

**UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION  
TRUST**

**BOARD OF GOVERNORS**

**18 MARCH 2008**

<b>Title:</b>	<b>HOSPITAL INITIATED CANCELLATIONS</b>
<b>Responsible Director:</b>	Tim Jones Chief Operating Officer
<b>Contact:</b>	Tim Jones Chief Operating Officer – Ext 2900

<b>Purpose:</b>	To update the Board of Governors on the progress made in reducing Hospital Initiated Cancellations.
<b>Confidentiality Level &amp; Reason:</b>	Not applicable
<b>Medium Term Plan Ref:</b>	Aim 1: Always put the needs and care of patients first Aim 2: Maintain our reputation and position at the leading edge of performance and quality
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"><li>• Hospital Initiated Cancellations [HIC's] are a key indicator of patient satisfaction.</li><li>• The Trust has targeted reductions in HIC's as a key objective in improving patient satisfaction.</li><li>• The Trust has implemented an action plan to improve performance.</li></ul>
<b>Recommendations:</b>	<b>The Board of Governors is requested to:</b> <b>ACCEPT</b> the progress made in improving the rate of hospital initiated cancellations.

<b>Signed:</b>	<b>Date:</b> 6 March 2008
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**18 MARCH 2008**

**HOSPITAL INITIATED CANCELLATIONS**

**PRESENTED BY THE CHIEF OPERATING OFFICER**

**1. Introduction**

The trust has targeted reducing hospital initiated outpatient cancellations as a key indicator of patient satisfaction. Rescheduling of appointments is a major issue of inconvenience to patients. This paper seeks to update the Board of Governors on progress made in improving performance against this indicator.

**2. Benchmarking**

Recording of hospital initiated cancellations is not mandatory for NHS Acute Trusts. The only comparator the Trust has access to is via the Dr Foster comparative website [a private company which provides a clinical benchmarking service]. Dr Foster estimates national performance to be **10.6%** for all cancellations, the Trust cumulative performance for new and review appointments was **11.5%** in April 2007. Trust performance was therefore slightly above the national average.

[The data provided by Dr Foster for cancellations should be used with some caution as the quality of the data is low due to the fact that NHS Trusts are not mandated to record cancellations.]

**3. 2007-08 Internal Target**

The UHBFT has agreed an internal target to reduce hospital initiated cancellations for new patients to **5%** and **7.5 %** for follow up patients by March 2008.

**4. Action Plan Update**

Following an extensive review of the reasons underlying the hospital initiated cancellation rate an action plan was formulated and implemented. The issues identified and proposed solutions are detailed below:-

<b>Issue</b>	<b>Action</b>	<b>Time Scale</b>	<b>Lead</b>
Where patients have been booked over the waiting time target the patient is offered earlier appointment dates in order to meet the national targets.	Waiting list Initiative lists have been undertaken to achieve a 5 week maximum wait for new patients.	Completed March 2008	Directors of Operations
The Choose & Book system whereby patients ring in for appointments leads to a delay in providing clinic times and reduces flexibility in providing choice due to the waiting time standard.	A revised booking system has been agreed with the PCT to allow patients to receive dates rather than telephone to make an appointment which will allow greater control over capacity.	Completed Nov	Chief Operating Officer
Medical Staff are requested to give a minimum of 8 weeks notice of leave to allow clinics to be reduced. Approximately 35% of new patients and 80% of follow up patients are booked over 6 weeks ahead.	<ul style="list-style-type: none"> <li>• All consultants and medical secretaries are requested where possible to inform the Booking Office of clinic reductions as far in advance as possible.</li> <li>• All specialties are reviewing the scope to introduce prospective cover for Outpatients.</li> <li>• A new medical staff electronic leave form is being trialled in Division 1 to minimise the notification period of leave requests.</li> <li>• All requests for leave under 8 weeks notice have to be approved by the Divisional Director or Director of Operations.</li> </ul>	Completed Oct  March 2008  March 2008  Completed	Chief Operating Officer/ Medical Director/ Divisional Directors
Medical Secretaries inappropriately re-scheduling clinics.	All cancellations are validated by the Group Managers and individual medical secretaries are made aware of input errors and further training is provided.	Completed January 2008	Directors of Operations
Choose and Book Referral transferred from one consultant to another.	Revised booking procedure will allow for more flexibility in managing inter-Consultant Transfers.	Completed	Head of Booking Centre
All cancellations made without updating the reason field on the Patient Administration System	Health Informatics have developed a weekly report to identify users that do not complete the correct field on	Completed December 2007	Health Informatics/ Divisional D Ops

<b>Issue</b>	<b>Action</b>	<b>Time Scale</b>	<b>Lead</b>
default to "hospital cancellation" even if it is a patient request.	the Patient Administration System.		
Short notice cancellations due to sickness / emergency.	Contingency plans to be worked up within each specialty.	Contingency plans in place.	Directors of Operations
Follow-up DNA rate high in Renal Medicine and Renal Surgery	Patients were historically rescheduled to manage capacity. However, a project is being undertaken to discharge routine 12 and six month follow ups.	Implemented - completion by March 2008	Divisional Director - Division 2
Specialty Specific Action Plans to be reviewed on a 6 monthly basis to ensure actions taken are effective.	Review of Action Plans in March.	All plans reviewed in November.  All plans to be reviewed in April 2008.	Chief Operating Officer

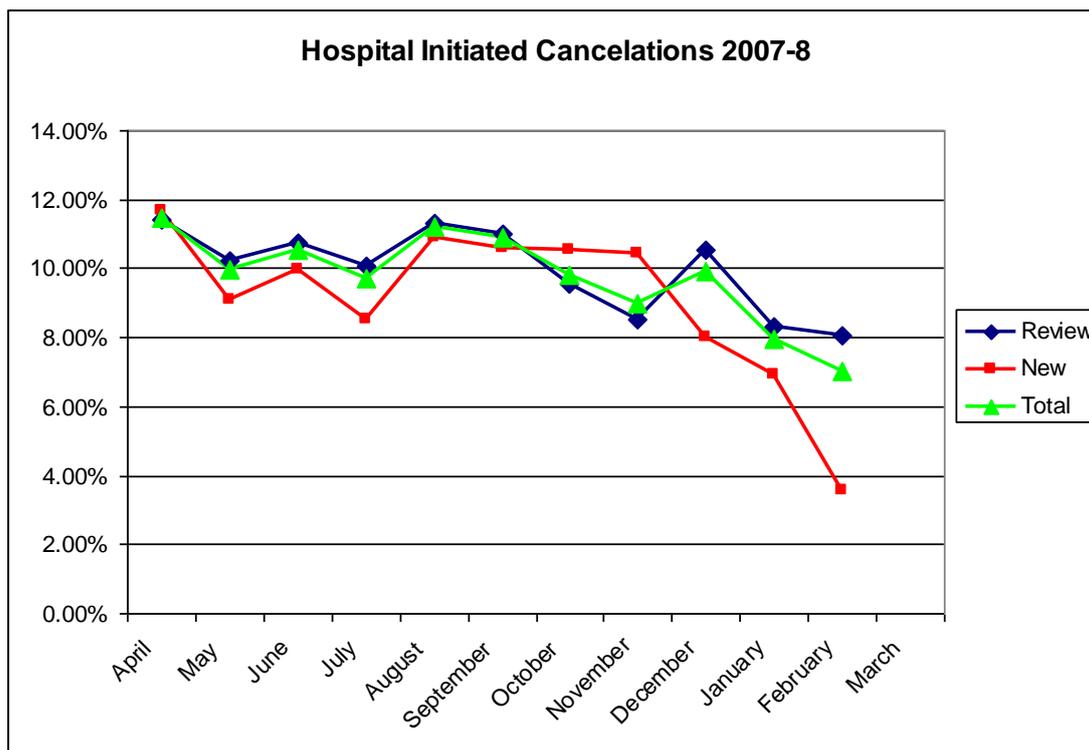
## 5. **Current Performance**

Significant progress has been made in reducing Hospital initiated Cancellations particularly with regard to new patient appointments. Performance in February is detailed below:-

New Patients	3.57%
Review Patients	8.05%
Total Cancellations	7.02%

As can be seen from the graph below seasonal variations affect the number of cancellations particularly in the main holiday periods. Further work is being undertaken within the Divisions to improve planning around the main holiday periods.

The Divisions have achieved the internal target for new patients for the first time in February. The reduction in review appointment cancellations remain above target [7.5%] but good progress is being made to achieve this target by the year end.



## 6. Conclusion

Whilst the Trust is making good progress in reducing hospital initiated cancellations particularly for new patients it will continue to develop its services to achieve further reductions in Hospital Initiated Cancellations in the future.

## 7. Recommendations

**The Board of Governors is requested to:**

**ACCEPT** the progress made in improving the rate of hospital initiated cancellations.

**Tim Jones**  
**Chief Operating Officer**