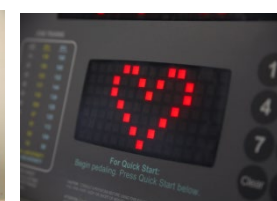


2023/24 Operational Planning Guidance

CGo.1.23.10 – COUNCIL OF
GOVERNORS 26/01/2023



The Ask

UEC

76% ECS by March 2024; support for ambulance response times; 92% G&A occupancy.

Key actions for BTHFT include: sustain winter 22/23 bed numbers; reduce medically fit to discharge; reduce handover delays; contribute to system control centres approach; increased use of virtual wards to 80%

Elective Care

Eliminate waits over 65 weeks RTT by March 2024; deliver activity targets

Key actions for BTHFT: reduce OPFU by 25% against 19/20 by March 2024; 85% day case and theatre utilisation; offer meaningful choice at point of referral and other subsequent points; use alternative providers including through the Digital Mutual Aid System

Cancer

Reduce 62 day waits; meet 75% FDS by March 2024; increase percentage diagnosed at stage 1 or 2

Key actions for BTHFT: 80% of FDS lower GI referrals have a FIT result; tele-dermatology in place; prostate BPTP in place; increased capacity (25% diagnostic and 13% treatment); expand targeted lung health checks; 100% population coverage of non-specific symptoms by March 24; surveillance for Lynch syndrome, BRCA and liver; increase bowel cancer screening capacity for lower threshold of 54 years

Diagnostics

95% DM01 performance by March 2025; delivery activity targets aligned to elective and cancer needs

Key actions for BTHFT: CDC objectives as per investment plan; 10% improvement in pathology and imaging network productivity; increase GP direct access (guidance pending); delivery of any other successful capital bids.

Maternity

Reduce still births, neonatal mortality, maternal mortality and serious intrapartum brain injury; increase staff fill rates

Key actions for BTHFT: Ockenden and “single delivery plan” (pending) actions; personalised care plans; reduce inequalities in access and outcomes

Other Areas

Workforce - Improve retention and attendance – NHS People Promise

Primary Care - Improve/ increase access to GP’s; recruit to ARRS roles; recover dental activity

Mental Health - Improve access to mental health support for children and young people; increase the number of adults and older adults accessing IAPT treatment and community mental health services;

Health Inequalities

Hypertension treated to NICE guidance to 77% by March 2024; Deliver on the Core20PLUS5 approach

- Estimated £25m efficiency target for 2023/24
- Need to deliver these savings to release money for future investments in clinical services
- Cannot rely on underspends due to vacancies as in previous years
- Increased support to be provided to CSUs compared to previous years to enable identification of plans
- Cost growth since 2019/20 includes significant amount of non-core, premium cost capacity, eg in/outsourcing, agency, overtime etc provides a major opportunity
- Specialty datapacks identifying changes since 2019/20 and expenditure on premium cost capacity will highlight links to enable focus for CSU efficiency plans
- Need to ensure BTHFT plans dovetail with national asks:
 - deploy staff more flexibly;
 - theatre productivity;
 - reduce agency spend to 3.7%;
 - reduce corporate costs;
 - reduce procurement/ supply chain costs;
 - improve inventory management;
 - medicines value programme

Next Steps

- Await formal confirmation of final funding settlement
- First draft of CSU budget setting complete – finalise to identify final efficiency target for Trust (Funding quantum minus budget setting = efficiency target)
- Agree key targets for reducing premium cost non-core expenditure
- Finalise and circulate specialty information packs
- CSUs supported to develop delivery plans for 2023/24
- Non-recurrent corporate support in 2023/24 will be deployed as far as possible but can only make a small contribution