

Subject(s):	<i>Cancelled Admitted Procedures</i>
Approval Status:	<i>This DDCN was approved by the DSCN Sub-Group on the 1st July 2014</i>
Data Dictionary Version:	<i>Where applicable, this DDCN reflects changes introduced by DDCN and/or DSCN since the release of version 4.5 of the NHS Wales Data Dictionary. The changes introduced by such DDCNs will be published in version 4.6 of the NHS Wales Data Dictionary</i>
Reference Number:	<i>DDCN 2014 / 05</i>
Version Number:	<i>1.0</i>
Publication Date:	<i>14th August 2014</i>
Relevant DSCN(s):	<i>DSCN 2013/03</i> <i>DSCN 2013/04</i>

Reason for Change

The Cancelled Admitted Procedures Data Set was first introduced on the 1st April 2013 via DSCN 2013/03.

The sponsor has since requested that the data set be renamed to 'Postponed Admitted Procedures' because a large percentage of cancelled procedures are actually postponements to another date. Relatively few procedures are cancelled completely.

The data items which relate to an individual event rather than a whole patient pathway will continue to be described as a 'cancellation'.

Description of Change

To rename the data set to 'Postponed Admitted Procedures'.

Section1: Table reflecting areas that are impacted as a result of this DDCN

The following table shows all the data sets, data items, terms and other associated areas that are linked with the changes documented within this DDCN.

Each data definition type is listed in alphabetical order and is shown in the sequence in which it appears in this DDCN.

Data Definition Type	Name	New / Retired / Changed	Page Number
Live Data Sets and Aggregate Data Collections / Patient Level Data Sets	Cancelled Admitted Procedures Data Set CAPS (ds)	Changed	3

Section 2: Highlighted changes to be made to the NHS Wales Data Dictionary

Changes to the NHS Wales Data Dictionary are detailed below, with new text being highlighted in **blue** and deletions are shown with a ~~strikethrough~~. The text shaded in **grey** shows existing text copied from the NHS Wales Data Dictionary.

a) Changes to Data Sets / Aggregate Data Collections

Patient Level Data Sets

Admitted Patient Care Data Set (APC Ds)

Outpatient Data Set (OP Ds)

Outpatient Referral Data Set (OPR Ds)

Critical Care Data Set (CC Ds)

Emergency Department Data Set (EDDS)

Community Child Health 2000

~~Cancelled~~ **Postponed** Admitted Procedures Data Set (~~CPAP~~ ds)

~~Cancelled~~ **Postponed Admitted Procedures Data Set (~~CPAP~~ ds)**

Return Submission Details

Scope

Data Set Structure

Return Submission Details

All returns are to be sent in a fixed file format.

The return should be sent via the secure upload mechanism located on the NHS Wales Data Switching Service (NWDSS) – <http://nwdss.hsw.wales.nhs.uk> (**NHS Wales Users Only**)

Returns should be submitted monthly and signed off in the NWDSS by the Local Health Boards (LHBs) by the 28th calendar day of the month. If the 28th falls on a weekend or bank holiday, the deadline for submissions is the next available working day.

A ~~cancellation~~ **postponement** should be reported for the month that the ~~cancellation~~ **postponement** occurred. For example, if a procedure was due to take place on the 19th June 2013 but was ~~cancelled~~ **postponed** on the 17th April 2013, the ~~cancellation~~ **postponement** in April 2013 should be reported in April 2013 data submitted in May 2013.

The following data items are used to uniquely identify a ~~cancellation~~ **postponement** record:

- Organisation Code (Code of Provider)
- Local Patient Identifier
- Pathway Identifier
- Intended Admission Date

Scope

The scope of the new data set is as follows:

- LHBs are required to submit data for **elective inpatient and day case** activity only via the submission of the ~~cancelled~~ **postponed** intended admission.
 - o Cancelled Regular Day / Night Attendance procedures are excluded.
 - o Maternity activity (i.e. Admission Method '31' and '32') is excluded.
- Inpatient and day case patients who are admitted and discharged without having their elective procedure undertaken are included.
- Those procedures that are ~~cancelled~~ and brought forward are excluded.
- Procedures that are ~~cancelled~~ **postponed** one or more times during the same admitted stay but are subsequently performed during that admitted stay are excluded.
- Procedures that are ~~cancelled~~ **postponed** one or more times during the same admitted stay and not performed during that stay should be reported as one ~~cancellation~~ **postponement**.
- Procedures that are ~~cancelled~~ **postponed** twice for the same intended admission date should be counted as one ~~cancellation~~ **postponement**.
- Procedures that are ~~cancelled~~ **postponed** but are subsequently rescheduled and performed during the same admitted stay are excluded.
- Patients whose procedures were scheduled to take place outside Wales are excluded.
- Local Health Boards are required to submit data on welsh residents whose procedures are intended to take place in their Local Health Board. For example, if a patient is on a waiting list in Cardiff University Health Board but are sent to Cwm Taf to have their procedure (waiting list initiative). Cwm Taf schedule the intended admission date and subsequently ~~cancel~~ **postpone** the procedure, the ~~cancellation~~ **postponement** should be submitted by Cwm Taf.
- Velindre NHS Trust are excluded.

Data Set Structure

Rating 1=mandatory 2=optional	Field Order	Format
1	Record ID	1 alpha character
1	NHS Number	10 digit numeric
1	Birth Date	8 digit numeric, CCYYMMDD
1	Organisation Code (Code of Provider)	3 alpha numeric characters

1	Site Code of Treatment	5 alpha numeric characters
1	Local Patient Identifier	10 alpha numeric characters
1	Pathway Identifier	20 alpha numeric characters
1	Treatment Function Code	3 digit numeric
1	Intended Admission Date	ccyymmdd
1	Cancellation Date	ccyymmdd
1	Reason for Cancellation	3 alpha numeric characters
2	Procedure Date	ccyymmdd

b) Changes to existing data items

Record Id

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
APC ds99	1 st April 1999	
OP ds	1 st April 1999	
CC ds	1 st April 2007	
OPR ds	1 st July 2008	
EDDS	1 st April 2009	
EPAP ds	1 st May 2013	

This is the field to identify the type of record being submitted.

Format: 1 alpha

DS	Value	Meaning	Valid From	Valid To
APC	L	New record	1 st July 1997	
	A	Amendment record	1 st July 1997	
	C	Deletion record	1 st July 1997	
OP/ CC/ OPR/ EDDS/ EPAP	N	New record	31 st May 2005 for OP 31 st December 2006 for CC 1 st October 2008 for OPR 1 st April 2009 for EDDS 1 st May 2013 for EPAP ds	
	A	Amendment record	31 st May 2005 for OP 31 st December 2006 for CC 1 st October 2008 for OPR 1 st April 2009 for EDDS 1 st May 2013 for EPAP ds	
	D	Deletion record*	31 st May 2005 for OP 31 st December 2006 for CC 1 st October 2008 for OPR 1 st October 2009 for EDDS 1 st May 2013 for EPAP ds	

Note: there is no record id in the layout of the Elective Admission List (EAL) mandatory dataset as this is a periodic census, providing a 'snapshot' on a specific date.

The values of the Record Id in the Admitted Patient Care (APC) layout were originally used for the Hospital Activity Analysis reporting. With the commencement of PEDW (early 1990's) these same values were carried

forward into the APC development. At the time of the Outpatient mandated dataset it was agreed that these values should adopt a more logical standard.

* Bulk Delete Headers were introduced to enable organisations to delete a time series of data in one transaction instead of individual delete records.

Depending on the data provided as part of the bulk delete header record, individual deletion ('D') records are automatically created by the NHS Wales Data Switching Service, deleting the related records from the national databases.

A detailed description of the format and processing of bulk delete header records can be found on the NHS Wales Data Switching Service website, along with additional technical information relation to the submission of the data set:

<http://nwdss.hsw.wales.nhs.uk>

NHS Number

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
APC ds99	1 st April 1999	
EAL ds	1 st April 1999	21 st November 2012
OP ds	1 st April 1999	
CC ds	1 st April 2007	
OPR ds	1 st July 2008	
EDDS	1 st April 2009	
EPAP ds	1 st April 2013	

It is mandatory to record the NHS Number for each patient registered with a GP practice in England and Wales. The NHS number is allocated to an individual, to enable unique identification for NHS health care purposes.

This NHS Number format was mandated for use effective 1st November 1997. Prior to this, the NHS Number was an alphanumeric code which ranges in size from 10 – 17 characters.

If known, the patient's Health and Care Number should be used to populate this field for patients resident in Northern Ireland.

If known, the patient's Community Health Index (CHI) Number should be used to populate this field for patients resident in Scotland.

Format: 10 digit numeric

See [Health and Care Number](#)

See [Community Health Index \(CHI\) Number](#)

Check Digit Algorithm

(This algorithm applies to the Welsh and English NHS Number and the Northern Ireland

Health & Care Number. The check digit algorithm for the Scottish CHI Number is available on request from the NHS Wales Informatics Service.)

Step 1 Multiply each of the first nine digits by a weighting factor as follows:

Digit Position (starting from the left)	Factor
1	10
2	9
3	8
4	7
5	6
6	5
7	4
8	3
9	2

Step 2 Add the results of each multiplication together

Step 3 Divide the total by 11 and establish the remainder

Step 4 Subtract the remainder from 11 to give the check digit

Step 5 Check the remainder matches the check digit. If it does not, the number is invalid.

If the result of Step 4 is 11 then a check digit of 0 is used

If the result of Step 4 is 10 then the number is invalid and not used

Birth Date

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
APC ds99	1 st April 1999	
EAL ds	1 st April 1999	21 st November 2012
OP ds	1 st April 1999	
CC ds	1 st April 2007	
OPR ds	1 st July 2008	
EDDS	1 st April 2009	
SBH50-59a	-	2 nd January 2013
Non – Medical Staffing	-	2 nd January 2013
CPAP ds	1 st April 2013	

Date of birth of patient.

Format: 8 digit numeric, CCYYMMDD

If the Date of Birth is unknown; use the date '11/11/1811' (that is 18111111) [Birth Date Status](#) is associated with this data item and should be used to indicate whether Birth Date is supplied or is not applicable.

Value	Meaning	Valid From	Valid To
00000000	Date of Birth Unknown	1 st March 2006	31 st January 2007
18111111	Date of Birth Unknown	1 st February 2007	

(Psychiatric Census)

Date of birth of patient.

Format: 8 digit numeric, DDMCCYY

Organisation Code (Code of Provider)

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
APC ds99	1 st April 1999	
EAL ds	1 st April 1999	21 st November 2012
OP ds	1 st April 1999	
CC ds	1 st April 2007	
OPR ds	1 st July 2008	
DATS		
RTT	1 st April 2007	31 st August 2011
RTT-PTR	1 st September 2008	30 th September 2009
PP01W		
EDDS	1 st April 2009	
RTT (Combined)	1 st September 2011	
EPAP ds	1 st April 2013	

This is the organisation code of the health care provider. The provider code identifies the health care provider who is responsible for managing the treatment of the patient.

Notes:

1. Healthcare providers may also act as commissioners when sub-contracting patient care services to other providers of health care.
2. Although the healthcare provider identified in this data item is responsible for managing the patient's treatment, it may not necessarily be where the treatment

is actually conducted. For example, where the treatment has been sub-contracted to another healthcare provider.

3. For OPR ds, the Organisation Code (Code of Provider) is that of the organisation receiving the referral. If the provider is a Local Health Board/Trust, use the 3 character Local Health Board/Trust code with 2 zeros placed in the 4th and 5th character position.
4. For Referral to Treatment Times (Combined), use the 3 character Local Health Board/Trust code.

Format:

For Patient Level Data Sets (APC, OP, CC, OPR, PAP):-
5 character alpha-numeric Local Health Board/Trust Code with 2 zeros placed in the 4th and 5th character position.

For Aggregate Data Collections (DATS, RTT (Combined) and PP01W):-
3 character alpha numeric Local Health Board/Trust Code

Value	Meaning
XAABB	The organisation code for the provider

Default codes:

Value	Meaning	Valid From	Valid To
89997	Non-UK provider where no organisation code has been issued	1 st April 2004	
89999	Non-NHS UK provider where no organisation code has been requested and issued	1 st April 2002	

See [ORGANISATION CODE](#)

Site Code (of Treatment)

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
APC ds99	1 st April 1999	
OP ds	1 st April 1999	
CC ds	1 st April 2007	
EDDS	1 st April 2009	
EPAP ds	1 st April 2013	

The organisation code for the site where the patient will be or is treated.

Format: 5 character alpha-numeric

See [ORGANISATION CODE](#)

For outpatients:

Activity may take place outside the hospital, such as in the patient's home; in such cases, raising a site code is impractical. The following default codes should be used in the Outpatient when required:

Value	Meaning	Valid From	Valid To
R9998	Not a hospital site	21 st January 2002	
89999	Not applicable: Non-NHS providers where no site code has been requested and issued	1 st April 2002	
89997	Not applicable: Non-UK provider	21 st January 2002	

Where treatment for an NHS patient is sub-commissioned to an overseas provider the default code 89997 is applicable.

Local Patient Identifier

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
APC ds99	1 st April 1999	
EAL ds	1 st April 1999	21 st November 2012
OP ds	1 st April 1999	
OPR ds	1 st July 2008	
EDDS	1 st April 2009	
CPAP ds	1 st April 2013	

This is the case record number. It is a unique identifier for a patient within a health care provider.

Format: 10 character alpha-numeric

See [CASE RECORD NUMBER](#)

Where care for NHS patients is sub-commissioned in the independent sector or overseas, the NHS commissioner local patient identifier should be used. If no NHS local patient identifier has been assigned the independent sector or overseas provider identifier should be used.

Pathway Identifier

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
EPAP ds	1 st April 2013	

An identifier which together with the Organisation Code (Code of Provider), uniquely identifies a Patient Pathway.

20 character alpha numeric

Treatment Function Code

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
APC ds99	1 st April 1999	
OP ds	1 st April 1999	
EAL ds	1 st April 1999	21 st November 2012
CC ds	1 st April 2007	
OPR ds	1 st July 2008	
RTT (Combined)	1 st September 2011	
EPAP ds	1 st April 2013	

(This data item was formerly known as 'Consultant Specialty Function Code' with the new title being implemented from 15th May 2006)

This is the specialty under which the patient will be or is treated. This may either be the same as the specialty function recorded as the consultant's main specialty or a different specialty function which will be the consultant's interest specialty function. Note that both the main specialty function and the interest specialty function should be based on one of the Royal College specialties.

Intended Admission Date

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
EPAP ds	1 st April 2013	

This is the date of the intended admission.

Format: 8 digit numeric, CCYMMDD.

Cancellation Date

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
CPAP ds	1 st April 2013	

This is the date that the Local Health Board / Trust cancelled the intended event or that the patient notified the Local Health Board / Trust that they did not want the event to occur on the intended date.

For the Cancelled Postponed Admitted Procedure Data Set an event is an elective inpatient or day case admitted procedure.

Format: 8 digit numeric, CCYMMDD

Reason for Cancellation

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
CPAP ds	1 st April 2013	

The reason for cancellation of an intended procedure.

Format: 3 digit numeric

Value	Meaning	Description	Valid From	Valid To
Cancellation - Clinical				
101	Pre-existing Medical condition	The patient has a pre-existing medical condition, such as high blood pressure and the clinician has indicated that it needs to be resolved before the procedure can take place.	1 st April 2013	
102	Unfit with Acute Illness	The clinician has decided that a patient is unfit due to a newly presented acute illness.	1 st April 2013	

Value	Meaning	Description	Valid From	Valid To
103	Procedure No Longer Necessary	The clinician has decided that the procedure is no longer necessary. For example, this could be due to the condition resolving itself.	1 st April 2013	
104	Unsuitable for Day Case Procedure	The patient was originally listed to have their procedure as a day case. However, the clinician has decided that they need to be treated as an inpatient.	1 st April 2013	
105	Other – Clinical	All other clinical cancellation reasons.	1 st April 2013	
Cancellation – Non Clinical				
201	Intensive Care Unit / High Dependency Unit Beds Unavailable	No Intensive Care Unit /High Dependency Unit beds are available for patient recovery	1 st April 2013	
202	Ward Beds Unavailable	No ward beds are available for the patient admission.	1 st April 2013	
203	Emergency Admission	An emergency admission takes priority over the patient's elective procedure.	1 st April 2013	
204	List Overrun	The previous procedure(s) takes longer than originally planned, meaning the procedure is cancelled due to insufficient session time.	1 st April 2013	
205	Clinical Staff Unavailable	A key member of clinical staff is unavailable.	1 st April 2013	
206	Equipment Unavailable	A key piece of equipment is unavailable.	1 st April 2013	
207	Administrative Error	An administrative error has occurred. For example, the patient has received the wrong date / time for their admission.	1 st April 2013	
208	Other – Non Clinical	All other non clinical cancellation reasons. For example, cancellations due to inclement weather.	1 st April 2013	
Patient Cancellation				

Value	Meaning	Description	Valid From	Valid To
301	Pre-op Guidance Not Followed	Patient has not followed guidance given at pre-operative assessment.	1 st April 2013	
302	Appointment Inconvenient	The patient had a planned admission date but has notified the Local Health Board that it is inconvenient.	1 st April 2013	
303	Unfit for procedure	The patient declares themselves unfit for their procedure.	1 st April 2013	
304	Procedure Not Wanted	The patient decides they no longer want the procedure.	1 st April 2013	
305	Did Not Attend	The patient has not attended	1 st April 2013	
306	Other – Patient	All other patient cancellation reasons.	1 st April 2013	

Procedure Date

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
APC ds99	1 st April 1999	
EPAP ds	1 st April 2013	

This is the date of the start of a patient procedure. [Procedure Date Status](#) is associated with this data item and should be used to indicate whether procedure date is supplied or is not applicable.

Format: 8 digit numeric, CCYYMMDD

For Cancelled Admitted Procedures

This is the date that the planned elective admitted procedure was ultimately carried out. It does NOT refer to the date on which the cancelled procedure was due to take place.

Additional Information:

Please address enquiries about this DDCN to:

*Data Standards Team
NHS Wales Informatics Service
14th Floor - Brunel House
2 Fitzalan Road
Cardiff
CF24 0HA*

*Tel: 029 2050 2539
Fax: 029 2050 2330*

E-mail: data.standards@wales.nhs.uk

You can find changes made to the NHS Wales Informatics Service Data Dictionary via the following link: <http://www.datadictionary.wales.nhs.uk/>