

Wednesday 22nd August 2018

To: Clive Kay, **CEO**  
Copy: Professor Bill McCarthy, **Chair**  
Lyn Simpson, **Regional Director**

Appendix 7

Dear colleague

### **Elective care expectations**

I recognise this year has already been very challenging and staff are working very hard to deliver high quality care to patients right across the NHS and transform services for patients despite operational pressures.

Whilst I acknowledge the challenges associated with the delivery of the emergency care pathways, we are seeing a worrying picture where overall Trust activity levels and service performance are not in line with recently submitted plans. In addition we are seeing only seasonal reductions in long stays in hospital and bed occupancy is not being sufficiently reduced to enable appropriate flow and performance. This is of significant concern and requires our collective focus.

We have previously outlined our expectations with regards to the delivery and management of elective activity and these expectations were supported by additional national funding to support a step increase in activity levels. These were reflected in the 2018/19 plan your Board developed, approved and submitted back to us.

Under current trajectories, trusts will not deliver for current elective care patients and there is a future significant financial performance risk resulting from non-delivery of activity income plans.

### **52 week waiters**

I am writing to you with a focus on long waiters on the RTT waiting list specifically patients waiting over 52 weeks. The position on 52 weeks requires urgent attention and the delivery of elective care performance is critical to this to ensure patients receive timely, reasonable and appropriate level of care.

It is important that not only do waiting lists not increase, but the number of long waiters on the RTT waiting list are reduced. The expectation, at a minimum, is that the number of patients waiting over 52 weeks is reduced by at least 50 per cent with the overall objective of zero 52 week waiters.

### **Your trust's performance**

Appendix one shows the Q1 position for your Trust and the variance against your plan. I am sure that you and your Board will have reviewed your Q1 activity performance and activity figures with concern.

This autumn provides an important window of opportunity to get back on track with delivering your agreed elective plan ahead of winter. Focus needs to be given to reducing long waiters but also delivering the required reductions in long stays in hospital to reduce patient harm and bed occupancy, as set out in Pauline Philip's letter of 13<sup>th</sup> June.

## Action required

I would therefore ask you to ensure:

1. the importance of delivering elective care performance and activity levels alongside emergency care and finance is recognised by your trust's senior leadership and given sufficient scrutiny at Board level;
2. there is an appropriate week by week trajectory in place and being met, for reducing the number of 52 week waiters to eliminate these ahead of winter wherever possible, in order to ensure that the March 2019 commitment is delivered; and
3. by early September the trust has reviewed and forecast its 2018/19 activity and performance commitments to ensure you are back on track. Where you determine that you will no longer be able to meet the activity and performance commitments in your Board approved plan you work with your commissioners to determine how these gaps will be closed through use of capacity in other trusts and/or the independent sector. Any contingency plan for work carried out by other trusts or the independent sector should be available to mobilise by mid-September.

Please see appendix two for further assurance requests to enable the delivery of the above.

Please can you therefore provide the following information to your regional director by Wednesday 5 September:

- your appraisal of what is driving the elective activity and performance set out above;
- forecast for how and by when, any year to date elective activity under-performance will be recovered; and
- the actions you are and will take to realise the theatre in-session productivity opportunity that your trust has agreed currently exists.

## Activity monitoring


We shall be monitoring elective activity and performance levels very closely. As part of this we shall be publishing the RTT PTL each week to all acute trusts and CCGs showing by trust the number of 52 week waiters, with the expectation that we see week by week improvements throughout the rest of the year. You can access this data by registering at <https://future.nhs.uk/> and accessing the 'National Reporting' section of the website.

NHS England is writing to CCGs to also inform them of the above requirements.

Your regional director(s) and Pauline Philip will be working closely with you during this period to provide support as required. Please do not hesitate to contact them with any queries.

Thank you for your continued effort and support.

Yours sincerely,



**Ian Dalton CBE**

Chief Executive, NHS Improvement

## Appendix one – current performance as at Q1

	<b>Provider</b>	<b>Bradford Teaching Hospitals NHS Foundation Trust</b>
	<b>Region</b>	<b>North</b>
<b>RTT waiting list</b>	Total waiting list size (March 2018)	33,784
	Total waiting list size (June 2018)	33,973
	RTT waiting list size in provider plan for March 2019	33,784
<b>52 week waits</b>	52 + waits (March 2018)	4
	52+ waits (June 2018)	2
	Number of 52 week waiters in provider plan for March 2019	0

<b>Demand</b>	Variance in referrals (GP) received YTD (percentage variance from provider plan)	65.75%
<b>Outpatients</b>	Total first outpatient activity YTD variance from plan (percentage variance from plan)	-7.19%
<b>Day case</b>	Day case elective volume (Spells) YTD variance from plan (% variance from plan)	-16.80%
<b>Elective ordinary</b>	Elective ordinary admissions YTD (percentage variance from plan)	-46.34%
<b>Total elective</b>	Total Elective (% variance from plan)	-21.38%

**Key to colour coding in appendix 1 – Q1 summary**

Total waiting list size (March 2018)	No data		
Total waiting list size (June 2018)	>March 18	<March 18 but > March 19	<March 19
RTT waiting list size in provider plan for March 2019	>March 18		
52 + waits (March 2018)			
52+ waits (June 2018)	>March 18	<March 18 but > March 19 plan	=0
Number of 52 week waiters in provider plan for March 2019			

Variance in referrals (GP) received YTD (percentage variance from provider plan)	>6% above trust plan	>3% above trust plan	
Total first outpatient activity YTD variance from plan (percentage variance from plan)	10% or more below trust plan	4-10% below trust plan	>5% above trust plan
Daycase elective volume (Spells) YTD variance from plan (% variance from plan)	10% or more below trust plan	4-10% below trust plan	>5% above trust plan
Elective ordinary admissions YTD (percentage variance from plan)	10% or more below trust plan	4-10% below trust plan	>5% above trust plan
Total Elective (% variance from plan)	10% or more below trust plan	4-10% below trust plan	>5% above trust plan

**Appendix two: Further assurance requests**

- a) Assurance that your organisation is:
- delivering planned activity and RTT treatment (clock stop) volumes;
  - booking patients in (clinically appropriate) chronological order ;
  - clear about what is driving elective underperformance – recognising that it is often not due to a capacity /demand imbalance that people may assume. The elective care intensive support team have developed a range of tools for Trusts to use to assist with this;
  - ensuring as a first step that there are zero 52 week waiters on non-admitted pathways or where day case treatment is required; and
  - actively validating elective pathways
- b) Where referral demand and clock starts are above plan you are working with commissioners to ensure they address this situation.
- c) Reporting and reviewing progress as a board each month until you are assured these leading measures are back on track, including:
- number of patients waiting over 40 and 52 weeks by specialty, by admitted/non-admitted pathway, with and without TCI dates.
- d) By early September the trust has reviewed its forecast its 2018/19 activity and performance commitments to ensure it is back on track. Where you determine that you will no longer be able to meet the activity and performance commitments in your Board approved plan you work with your commissioners to determine how these gaps will be closed through use of capacity in other trusts and/or the independent sector. Any contingency plan for work carried out by other trusts or the independent sector should be available to mobilise by mid-September.