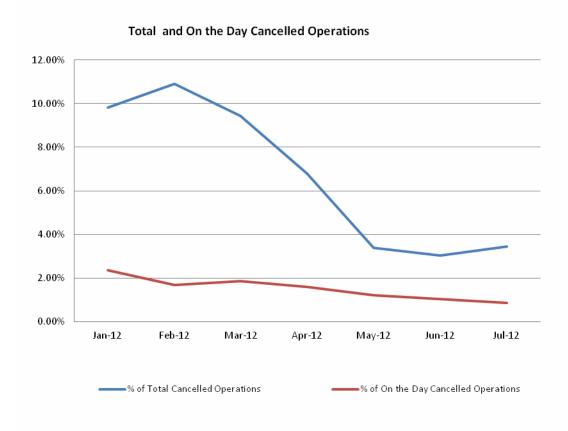
While the number of 'on the day' cancellations is reducing every month, in July we had a modest increase in total cancellations compared to the previous month (279, compared to 216 in June and 287 in May). This increase was largely attributable to equipment problems due to an international shortage of a chemotherapy treatment required for a specific cancer operation. Patients have been offered alternative treatments until the supply (to all NHS trusts) is resumed.

Table 1: Cancelled operations ('on the day' and 'total') and reason Jan-July 2012

Reason	Jan	Feb	March	April	May	June	July
Ward bed unavailable	417	463	348	156	20	13	21
ICU/HDU bed unavailable	21	17	41	42	31	9	13
Clinical priority*	110	105	152	117	89	89	86
Staffing	62	98	83	59	73	44	70
Theatre time	64	29	41	37	59	11	15
Administrative error	29	29	31	14	4	9	11
Equipment	10	9	11	12	11	40	57
Other reason	38	53	52	30	0	1	6
Total cancellations	751	803	759	467	287	217	279
% admissions	9.8%	10.9%	9.4%	6.8%	3.4%	3.1%	3.46%
On the day cancellations	181	124	149	109	103	74	70
% admissions	2.4%	1.7%	1.9%	1.6%	1.2%	1.0%	0.87%

<sup>\*</sup>urgent/emergency surgery prioritised

Table 2 – Cancellation rate (%) for total and 'on the day' cancelled operations



Our Trust Board will agree a reduction target for 2012/13 for all cancellations by October 2012. The Board will review performance monthly. While it will never be possible to eliminate cancellations for reasons out of our control (eg equipment breakdown or sickness of key specialist staff) we are determined to continue to reduce cancellations for all reasons so that we reach an irreducible minimum as soon as possible.

# 2. Comparator information from similar major trusts in the region

The Department of Health publishes comparative information for all NHS Trusts on a quarterly basis. This allows NUH to see how we compare with our peer organisations (and other Trusts around the region) for 'on the day' cancellations. The comparative data for Quarter 1 (April-June 2012) was published on 10 August 2012 (see Appendix 1). NUH had 286 'on the day' cancellations for Quarter 1. This compares to 456 'on the day' cancellations the previous quarter (December 2011-March 2012), as previously shared with the Committee.

The latest comparative data shows that despite a much-improved performance in Quarter 1 (compared to Quarter 4) of 11/12, we still did not perform as well as most of our similar-sized, peer organisations. We had the fourth highest number of 'on the day' cancellations, marking an improvement compared to the previous quarter (when NUH had more than any other trust), as below and in Appendix 1.

301: University Hospitals of Leicester

290: Barts & The London

290: South London Healthcare

286: NUH

272: Sheffield

248: Leeds

238: Cambridge

234: Bradford

230: North Staffs

225: Shrewsbury & Telford

207: Plymouth

We are confident that the Quarter 2 figures for 2012/13 will show a further improvement in our performance as a result of the exceptional actions we are taking to reduce cancellation (as described on page 2).

# 3. Benchmarking performance against the national standard, where available

See response to question 2. The Department of Health comparative data (which is published quarterly) is only available for 'on the day' cancellations. We believe we are first trust in the country to report 'total' cancellations. As these numbers are not routinely collected or made available, as such no comparative data is currently available.

4. 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

We continue to prioritise patients who have operations cancelled when booking operations, to ensure patients have their operations as soon as possible. Patients who had their routine elective operations cancelled both 'on the day' and prior to the day between January and June 2012 had their operation, on average, 31 days later than originally planned.

# 5. An update on the progress, and outcomes, of the external review commissioned by the Trust into the upsurge in cancellations

An external review of our emergency and elective pathways over the last 18 weeks (and cancelled operations) is nearing completion. This will further enhance our learning. We will publish the final report and the NUH action plan at our September Trust Board meeting. We will ensure the Joint Health Scrutiny Committee receives a full, detailed briefing in due course.

If there is any further information that I can provide in advance of the meeting on 11 September please do not hesitate to contact me. I look forward to joining you at the forthcoming Committee meeting.

Yours sincerely,

Peter Homa
Chief Executive

### APPENDIX 1:

The number	r of last minute can	celled elective operations in the quarter for non-	clinical reasons. NHS provi	der
Q31	RJR	COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	82	4
Q31	RM2	UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	152	7
Q31	RM3	SALFORD ROYAL NHS FOUNDATION TRUST	41	0
Q31	RMC	BOLTON NHS FOUNDATION TRUST	80	2
Q31	RMP	TAMESIDE HOSPITAL NHS FOUNDATION TRUST	28	2
Q31	RNL	NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	121	2
		ROYAL LIVERPOOL AND BROADGREEN		
Q31	RQ6	UNIVERSITY HOSPITALS NHS TRUST WRIGHTINGTON, WIGAN AND LEIGH NHS	75	2
Q31	RRF	FOUNDATION TRUST UNIVERSITY HOSPITALS OF MORECAMBE	176	16
Q31	RTX	BAY NHS FOUNDATION TRUST	141	10
Q31	RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	88	5
Q31	RW3	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	100	3.
Q31	RW6	PENNINE ACUTE HOSPITALS NHS TRUST	131	0.
Q31	RWJ	STOCKPORT NHS FOUNDATION TRUST	94	0
Q31	RWW	WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	88	3
Q31	RXL	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	75	0
Q31	RXN	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	162	6
Q31	RXR	EAST LANCASHIRE HOSPITALS NHS TRUST	104	3
Q32	NTP23	ECCLESHILL NHS TREATMENT CENTRE	2	2
		BRADFORD TEACHING HOSPITALS NHS		
Q32	RAE	FOUNDATION TRUST YORK TEACHING HOSPITAL NHS	234	2
Q32	RCB	FOUNDATION TRUST SCARBOROUGH AND NORTH EAST	58	7
Q32	RCC	YORKSHIRE HEALTH CARE NHS TRUST	62	6
Q32	RCD	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	20	0
Q32	RCF	AIREDALE NHS FOUNDATION TRUST	21	0
Q32	RCU	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	19	0
Q32	RFF	BARNSLEY HOSPITAL NHS FOUNDATION TRUST	49	0
Q32	RFR	THE ROTHERHAM NHS FOUNDATION TRUST	56	2
Q32	RHQ	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	272	9
Q32	RJL	NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS FOUNDATION TRUST	93	0
		DONCASTER AND BASSETLAW HOSPITALS		
Q32	RP5	NHS FOUNDATION TRUST	80	0
Q32	RR8	LEEDS TEACHING HOSPITALS NHS TRUST HULL AND EAST YORKSHIRE HOSPITALS	248	6
Q32	RWA	NHS TRUST  CALDERDALE AND HUDDERSFIELD NHS	164	8
Q32	RWY	FOUNDATION TRUST	86	1
Q32	RXF	MID YORKSHIRE HOSPITALS NHS TRUST	81	1
Q33	RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	54	0

Q33	RK5	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	37	1
Q33	RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	90	0
Q33	RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST		0
			168	
Q33	RTG	DERBY HOSPITALS NHS FOUNDATION TRUST UNITED LINCOLNSHIRE HOSPITALS NHS	89	0
Q33	RWD	TRUST UNIVERSITY HOSPITALS OF LEICESTER NHS	200	83
Q33	RWE	TRUST	301	29
Q33	RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	286	51
Q33	RY8	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS TRUST	26	0
Q34	R1D	SHROPSHIRE COMMUNITY HEALTH NHS TRUST	0	0
Q34	RBK	WALSALL HEALTHCARE NHS TRUST	49	0
Q34	RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	80	2
Q34	RJD	MID STAFFORDSHIRE NHS FOUNDATION TRUST	73	7
Q34	RJE	UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE NHS TRUST	230	0
Q34	RJF	BURTON HOSPITALS NHS FOUNDATION TRUST	0	1
Q34	RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	117	3
40.	T. C.	THE ROBERT JONES AND AGNES HUNT		ÿ
Q34	RL1	ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	26	0
Q34	RL4	THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST	91	0
Q34	RLQ	WYE VALLEY NHS TRUST	41	0
Q34	RLT	GEORGE ELIOT HOSPITAL NHS TRUST	42	3
Q34	RLU	BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST	2	0
Q34	RNA	THE DUDLEY GROUP NHS FOUNDATION TRUST	52	0
Q34	RQ3	BIRMINGHAM CHILDREN'S HOSPITAL NHS FOUNDATION TRUST	100	0
Q34	RR1	HEART OF ENGLAND NHS FOUNDATION TRUST	141	0
		THE ROYAL ORTHOPAEDIC HOSPITAL NHS	141	0
Q34	RRJ	FOUNDATION TRUST UNIVERSITY HOSPITALS BIRMINGHAM NHS	6	0
Q34	RRK	FOUNDATION TRUST WORCESTERSHIRE ACUTE HOSPITALS NHS	121	0
Q34	RWP	TRUST  SANDWELL AND WEST BIRMINGHAM	98	0
Q34	RXK	HOSPITALS NHS TRUST	68	0
Q34	RXW	SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	225	21
Q34	RYW	BIRMINGHAM COMMUNITY HEALTHCARE NHS TRUST	2	0
Q35	NNQ01	BRAINTREE CLINICAL SERVICES LTD	3	0
Q35	RAJ	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	100	2
Q35	RC1	BEDFORD HOSPITAL NHS TRUST	60	3
Q35	RC9	LUTON AND DUNSTABLE HOSPITAL NHS	30	0

Q36	RP6	MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	42	Q.
Q30	KFO	THE ROYAL MARSDEN NHS FOUNDATION	42	<u> </u>
Q36	RPY	TRUST	8	0.
034	DOM	CHELSEA AND WESTMINSTER HOSPITAL NHS	37	0
Q36	RQM	FOUNDATION TRUST HOMERTON UNIVERSITY HOSPITAL NHS	37	0
Q36	RQX	FOUNDATION TRUST	6	0
	550.7	UNIVERSITY COLLEGE LONDON HOSPITALS	407	
Q36	RRV	NHS FOUNDATION TRUST ROYAL BROMPTON AND HAREFIELD NHS	197	10
Q36	RT3	FOUNDATION TRUST	103	0.
		NORTH WEST LONDON HOSPITALS NHS		-
Q36	RV8	TRUST  BARNET AND CHASE FARM HOSPITALS NHS	162	6.
Q36	RVL	TRUST	83	0
		EPSOM AND ST HELIER UNIVERSITY		
Q36	RVR	HOSPITALS NHS TRUST	42	0
Q36	RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	136	5
Q36	RYQ	SOUTH LONDON HEALTHCARE NHS TRUST	290	5
Q37	NTP16	WILL ADAMS NHS TREATMENT CENTRE	10	1
Q37	RA2	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	108	9.
Q37	RAZ	FRIMLEY PARK HOSPITAL NHS FOUNDATION	106	9
Q37	RDU	TRUST	61	0
Q37	RN7	DARTFORD AND GRAVESHAM NHS TRUST	53	0
Q37	RPA	MEDWAY NHS FOUNDATION TRUST  QUEEN VICTORIA HOSPITAL NHS	69	0.
Q37	RPC	FOUNDATION TRUST	3	0
		ASHFORD AND ST PETER'S HOSPITALS NHS		
Q37	RTK	FOUNDATION TRUST SURREY AND SUSSEX HEALTHCARE NHS	27	0.
Q37	RTP	TRUST	59	4.
		EAST KENT HOSPITALS UNIVERSITY NHS		<u> </u>
Q37	RVV	FOUNDATION TRUST	124	6.
Q37	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	63	0
Q37	RXC	EAST SUSSEX HEALTHCARE NHS TRUST BRIGHTON AND SUSSEX UNIVERSITY	99	7
Q37	RXH	HOSPITALS NHS TRUST	95	Ō.
Q37	RYR	WESTERN SUSSEX HOSPITALS NHS TRUST	142	9.
Q38	R1F	ISLE OF WIGHT NHS TRUST	49	5
Q38	RD7	HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS FOUNDATION TRUST	181	9
		MILTON KEYNES HOSPITAL NHS		
Q38	RD8	FOUNDATION TRUST	37	0
Q38	RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	150	18
Q38	RHU	PORTSMOUTH HOSPITALS NHS TRUST	105	0.
Q38	RHW	ROYAL BERKSHIRE NHS FOUNDATION TRUST	32	3
020	DNE	HAMPSHIRE HOSPITALS NHS FOUNDATION		
Q38	RN5	TRUST OXFORD UNIVERSITY HOSPITALS NHS	80	Data not
Q38	RTH	TRUST	Data not returned	returned
	DIAIA	SOUTHERN HEALTH NHS FOUNDATION		
Q38	RW1	TRUST	3	0
Q38	RXQ	BUCKINGHAMSHIRE HEALTHCARE NHS	17	1

		TRUST		
Q39	5QH	GLOUCESTERSHIRE PCT	0	0
Q39	RA3	WESTON AREA HEALTH NHS TRUST	4	0
Q39	RA4	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	52	0
Q39	RA7	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	192	24
Q39	RA9	SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST	98	17
Q39	RBA	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	128	4
Q39	RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	45	1
Q39	RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	56	1
Q39	RD1	ROYAL UNITED HOSPITAL BATH NHS TRUST	152	6
Q39	RD3	POOLE HOSPITAL NHS FOUNDATION TRUST	56	1
Q39	RDY	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	0	0
Q39	RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	61	0
Q39	REF	ROYAL CORNWALL HOSPITALS NHS TRUST	138	0
Q39	RH5	SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	0	0
Q39	RH8	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	142	21
Q39	RK9	PLYMOUTH HOSPITALS NHS TRUST	207	6
Q39	RN3	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	53	0
Q39	RNZ	SALISBURY NHS FOUNDATION TRUST	61	0
Q39	RTE	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	130	0
Q39	RVJ	NORTH BRISTOL NHS TRUST	80	16

# Appendix 2 - Copy of Health Service Journal column from Peter Homa (published August 16 2012)

#### Let's be clear on cancellations

16 August 2012 | By Peter Homa

The service has a duty to be transparent about cancelled operations - and keeping track of the figures has helped one trust improve its record

Recently I talked with a patient whose operation was cancelled on more than one occasion in the early part of this year.

She and her family were deeply upset, and understandably so. The effect this and related conversations had on me was profound.

This particular patient's operations were cancelled during a period of sustained emergency pressures on our hospitals. Many patients and their families have shared similar experiences over winter and deserved a better experience than we provided. But due to the pressure on our services, we had to prioritise more urgent cases and operations to our available beds and critical care.

At every opportunity during this period I, on behalf of Nottingham University Hospitals Trust, have apologised to patients, their families and their loved ones for the inconvenience, upset, pain and anguish the cancellations caused. I did so face-to-face, via letter and by phone.

### **Humbling experience**

My meeting with this particular patient was a humbling experience. She laid out her pain quite openly to me. It was an authentic account of her experience. We met after she had had her operation. She asked me for two things. A verbal and written apology and an answer to the question "what is the hospital doing to ensure this doesn't happen again?"

I wanted to reflect her openness and her honesty with my own spirit of transparency.

Much lip service is paid by public sector bodies about being open and transparent. But there are times when you have to put your money where your mouth is. And that's exactly what we have done in Nottingham.

Throughout our period of emergency pressures we have been asked, and quite rightly - "how many operations have you cancelled?" Like other NHS trusts we report "on the day" cancellations. We do so via our board's monthly integrated performance report which is in the public domain.

However, many operations are cancelled before the day of surgery. These figures are not currently routinely collected by NHS trusts or published.

### **Duty of openness**

We have a duty to our patients and as a public organisation to be open and transparent. In order to give as full an account of cancelled operations as possible we have completed a look-back exercise - which involved trawling through many thousands of records - and published total cancellations figures and the reasons for them.

We took this decision knowing - and experiencing from the contact we have had with patients and the staff who have to relay this unwelcome news to patients - the effect of every cancellation on our patients and their families. We believe we are the first trust in the country to adopt this approach. As of last month we are now reporting total cancellations and the reasons for them at our public board meetings.

More than 63,900 operations and procedures were performed at our hospitals between January and June this year. In the same period, we cancelled 3,283 operations in total (742 on the day). 43 per cent of cancelled operations were due to unavailability of beds and 20 per cent to make way for emergency or cancer surgery.

What influenced our decision to publish total cancellations? First and foremost, our patients. They deserve a better experience and because we want to be open about our plans to ensure fewer cancellations and continued improvement. Our extensive analysis has given us the opportunity to look in greater depth at cancelled operations and find better solutions to the way in which we can deliver more efficient emergency and elective care in our hospitals.

### To measure is to manage

Our performance is now much improved, with significantly fewer operations cancelled since the end of April (our cancellation rate has reduced from 10 per cent January to March to 4.3 per cent April to June). Our board is to set bold targets to further reduce the number of cancelled operations. We know this will considerably improve the experience of patients, their families and staff.

This is in the spirit of all that we do at Nottingham's hospitals. We are upfront with our patients and staff when we fall short or get things wrong. We talk openly with our patients and staff about our challenges. Last and by no means least, we recognise and celebrate our successes and achievements. Only by doing each of these things can we demonstrate that we truly are a learning organisation.

I believe that this represents true transparency in modern healthcare. Let's tell it exactly like it is. This is what we owe to our patients, to the public, our staff, and to one another.

Peter Homa is chief executive at Nottingham University Hospitals Trust