

# Talk about:

## Adaptable

nhs managers exclusive

England officially breached the 18 week target in December (after two months of unofficial breaches), and things are set to get worse over the winter.

What to do?

The first and most important thing is to keep priorities straight. Clinical priorities. If there is tension between treating urgent patients safely, and achieving 18 weeks, the urgent patients must always come first.

The second thing is to know your limits. A long queue means long waits, so there is a maximum size of waiting list beyond which you cannot sustain 18 weeks safely. Every elective service should know that maximum list size. If you can stay below it, great. If you can't, then consciously breaching 18 weeks is the safe way to go.

The third thing is to keep refreshing your plans. When the annual planning round is over, it is tempting to heave a sigh of relief as you park the plan on the shelf. Then before you know it, October has arrived and the waiting list will be far too big going into winter.

So you need to keep planning ahead for the coming seasons, know how your waiting list is expected to vary, and keep

adapting your plans as events unfold – at least every quarter, ideally every month, and possibly even every week if things are changing quickly.

What is curious this year is that similar messages are coming from the centre.

NHS England's planning guidance firmly states that "Demand and capacity planning should be regarded as business-critical rather than an optional skillset." They are open-minded about how you do it, so if you have a planning model that you prefer then that's absolutely fine by them (I checked).

More recently Lord Carter's review of operational productivity and performance - all of whose recommendations have been accepted by the Government - praises: "a regular reporting cycle, daily, weekly and monthly." Note: he didn't say annually.

The old, centralised, annualised approach to planning and performance management is fading. In its place is emerging something much more adaptable, much more granular, and much more useful.

Planning in the NHS is about to rediscover its original purpose: helping operational managers to manage.



Comment from Rob Findlay at Gooroo  
14.02.2016

Read Rob's analysis of the 18-week stats now at [hsj.co.uk/comment](http://hsj.co.uk/comment)

or from Monday get the un-paywalled version at [blog.gooroo.co.uk](http://blog.gooroo.co.uk)

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Contact Gooroo  
>> [gooroo.co.uk](http://gooroo.co.uk)  
>> [info@gooroo.co.uk](mailto:info@gooroo.co.uk)  
>> 01743 232149



### Capacity planning for complex pathways

Patients don't flow from referral to treatment in one step, or even two. And nor should your demand and capacity model. If you haven't seen how Gooroo Planner models complex patient pathways, get in touch for a free on-site demo.

Gooroo capacity planning for the NHS: **the benefit of hindsight**

