The Royal Wolverhampton NHS Trust

OP82

Prevention of cancelled operations on the day of surgery/admission/treatment

Contents

1.0 Policy Statement (Purpose / Objectives of the policy)

Effective list planning and management is essential to optimise patient services, maximise the use of theatre capacity and avoid cancelling surgery.

This policy identifies key stakeholders, patient pathways and a number of practice guidelines to facilitate effective theatre utilisation.

1.1 Key Stakeholders for effective theatre utilisation:

- Patients;
- Clinicians;
- Pre-operative assessment team;
- Theatre staff;
- Ward staff;
- Group/Directorate managers;
- Medical secretaries;
- Patient Access Team (waiting list team);
- Capacity management team;
- Surgical Flow Co-ordinators;

1.2 Aims:

- To treat patients in an efficient manner in a safe environment delivering the highest levels of care;
- To avoid cancellation on the day of surgery/ admission/ treatment;
- To maximise use of scheduled theatre capacity.;

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

'Sessions' may refer to a morning operating period and/or an afternoon operating period, or an extended (evening) operating period.

3.0 Accountabilities

3.1 The Chief Executive supported by the Trust Board accepts responsibility for the implementation of this policy.

3.2 Deputy Chief Operating Officers, Heads of Nursing and Midwifery, Group Managers and Matrons have responsibility for ensuring compliance and monitoring of this policy.

3.3 Clinical Directors and Divisional Medical Directors are responsible for ensuring full compliance from medical staff in their respective areas of responsibility.

4.0 Policy Detail

4.1 Elective Theatre List Planning

4.1.1 All elective operating lists must be made available 2 weeks prior to surgery via Patient Administration System (PAS) to ensure that an efficient and effective service can be provided to the patient and the clinical team.

4.1.2 Theatre capacity must be fully utilised, with appropriate case mix and complexity for the time available. Every effort will be made to replace cancelled patients with like for like procedures to ensure theatre lists are fully utilised.

4.1.3 The Consultant Surgeon is responsible for agreeing the definitive theatre list and order in which the patients should be treated. Where clinically appropriate, patients that are booked onto a theatre operating list that have the potential to breach must be listed first or as early as possible on the list.

4.1.4 Eight weeks' notice must be given for cancellation of sessions by consultant surgeons or anaesthetists unless in exceptional circumstances.

4.1.5 All cancelled sessions will be offered out to alternative surgeons within their Directorate in the first instance. Session changes and reallocation will be discussed within '8642 theatre scheduling' meetings. They should also be confirmed by emailing the theatre scheduling team on rwh-tr.theatreschedules@nhs.net.

Where cancelled sessions cannot be utilised within the same Directorate these will be offered to suitable alternative specialties.

4.1.6 Should extra sessions be required a request can be made via the theatre scheduling email: rwh-tr.theatreschedules@nhs.net

4.1.7 Finalised operating lists must be available to view on PAS two weeks prior to the session taking place. Operating lists are to be produced 48 hours in advance of the operating day and made available to theatres and wards. Changes should only be made after this time in exceptional circumstances.

4.1.8 It is the responsibility of the Consultant Surgeon to ensure that any specific equipment, tools or consumable requirements for the procedure to go ahead are requested in enough time before the planned date of the procedure to allow the required items to be delivered.

4.1.9 Theatre Band 7 Clinical Lead / theatre team are responsible for ensuring

requested equipment is available on the day of surgery. It is the responsibility of the theatre team to liaise with the Consultant Surgeon regarding any delays in equipment availability.

4.1.10 The information provided on a theatre list should be accurate i.e. using correct patient details and detailing all procedures to be performed for each case. Early notification facilitates effective planning of resources, including specialist equipment.

4.1.11 Patients requiring invasive procedures which require intervention within a specific time period should be booked onto an appropriate urgent elective list Monday to Friday. Patients requiring emergency surgery should be considered for the daily emergency CEPOD list including Saturdays and Sundays.

Laterality must always be written in full (i.e. left, right or bilateral) and that should be the first word in the operation description.

Abbreviations should be avoided whenever possible, but if they must be used, only those approved for use can be employed. (see link for NHS approved abbreviations) Abbreviations you may find in your health records - NHS App help and support - NHS (www.nhs.uk)

4.1.12 The information that accompanies the scheduling of a procedure should include, as a minimum, the following:

- Patient name;
- Hospital number, with or without NHS number;
- Date of birth;
- Gender;
- Planned procedure;
- Site and side of procedure if relevant;
- Source of patient e.g. ward;

Further information that can be provided when relevant may include:

- Allergies;
- Infection risk;
- Any non-standard equipment requirements or non-stock prosthesis;
- Planned post procedural admission to Integrated Critical Care Unit;

4.2 Anaesthetist Rota

An electronic system managed by the Rota Co-ordinator identifies the anaesthetist allocated to the available theatre session. Changes to the rota once finalised, can only be authorised by the Anaesthetic Clinical Director.

4.3 Planned changes to start/finish times

Where it is anticipated that the complexity of the procedure(s) or the nature of the surgical case(s) will result in a longer than scheduled operating time it is the responsibility of both the Consultant Surgeon and Anaesthetist to liaise with the

Theatre Matron or Band 7 Clinical lead to discuss the potential for an early start/late finish and the organisation of appropriate resources. These must be agreed a minimum of one week in advance to ensure appropriate staffing levels are available.

4.4 Guidance for the ordering of operating lists

4.4.1 The failure to agree the order of operating lists prior to the day of surgery has negative impacts on the quality of care delivered and patient experience and can compromise patient safety. This lack of planning can also cause significant disruption, delay and wasted theatre capacity.

4.4.2 In order to enhance the quality of care provided within the Trust, the Anaesthetic Directorate has devised the principles listed below.

A) The Consultant Surgeon will sign off (either electronically or physically) both the content and the order of every operating list and will use their best endeavours to ensure that the order of the operating list as agreed prior to publication is not changed on the day of surgery.

B) Thought must be given to the not unlikely prospect of bed pressures causing delays to the commencement of surgery. To alleviate this, consideration should be given to listing a day case procedure as the first case on the list to allow surgery to commence on time.

C) Safe practice dictates that patients with latex allergies are listed first on the operating list wherever possible, and that diabetic patients are nil by mouth for the shortest possible time.

D) To ensure that the operating list commences on time, the concept of the “golden patient” should be adopted, with all efforts being made to get the first patient listed fully prepared and transported to the operating theatre by the scheduled start time for the list.

E) Each operating list will be “locked” 48 hours prior to the day of surgery, and the first patient listed should be treated as the “golden patient”. This will enable Ward Staff and Admission Staff to ensure that the first patient on each list is always ready to be sent for on time.

F) The operating list will be displayed in the following places within the Theatre:

- Anaesthetic Room;
- Operating Theatre;
- Recovery Room;

4.4.3 Finalised operating lists are published on the PAS system 1300hrs on the working day prior to the session taking place (Monday lists are published by 1300hrs the previous Friday, and lists following a Bank Holiday by 1300 on the last preceding working day).

Amendments to the order of the operating list on the day of surgery will not be

permitted without notifying the Anaesthetic Clinical Director, Theatre Matron or Band 7 Clinical Lead.

4.5 Unplanned over running of a session

4.5.1 A full theatre team is required to support an unplanned overrun session. It is expected that theatre team, Consultant Surgeon and Anaesthetist remain throughout the duration of the unplanned overrun.

4.5.2 In situations where it is anticipated that the complexity of the procedure will cause the session to overrun the allocated time, it is the responsibility of the designated team leader to establish whether the team can accommodate the overrun. Any shortfall in staffing levels must be escalated to the Theatre Band 7 Clinical Lead and / or Matron. This must be done, as soon into the session, that the likelihood of an overrun is recognised.

4.5.3 The Theatre Band 7 Clinical Lead or designated other is responsible for identifying any available staff from within the Directorate that could support the shortfall. Any outstanding issues must be escalated to Matron.

4.5.4 Theatre staff that stay behind to support a session that has overrun will be reimbursed with equivalent time off in lieu or overtime payment.

4.6 Cancellation of a theatre session

4.6.1 Theatre sessions are scheduled in advance. Consultant Surgeons and Anaesthetists must adhere to the Trust policy around annual leave and study leave, giving a minimum of eight weeks' notice, anything less than this should be for exceptional circumstances with the reason description recorded in PAS.

4.6.2 Cancelled theatre sessions must be notified, with a minimum of eight weeks' notice, to the Waiting List Clerks and via a completed proforma to the Theatre Scheduling inbox.

4.6.3 All cancelled sessions will be offered out to alternative surgeons within the speciality by the relevant Directorate Management team. In the event that there is no Consultant cover within speciality; the theatre management team will consider if there is the appropriate skill mix available to offer the cancelled session to a suitable alternative speciality.

4.7 Clinical Cancellations on the day of Surgery/Procedure (see appendix 1)

4.7.1 Clinical Cancellations should be agreed by the lead medical staff member for the operating list. Please refer to Appendix 1 Flow Diagram.

4.8 Non-Clinical Cancellations on the day of Surgery/Procedure (see appendix 2)

4.8.1 There should be a team approach by all key stakeholders to prevent Non Clinical cancellations on the day of surgery/admission for non-medical reasons.

4.8.2 The **Theatre Band 7 Clinical Lead** will be informed of any potential non-medical cancellations e.g. (out of time due to prior case running over) and establish why the cancellation request is being made; consider scope for alternative solutions to prevent this, including resource considerations (see appendix 2). Where a preventable solution is not forthcoming escalate to the Theatre Management Team.

4.8.3 The **Theatre Management Team** (Matron, Group Manager or Directorate Manager) will confirm/challenge that all options have been examined before reporting to the relevant Group Manager or Directorate Manager the risk of cancellation and mitigations taken.

4.8.4 If there is no opportunity to prevent the cancellation, authorisation to cancel must be obtained from the **Deputy Chief Operating Officer** or Associate Deputy Chief Operating Officer (if unavailable, another member of the Divisional Management Team) during daytime hours and the 'oncall manager' out of hours (escalation to the on-call manager should be the last resort. Early assessment of lists and mitigation should take place to ensure that discussions regarding cancellation takes place with a member of the Divisional Management Team).

4.8.5 Once the decision to cancel is agreed by Division the **Theatre Management Team** will inform the;

1. Patient's **Consultant Surgeon** or delegate junior doctor, who will inform the patient of their operation being cancelled. In exceptional circumstances this role can be delegated to a member of the speciality senior management team.

2. **Theatre Team Leader** who will inform the Surgical Flow Co-ordinator, and inpatient ward or day case unit concerning the decision to cancel. The Theatre Team Leader will also make sure PAS is updated with the appropriate cancellation reason.

3. If the admission or operation is cancelled on the day of surgery/procedure the Surgical **Directorate/Group Manager** will explore whether the patient can be deferred to an alternative staffed elective theatre list within 24 hours, by using alternative staffed elective capacity.

   Failing this, the patient must be given a new date within 28 days of cancellation. This will be reviewed between the Directorate Manager and Waiting List Team.

4.8.6 The Patient Access Team (Waiting List Team) are responsible for completing a SITREP (situational report) the next working day. This should be submitted to the Performance Management Team for external reporting.

4.8.7 Group/Directorate Managers are responsible for reviewing the SITREP, undertaking a review and completing the 'Patient Cancellation' proforma (RCA) for all unavoidable cancellations on the day of admission/surgery. Once complete this should be submitted to the Deputy Chief Operating Officer and Performance Management Team.

4.8.8 Group/Directorate Managers will review themes for the previous weeks cancellations on the day/including occurring trends in readiness for discussion at the weekly 8642 theatre scheduling meetings.

4.9 Patient Led Cancellation on the day of Surgery/Procedure (see appendix 3)

4.9.1 Patients choosing to cancel or Did Not Attend (DNA) on their day of surgery are a very costly resource within the NHS, it is important therefore to have mitigated the risk of patients failing to attend for their planned surgery and to have proactively manage avoidance of this occurring (appendix 3).

4.9.2 **Ward Staff** – Where a patient fails to attend on their planned admission date, contact must be attempted to source the reason for failing to attend.

Attempts to contact the patient must be clearly documented in the medical record and relevant forms. Information must include, date and time, contact number, reason for cancellation.

Consideration should be given to the patients mental and clinical health and wellbeing. Concerns should be escalated to Matron and/or the patients Consultant/Surgeon. In these circumstances contact with the next of kin and or GP should be considered.

4.9.3 **Theatre Staff** – Theatre teams must input the cancellation reason onto Theatres PAS using the most appropriate reason code. It is important that the reason code used reflects the route cause, where this is unclear additional information should be added to the free text field in addition to choosing a reason from the list available.

4.9.4 **Theatre Staff** – Are responsible for escalating details of the patient's self-cancellation to the Theatre Senior Management Team (Matron, Group Manager or Directorate Manager).

4.9.5 **Theatre's Directorate Management Team** – are responsible for reporting all patient cancellations to the relevant Surgical Specialties Directorate Management Team (Matron/Group Manager or Directorate Manager).

4.9.6 **Specialty Directorate Management Team –** are responsible for ensuring contact with the patient has been successful. If ward staff were unsuccessful making contact with the patient on the day of admission to determine the reason for non-attendance, the associated Patient Access booking team should attempt to make contact with the patient on the next working day.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No

6.0 Equality Impact Assessment

The screening checklist has been completed. Reasonable efforts have been made to eliminate any possible Equality and Diversity Discrimination occurring.

The potential for any adverse impact to arise during the implementation of the policy will be monitored and, if arising, will be addressed.

7.0 Maintenance

The policy is to be reviewed every three years or more frequently if necessary.

8.0 Communication and Training

- This Policy will be made available via the Trust Intranet site and awareness made at local induction.
- Expectations for staff training must be identified within local training needs analysis (TNA).
- All TNA records must be held locally.
- Each area affected by this policy will have a nominated lead to ensure implementation at clinical level.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Patient cancellations on the day	Directorate / Group Managers	Audit of Information Portal data / Patient cancellation proformas discussed within 8642 to consider trends and action plans	Monthly	Directorate Governance Meetings

10.0 References - Legal, professional, or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

Document Control

Policy number and Policy version: OP82 version 4.0	**Policy Title** Prevention of Cancelled Operations on the day of surgery/ admission/ treatment	**Status:** Final		**Author:** Group Manager Critical Care Services Directorate **Director Sponsor:** Deputy Chief Operating Officer
Version / Amendment History	Version	Date	Author	Reason
	1	May 2009	Group Manager Theatres/ICCU Service Group	Creation of policy
	2	October 2012	Group Manager Theatres/ICCU Service Group	Review and update
	2.1	June 2019	Group Manager Theatres/ICCU Service Group	Reviewed by Chief Operating Officer – extended to December 2019 pending full review
	3	February 2020	Group Manager/ Matron Critical Care services Directorate	Review and update
	3.1	April 2023	Group Manager/ Matron Critical Care services Directorate	Extension
	3.2	January 2024	Directorate Manager – Anaesthesia, Pain Management, Perioperative and ICCU Directorates	Extension
	4.0	March 2024	Group Manager/ Matron Critical Care services Directorate	Review and update

Intended Recipients:

- Clinicians
- Pre-operative assessment team
- Theatre staff
- Ward staff

▪ Group/Directorate managers ▪ Medical secretaries ▪ Waiting list clerks ▪ Capacity management team ▪ Divisional Management team	
Consultation Group / Role Titles and Date: ▪ Group Manager, Anaesthesia, Perioperative, Chronic Pain and Critical Care Group ▪ Matron, Anaesthesia Services ▪ Clinical Director, Anaesthesia, Perioperative and Chronic Pain Service ▪ Deputy Chief Operating Officer, Division One ▪ Divisional Nurse Manager, Division One	
Name and date of Trust level group where reviewed	Trust Policy Group – March 2024
Name and date of final approval committee	Trust Management Committee – March 2024
Date of Policy issue	March 2024
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	March 2027 (3 yearly)
Training and Dissemination: Through Local Induction	
To be read in conjunction with: Local Safety Standards for Invasive Procedures	
Initial Equality Impact Assessment (all policies): **Completed** Yes **Impact assessment (as required):** **Completed** Yes	
Monitoring arrangements and Committee	Audit results discussed at monthly Directorate meetings
Document summary/key issues covered. Effective list planning and management is essential to optimise patient services, maximise the use of theatre capacity and avoid cancelling surgery. This policy identifies key stakeholders, patient pathways and several practice guidelines to facilitate effective theatre utilisation.	
Key words for intranet searching purposes	Cancelled / Cancellations / Operations / Surgery / Admission / Treatment / Theatre

IMPLEMENTATION PLAN

Policy number and policy version: OP82 version 4	**Policy Title:** Prevention of Cancelled Operations on the day of surgery/ admission/ treatment.	
Reviewing Group	▪ Group Manager, Anaesthesia, Perioperative, Chronic Pain and Critical Care Group ▪ Directorate Manager, Anaesthesia, Perioperative, Chronic Pain and Critical Care Group ▪ Matron, Anaesthesia Services	**Date reviewed:** April 2023
Implementation lead: Mandeep Chana, Group Manager ext. 86278		

Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead**
Strategy 1. Development of A4 staff responsibility Flow Diagrams to include; escalation of cancellation requirements to gain approval; recording of patient led cancellations. To be available as an Appendix within this policy for local access. 2. Laminate appendices 1 to 3 for display in key locations for accessibility by staff to inform requirements.	Compile Appendices for inclusion Laminate and display accordingly	Directorate Manager December 2023 Matron/Theatre Band 7s
Training; 1. This Policy will be shared with all theatre staff, Directorate Management Teams and Patient Access Teams for reading.	Matron to Circulate and outline the importance of compliance with the policy.	December 2023
Development of Forms, leaflets etc; Consider. 1. Development of a Cancellation Approval Form for inclusion as an Appendix within this Policy 2. A supply of the Cancellation Forms will be available from the Clinical Lead Band 7s and CePOD Office out of hours.	Design Authorisation to Cancel Form To be made readily available	Directorate Manager December 2023 Matron/Theatre Band 7s
Strategy / Policy / Procedure Communication; 1. This Policy will be discussed at the Band 7 Team Meeting and respective theatre team meetings as well as 8642 meetings reiterating individual responsibilities within this policy and signposting to the laminated posters to serve as quick reference guides. 2. Policy update to be shared via All User Email and separate communication via 8642 with the Directorate Management Teams and Patient Access Teams.	Matron to issue a communication and copy of this policy to theatre staff. Directorate Manager to share as a Policy Update with all Trust Users	December 2023

The Royal Wolverhampton NHS Trust

APPENDIX 1 Clinical Cancellations Flow Diagram

Clinical cancellations should be agreed by the lead medical staff member for the operating list.

For on the day cancellations related to anaesthetic reasons these can **only be carried out by consultants,** all other grades must discuss with the on-call consultant.

The cancelling anaesthetist must state **why the case is cancelled** and what should be done to ensure the patient can be treated next time.

Intend to cancel due to Clinical Reasons

↓

Decision needs to be made by the Consultant Surgeon or Consultant Anaesthetist once all mitigating factors have been explored.

↓

Patient informed and any resolving factors discussed with the patient i.e. Visit GP.

↓

Cancellation reason documented in the medical notes with clear advice on when to rebook.

↓

Anaesthetist or Surgeon

Cancellation Reason to be discussed in the team briefing if the cancellation was prior to the patient reaching theatres.

↓

Theatre Staff

Cancellation reason to be inputted on Silverlink and cancellations to be escalated to Theatre Management Team

Matron	ext. 82219
Matron	ext. 82862
Group Manager	ext. 86278
Directorate Manager	ext. 88772

Alternatively, available by Mobile via Switchboard

↓

Theatre Management Team

Reports clinical cancellations to the Deputy Chief Operating Officer or Associate Chief Operating Officer (if unavailable, another member of the Divisional Management Team)

↓

Ward Staff

Ensure cancellation reason is recorded in the medical notes and the patient understands any actions.

↓

Cancellation form (***appendix 4***) is completed with clear narrative around reasons for cancellations and next steps.

↓

Clinical Cancellation to be reviewed by the Directorate Manager for the appropriate specialty to determine if the cancellation was avoidable or unavoidable.

If avoidable, are there any identifying themes or occurrences where additional learning is required.
Outcome to be shared with the Theatre Management Team

APPENDIX 2 Non-Clinical Cancellations (Hospital/Theatre Reasons)

Equipment issues, list overruns/lack of theatre time, lack of beds (inpatient or ICCU) and theatre/anaesthetist staff unavailability…

Theatre Team Leader Responsibilities

The following information must be gathered:

- Why is the patient cancellation request being made?
- Is there scope for the procedure to be carried out in another theatre by another Surgeon?
- Is there scope to move workforce to support any shortfall in staffing?
- Can equipment be located through an alternative source?
- If cancellation request is being made because of time constraints, are staff willing to stay over?
- **Where approval is granted for a list to run late, consideration of any pre planned day case patients needing an overnight bed due to the lateness of their surgery?**
- What is the patients RTT time and has the patient been cancelled previously on the day?

Theatre Management Team

- Explore that all options have been examined.
- Provide confirm/challenge if required.
- Reports to relevant **Group Manager (GM) or Directorate Manager (DM)** of the risk of cancellation and mitigations taken.
- Escalation of the intent to cancel to the **Deputy Chief Operating Officer or Associate Deputy Chief Operating Officer** (if unavailable, another member of the Divisional Management Team) with all mitigating factors in place and/or taken.
- **The Deputy Chief Operating Officer or Associate Deputy Chief Operating Officer** (if unavailable, another member of the Divisional Management Team) **must be informed of all potential non-clinical cancellations at this point.**
- Escalate the potential cancellation to the surgical flow co-ordinators.

Divisional Management Team

- Provide challenge to confirm that all options have been explored.
- Inform the Management team of decision to cancel once all options have been exhausted.
- Monitoring of this escalation process will be done through the **8642 forum** as part of Theatre Utilisation performance.

Theatre Management Team

The Management Team will need to delegate responsibility as per guidance below once the cancellation has been confirmed to;

- **Theatre Team Leader** to ensure that the patient is **cancelled** on Silverlink with the appropriate reason on that day and inform the associated inpatient/day case ward immediately.
- The patients **Clinical Team,** who will ensure the patient is informed in a timely manner.
- The DM/GM who will explore a date for surgery within the next 28 days.
- And the Surgical Flow Co-ordinators

APPENDIX 3 Patient Led Cancellations

DNAs (Did Not Attend) and patients choosing to cancel on their day of surgery, are a very costly waste of resource within the NHS and so it is important for services to have mitigated the risk of patients failing to attend for their planned surgery and to have a focused plan of action to proactively manage the patient to avoid this occurring.

Ward Staff

Patient Fails to attend – Contact must be attempted on the day of cancellation to source the reason for failing to attend.

Attempts to contact the patient must be clearly documented in the medical notes and relevant forms. Information must include:

- Date and Time
- Contact number
- Reason for cancellation (if successful in reaching the patient)
- Consideration should be given to the patients mental and clinical health and wellbeing. Concerns should be escalated to the Matron and/or Consultant Surgeon. In these circumstances, contact with the next of kin and or GP should be considered.

Theatre Staff

The Theatre Team must input the cancellation reason onto Theatres PAS using the most appropriate code (ensuring this reflects the route reason provided and where there are more than one contributing factor this should be documented in the free text field in addition to choosing the route reason within Theatres PAS).

Escalation of patient cancellation to the Theatre Management Team.

Theatre Management Team

Report all patient cancellations to the relevant Surgical Specialty Directorate Management Team (GM/DM).

Surgical Speciality Directorate Management Team GM/DM or booking staff

If ward staff were unsuccessful in making contact with the patient on the day to determine the reason for non-attendance, contact with the patient should be attempted on the next working day by the Patient Access booking team.

APPENDIX 4 Patient Cancellation Approval Form

This form should be completed for all **ON THE DAY CANCELLATIONS** and emailed to rwh-tr.theatreschedules@nhs.net for the attention of the Theatre Senior Management Team (Matrons, Group Manager and Directorate Manager).

Patient Cancellation Approval Form			
Patient Details		Specialty	
Patient Name			
D.O.B		Surgeon	
Hospital Number			
Planned Procedure			
Cancellation Reason(s)			
Theatre Location			
Date & Time for Procedure			
Date of PAW Call			
Date of PreOp Assessment			
Escalated to Theatre Management Team to gain approval to Cancel:	(please state who)		
Divisional Management Team (DMT) Informed	(please state who)		
Approval to Cancel Gained from DMT	(please state who)		
Specialty Informed	(please state who)		
Patient Informed	(please state time informed and by who)		
Form Completed By			
Date:			