PACE 2024 Form 1: Cancellations (one form per cancelled patient)

Trust name:											
Hospital/site Name:											
Date of elective list fo	om whic	h patient was	cancelle	ed:	/11	1/2024					
Age (tick)											
<18 years					>18 years						
Planned as day-case	or inpat	ient? (tick)									
Day-case		Inpatient									
Did the patient go th	rough a p	reoperative o	assessme	ent proces	ss befo	re the	day	of surgery?	(tick)		
Yes		No		Do	on't kn	ow					
Surgical magnitude?	(tick)										
Minor		Intermediat	Intermediate			Major, major+/complex					
Surgical urgency? (ti	ck/circle)									
P2 (<1 month) P3				enths)		P4 (>3 months)					
Indication for treatme	ent (tick/	circle)									
Cancer	Ca	rdiac		Vasculai	r		С	ther			
Surgical specialty (tie	ck)										
Breast	Breast Gynaecology					Plastics/reconstruction					
Cardia		Gynaecolo	gy			Plastics	3/100	OUSTOCIOU			
Cardiac		Gynaecolo Head & Ne				Plastics Thorac		OUSHOCHOL			
Colorectal		-	ck		-		ics	OTISTOCTION			
		Head & Ne	ck Iry		-	Thorac	ics GI	OISHUCHOH			
Colorectal		Head & Ne Hepatobilic Intervention	ck ary nal maging		-	Thorac Upper	GI y	OISTOCTION			
Colorectal Dentistry		Head & Ne Hepatobilic Intervention Radiology/I	ck iry nal maging al		-	Thorac Upper Urolog Vascul	cics GI y	use specify:			
Colorectal Dentistry Endocrine		Head & Ne Hepatobilic Intervention Radiology/I Maxillo-faci	ck ary nal maging al		-	Thorac Upper Urolog Vascul	cics GI y				
Colorectal Dentistry Endocrine ENT		Head & Ne Hepatobilic Intervention Radiology/I Maxillo-faci Neurosurge	ck Iry nal maging al ry ics		-	Thorac Upper Urolog Vascul	cics GI y				
Colorectal Dentistry Endocrine ENT Gastroenterology		Head & Ne Hepatobilic Interventior Radiology/I Maxillo-faci Neurosurge Orthopaed	ck Iry nal maging al ry ics		-	Thorac Upper Urolog Vascul	cics GI y				

Pre-existing medical condition	Clinical Staff Unavailable - Surgeon
-	
Undiagnosed condition	Clinical Staff Unavailable - Anaesthetist
Acute medical condition – related to COVID	Clinical Staff Unavailable – scrub practitioner
Acute medical condition – all other	Clinical Staff Unavailable – Anaesthetic practitioner
Procedure no longer necessary	Clinical Staff Unavailable – Recovery Practitioner
Unsuitable for surgical hub/green site	Equipment unavailable or failed
Inadequate Pre-assessment - Incomplete paperwork	Administrative Change - Booked to incorrect session
Inadequate Pre-assessment - health problem not fully investigated	Administrative Change - Patient brought forward
Inadequate Pre-assessment - Appropriate optimisation/follow up not completed	Essential support unavailable – Perfusionist/Cell Salvage
Inadequate Pre-assessment - Appropriate aftercare not arranged	Essential support unavailable - Radiology
Inadequate Pre-assessment - Reasonable adjustments not in place due to disability or mental health issue	Essential support unavailable – Manufacturer rep
Treatment/Surgery deferred	Essential support unavailable - Interpreter
No Bed Available - General / Ward	Preoperative guidance not followed
No Bed Available - ITU/HDU	Appointment inconvenient
No Bed Available - ITU/HDU	Unfit for procedure
No Bed Available - Paediatric	Procedure not wanted
No Bed Available - Maternity	Did not attend/was not brought in
Emergency Admission	Industrial action (any staff group)
List Overrun - Booking error	Blood products unavailable
List Overrun - Complexity of procedures	Other, please specify:
List Overrun - Theatre inefficiencies	
List Overrun - Other reason	



PACE 2024 Form 2: Elective list cancellations and efficiency (one form per operating/interventional list)

Trust name:										
Hospital/site name:										
Date of list:										
Total number of patients planned to undergo anaesthetic intervention on the list today (at 8am on day prior to scheduled list)										
Actual number of p	Actual number of patients who underwent anaesthetic intervention on the list today									
patients					mber of p	atients tre	ble below to indicate eated in each catego vs, inpatient care.	-		
	P1 P2 Cancer					P4				
Adult day case										
Adult inpatient										
Paediatric day case										
Paediatric inpatient										
In the opinion of t anaesthesia on this						e full time	allocated for surgery	and		
Yes	N	0								
If the list was not use	ed as efficie	ntly as poss	ible, ple	ase	select all r	easons wh	ny this was			
Uncertainty over hospital bed availability					Delays in patients arriving in theatres					
Uncertainty over cri perioperative care	1	Delays in patients being able to leave theatres (e.g. recovery full/lack of physical ICU bed availability/mandated removal of all airway devices in theatre)								
Infection control theatres, mandat patients, unavailab test results)	ed delays	betweer	1		in theatres (e.g. ole, delays in sending					
Clinical reasons anaesthetic reason		urgical oi ncellation)	-	Scheduling issues (i.e. over or under booked list)						
Prioritisation of er scheduled elective		cases ove	-	Sta	affing (see i	next section	on)			
Other, please speci	fy:									



PACE 2024 Form A: Elective postponements (one form per postponement)

Trust name:																	
Hospital/site name:																	
TCI date: dd/mm/yy																	
Has patient been through an early risk, screening and optimisation pathway prior to POA? (tick)																	
Yes No Don't know																	
Age (tick)																	
<18 years ≥18 years																	
Planned as day-case or inpatient? (tick)																	
Day-case					Inpa	ıtie	ent										
Surgical magi	nitude	∍? ((tick))			•										
Minor			Inte	ermediat	е				ajor, ajor+/c	omple:	<						
Surgical urger	ncy?	(tic	k/cii	rcle)													
P2 (<1 m	nonth)		P	3 (<3	mo	onths)				P4	(>3 n	nonths)				
Surgical speci	ialty ((ticl	k)														
Breast				Gynae	coloç	ology				Plastics/reconstruction							
Cardiac				Head 8	k Nec	leck				Thoracics							
Colorectal				Hepata	biliar	iliary				Upper GI							
Dentistry				Interve Radiolo		rional gy/Imaging				Urology							
Endocrine				Maxillo-	-facio	ıcial				Vascular							
ENT				Neuros	urger	У				Other, please specify:							
Gastroenterol	ogy			Orthop	aedi	edics											
General				Paedia	ıtrics	CS											
Reason(s) for	postp	on	eme	nt (pleas	se ticl	k a	all that	apply)								
Uncontrolled	diabe	etes	s (HB	A1C >69)		Infect	tion co	ntrol is	sue							
Uncontrolled hypertension							No time to stop high risk medications before TCI date (anticoagulation/antiplatelet/DMARDs)										
Uncontrolled/new Atrial Fibrillation							Unable to proceed at the specified site due to comorbidity therefore TCI postponed e.g. not suitable for remote elective surgical centre)										
Anaemia that	requ	Jire:	s cor	recting			Social considerations										
Abnormal blood values for investigation outside of anaemia						- 1	No longer requires surgery or patient decided not to proceed.										
Requires any s specialist for assessment/op				are			Refer	ral bac	ck to su	urgeon	for revi	ew					

Requires further investigation/ pre- operative test		Not enough time to arrange anaesthetic review within the pre-assessment process (with patients that have a TCI date)	
Requires comprehensive geriatric assessment, high risk anaesthetic clinic or multidisciplinary team (MDT) review		Acute infection too close to TCI date	
Removed from waiting list – too hig risk	h		
Other, please specify:			
Decision to postpone made by (tic	k)		
Anaesthetist		Non-medical staff	
Surgeon		MDT decision	



PACE 2024 Form B - Weekly POA overview (one form per site per week)

Trust/hospital name:						
Site name:						
Date of completion:						
	Total number this week					
All initial reviews of patients in preassessment during audit week (i.e. total capacity)*						
Completed initial virtual/telephone reviews						
Completed initial in person appointments						
Initial appointments cancelled/deferred by patient and not otherwise used (including DNAs)						
Initial appointments cancelled by preassessment service and not otherwise used						
Available appointments for new POA patients not accounted for above (i.e. unused appointments)						
Number of dedicated anaesthetic POA sessions						



^{*(}do not include appointments solely for investigations, e.g. phlebotomy)