

# ANNUAL OPERATING PLAN 2011/12

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# Operating Framework 2011/12

- Transition and reform
- Transparency and local accountability
- Service quality
- Financial and business rules
  - Modest surplus drawdown £150M
  - 2% headroom to fund costs of change – held by SHAs
  - Deal with legacy debt (will not be passed to GPCC)
  - Running costs not mgt costs
  - Pathfinders £2 ph in 2011/12
- System accountability

# Tariff

- More best practice tariffs
- Change to long stay tariff
- HRG4 for A&E
- Emergency readmissions change
- Widen scope of PBR

# Financial framework

- Reablement £70M-£150M recurrent
- Further announcement £162M
- PCTs fund first 30 days post discharge
- Emergency readmission post elective not paid
- Local thresholds all else
- 30% NEL marginal rate continues
- ‘consensual agreement below tariff’

# Tariff uplift

- Efficiency 4%
- Pay and prices inflation 2.5%
- Net – 1.5%
- Applies to non PBR too

# We will develop a 'healthy system'

- Aligned around clear goals
- Interdependent
- Mature business relationships
- Founded on transparent cooperation
- Establish systems of control
- Liberate innovative solutions
- There is no plan B

# 2010/11 Outturn summary

## NHS PLYMOUTH - 2011/12 ANNUAL OPERATING FINANCIAL PLAN

### 2010/11 OUTTURN SUMMARY

	£m	C'fwd
Plymouth Hospitals NHS Trust	6.7	6.7
Plymouth Provider Services	1.0	
Specialist Commissioning	1.9	1.9
Continuing Healthcare	1.0	1.0
Individual Patient Placements	0.8	0.8
All Other Commissioned	2.5	1.3
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	13.9	11.7
<b>Funded by:</b>		
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Contingency & reserve	13.9	

# Revised Plan Summary

## NHS PLYMOUTH - 2011/12 ANNUAL OPERATING FINANCIAL PLAN 2011/12 REVISED PLAN SUMMARY

	Rec £m	Non £m	Tot £m
Growth	9.2		9.2
10/11 RAB C'fwd		4.1	4.1
10/11 SIF C'fwd		1.6	1.6
11/12 SIF Top Slice		-1.7	-1.7
	<hr/> 9.2	4.0	<hr/> 13.2
<b><u>Investments</u></b>			
Carry forward Overspends	11.7		11.7
Net Inflation/Efficiency (NHS)	-3.9		-3.9
Net Inflation/Efficiency (Non NHS)	2.6		2.6
Net Change to SIF	3.8		3.8
Underlying Growth	9.2		9.2
Operating Framework Requiremen	4.9	-2.4	2.5
Local Strategies		0.6	0.6
Other Baseline Movements	1.6		1.6
	<hr/> 29.9	-1.8	<hr/> 28.1
Efficiency Requirement	-20.7	5.8	-14.9



# 2011/12 Health Savings Requirement

## NHS PLYMOUTH - 2011/12 ANNUAL OPERATING FINANCIAL PLAN 2011/12 HEALTH COMMUNITY EFFICIENCY

	NHS Plymouth	Total
<b>Plymouth Hospitals NHS Trust</b>		
Tariff Efficiency	6.0	15.0
QIPP	9.0	14.0
Other		tba
<b>Plymouth Provider Services</b>		
Tariff Efficiency	2.9	3.4
QIPP	2.0	2.0
Other		0.8
<b>Other Commissioned Services</b>		
Tariff Efficiency	4.4	4.4
QIPP	4.0	4.0
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<b>Total</b>		
Tariff Efficiency	13.3	22.8
QIPP	15.0	20.0
Other	0.0	tba
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Total	28.3	43.0 – 73.0

# 2011/12 QIPP Plans (net)

NHS PLYMOUTH - 2011/12 ANNUAL OPERATING FINANCIAL PLAN

2011/12 REVISED PLAN - QIPP PLANS

<b>NHS Plymouth</b>	<b>REC</b>	<b>NON</b>	<b>TOT</b>
<b>2011/12 QIPP Plans Net (excl Trust Efficiency)</b>			
	£000's	£000's	£000's
Prescription 1 ( <b>Urgent Care</b> )	4,077	0	4,077
Prescription 2 ( <b>Elective Care</b> )	2,595	0	2,595
Prescription 3 ( <b>Long Term Conditions</b> )	3,267	-462	2,805
Prescription 4 ( <b>Prescribing</b> )	904	-3	901
Prescription 5 ( <b>Primary/Community</b> )	2,157	-130	2,027
Prescription 6 ( <b>Mental Health</b> )	2,465	0	2,465
Prescription 7 ( <b>Learning Disabilities</b> )	1,812	-100	1,712
Prescription 8 ( <b>Non Clinical Productivity</b> )	-1,850	0	-1,850
			0
<b>Total Plans</b>	<b>15,427</b>	<b>-695</b>	<b>14,732</b>

# Transition Planning

## Creating the New Infrastructure and Capability

- TCS Implementation
- Supporting the development of Sentinel as Consortium
- Early Adoption of H&W Board

## Keeping the Show on the Road – Clustering

- Functional analysis
- Schemes already underway
- Discussions with Neighbours

# **Transition Plan**

## **Key Design Principles**

- **Start now to deliver now**
- **Subsidiarity and Localism**
- **A clinical/managerial partnership**
- **Scale is important**
- **Keep it simple**
- **Form follows function**
- **Momentum**

# Four Tests of service redesign

- Support from GPs
- Patient and Public Engagement
- Clinical evidence base
- Support and development of patient choice