

**NHS Trust Development Authority
2013/14 NHS Trust integrated plan checklist: Quality**

Name of NHS Trust:

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
1.	<p>For Acute NHS Trusts, the Board will undertake, and make public, regular monitoring of its performance using the National Quality Dashboard.</p> <p>For community, mental health and ambulance Trusts, the Trust will work with the TDA to identify quality indicators that demonstrate effective and safe services that meet patient's expectations</p>		
2.	<p>There is a clinical strategy in place that supports the provision of high quality care in each service</p>		
3.	<p>The Trust has robust plans to meet the quality standards in the NHS Standard Contract 2013/14</p>		
4.	<p>The Trust has robust clinical governance processes to underpin the assurance of quality through the Quality Governance Framework and participation in all relevant clinical audits</p>		
5.	<p>Medical and Nurse Directors have approved quality impact assessments for all cost improvement programmes prior to Board sign off, with evidence of associated monitoring of delivery</p>		

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
6.	The Trust will publish activity, clinical quality measures and survival rates from national clinical audits for every consultant practising in the ten specialties identified for publication in 2013		
7.	In parallel to the work of the national forum to be set up by the NHS Commissioning Board in 2013, the Trust is examining potential improvements in access to routine services seven days a week		
8.	<p>The Board undertakes regular monitoring of the national and local CQUINs, with the commitment to achieve agreed CQUINs in full. The Trust has plans to meet the national CQUIN goals in 2013/14:</p> <ul style="list-style-type: none"> • Friends and Family Test; • improvement against the NHS Safety Thermometer - (excluding VTE), particularly pressure sores; • improving dementia care, including sustained improvement in Finding people with dementia, Assessing and Investigating their symptoms and Referring for support (FAIR); • venous thromboembolism - 95 % of patients being risk assessed and achievement of a locally agreed goal for the number of VTE admissions that are reviewed through root cause analysis 		

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
9.	The Trust will implement a Friends and Family Test for all acute hospital inpatients and Accident and Emergency patients from April 2013 and for women who have used maternity services from October 2013, with a view to further roll out in 2014/15.		
10.	The Trust will work with commissioners to capture real-time patient and carer feedback and comment, towards the goal that all NHS patients will be able to leave real time feedback on any service by 2015.		
11.	The Board undertakes and makes public regular monitoring and learning from all Serious Incidents and Never Events in line with The never events policy framework (October 2012)		
12.	The Trust ensures timely investigation and closure of all Serious Incidents in line with the timescales in the national requirements		
13..	The Trust deals with Central Alerting System alerts efficiently, including timely remedial action and closure		
14.	The Trust will work with commissioners to ensure the recommendations in Transforming Care: A National response to Winterbourne View Hospital and the forthcoming Francis report into Mid Staffordshire NHS Foundation Trust are addressed locally as appropriate		

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
15.	The Trust has a robust approach to infection control including zero tolerance of MRSA infections and, for Clostridium difficile , an approach to achieve the national objective based on significant reductions in incidence.		
16.	<p>The Board undertakes and makes public regular monitoring, responses, learning and improvement on patient experience. The sources used include:</p> <ul style="list-style-type: none"> • national and local patient surveys; • NHS Friends and Family Test; • themes and trends identified from complaints; • patient feedback reports from NHS Choices; • on-line sources such as Iwantgreatcare and Patient Opinion 		
17.	The Trust has plans to take forward Compassion in Practice and promote the necessary values: care, compassion, competence, communication, courage and commitment		
18.	The Trust undertakes staff and clinical engagement , including an active social partnership forum and a staff voice on policy matters and the culture of the organisation		
19.	The Trust has in place sound arrangements for child and adult safeguarding , which adhere to statutory		

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	requirements and best practice		
20.	The Trust is taking into account the recommendations of the Report of the Children and Young People's Outcomes Forum		
21.	The Trust has plans to implement the expected new ' duty of candour ' in the NHS Constitution		
22.	The Trust has a commitment to supporting prevention , including work on 'every contact counts'		
23.	The Trust undertakes a clinical review of every avoidable death . Reviews are initiated by the Medical and Nurse Directors and include patients and carers, where appropriate		
24.	The Trust has arrangements to ensure all staff have appraisals and continuing professional development plans, with demonstration of achievement for a higher proportion of staff each year		
25.	The Trust ensures it is compliant with the requirements to undertake medical revalidation		
26.	The Trust regularly considers feedback from trainees , including consideration of assurance reports from Health Education England on the quality of the training and education environment		
27.	The Trust publishes an annual Quality Account that		

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	complies fully with national reporting requirements		

**NHS Trust Development Authority
2013/14 NHS Trust integrated plan checklist: Workforce**

Name of NHS Trust:

No.	Workforce requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
1.	The Trust has a Board-approved workforce plan which includes the period 2013/14		
2.	The workforce plan has been approved by the medical and nurse directors prior to Board 'sign off'		
3.	The Trust is either using or has familiarised itself with the National Workforce Assurance Tool application, in anticipation of its rollout later in 2013		
4.	Workforce metrics, benchmarking, trends and plans, with related quality metrics and intelligence have been used to identify trends, measure performance and inform the workforce plan for 2013/14		
5.	Workforce changes are consistent with agreed commissioning plans for 2013/14		
6.	It is important that activity, financial and workforce plans are changing in a proportionate way over the planning period. Triangulation of the workforce plan for 2013/14 with financial and activity plans for 2013/14 has been undertaken		

No.	Workforce requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
7.	The triangulation demonstrates that the workforce plans are consistent with activity and financial plans		
8.	Workforce plans have been communicated to the Local Education and Training Board and agreed as the basis for the commissioning of education and training in 2013/14 and beyond		
9.	A system to deliver the workforce plan is in place which provides assurance to the Board		
10.	The Trust has a register of risks against the workforce plan, underpinned by a reliable monitoring system		

**NHS Trust Development Authority
2013/14 NHS Trust integrated plan checklist: Performance**

Name of NHS Trust:

No.	Performance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	Trusts must prepare plans which ensure compliance with all of the rights and pledges conferred by the NHS Constitution. Where current performance is below the standard required a robust recovery plan with improvement trajectory must be prepared and submitted. Please confirm compliance with this expectation in relation to the specific requirements below:		
1.	Maintain delivery of Referral to Treatment 18 week maximum waiting time standards of: <ul style="list-style-type: none"> • 90% within 18 weeks for admitted patients; • 95% within 18 weeks for non-admitted patients; • 92% within 18 weeks for incomplete non-emergency pathways (yet to start treatment). 		
2.	Zero tolerance of any referral to treatment waits of more than 52 weeks		
3.	Maintain and improve on reductions in waiting times for diagnostic tests and do not exceed more than 1% of patients waiting longer than 6 weeks		

No.	Performance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
4.	At least 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival in accident and emergency		
5.	No patient should wait longer than 12 hours on a trolley in accident and emergency		
6.	<p>Sufficient capacity is in place to deliver the following cancer waiting time standards:</p> <ul style="list-style-type: none"> • maximum two week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93%; • maximum two week wait for first outpatient appointments for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%; • maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers – 96%; • maximum 31 day wait for subsequent treatment where that treatment is surgery – 94%; • maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98%; • maximum 31 day wait for subsequent treatment where that treatment is a course of radiotherapy – 94%; 		

No.	Performance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	<ul style="list-style-type: none"> • maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer -85%; • maximum 62 day wait from referral from an NHS Screening service to first definitive treatment for all cancers – 90%; • maximum 62 day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set. 		
7.	75% of Category A emergency responses arrive on scene within 8 minutes (target to be met for both Red 1 and Red 2 calls separately)		
8.	95% of Category A emergency responses arrive on scene within 19 minutes		
9.	All handovers between an ambulance and A&E Department take place within 15 minutes and crews are ready to accept new calls within a further 15 minutes		
10.	The Trust has published a declaration of compliance with mixed sex accommodation requirements and any breaches are minimised		
11.	All patients who have operations cancelled on or after the day of admission (including day of surgery) for non-clinical reasons are offered another binding date		

No.	Performance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	within 28 days, or the patient's treatment is funded at the time and hospital of the patient's choice		
12.	There is zero tolerance of an urgent operation being cancelled for the second time		
13.	95% of patients under adult mental illness specialties on the Care Programme Approach are followed up within 7 days of discharge from psychiatric inpatient care		
14.	The NHS Trust is preparing for full roll-out of the access to psychological therapies programme by 2014/15 and for the recovery rate to reach 50%.		
15.	The Trust has plans in place to deliver a zero tolerance approach to MRSA infections		
16.	The Trust has plans in place to deliver the agreed CDiff trajectory		
17.	The Trust is preparing for a potential move to paperless referrals in the NHS by March 2015		
18.	The Trust will use the NHS number as the primary identifier in 2013/14 to facilitate national data collection		
19.	The Trust will ensure its data on the Secondary Uses		

No.	Performance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	Service is complete and of the required quality.		
20.	All NHS Trusts who provide community services should have systems in place to fully collect all data fields contained in the Community Information Data Set (CIDS) from April 2013. Where this is not the case please provide an update on progress in implementing the CIDS including as a minimum your current data capture completeness and date when you expect to have a fully populated and compliant IT System		
21.	The Trust will comply with data collections that have been approved by the Information Standards Board, including the Systemic Anti-Cancer Therapy dataset and Cancer Outcomes and Services dataset		

**NHS Trust Development Authority
2013/14 NHS Trust integrated plan checklist: Finance**

Name of NHS Trust:

No.	Finance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	Trust plans must comply with the financial elements of the TDA planning guidance. Please confirm compliance in relation to the specific requirements below:		
1.	The financial plan is consistent with the Long Term Financial Model (LTFM) of the NHS Trust		
2.	In 2013/14 the Trust is planning for a surplus in line with its LTFM		
3.	In 2013/14, on an exception basis, any Trust planning for breakeven or a deficit is in formal recovery		
4.	The Trust is planning for an inflation uplift in the tariff of 2.7% offset by efficiency of 4%. This will be applied to services that are both within and outside the scope of Payment by Results		
5.	The Trust is planning to deliver all the CQUIN schemes agreed in the contract for 2013/14 including the national goals and Innovation, Health and Wealth. The maximum CQUIN that can be earned is 2.5% of the value of all services commissioned through the		

No.	Finance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	NHS Standard Contract.		
6.	Any changes in the scope, structure and business rules of payment by results are being implemented in accordance with the Payments by Results code of conduct		
7	Where applicable, engagement with commissioners is taking place on the outcomes that will be delivered for the reinvestment of funds released from non-payment of full tariff (ie emergency rate marginal tariff and emergency readmissions)		
8	Please provide details of any legacy commitments agreed prior to 2013/14 that impact in 2013/14 and beyond. This needs to include any revenue funding agreed by commissioners above the national tariff for developments or transitional funding to manage the non recurring costs of change associated with delivering QIPP		
9	The financial plan allows for the delivery of all operational standards and contractual terms from commissioners		
10	The NHS Standard contract will be used with all NHS commissioners and includes detail of activity plans and how that activity is priced		

No.	Finance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
11	To provide stability, it is recommended that providers and commissioners agree a contract extension of 18 months from the date of provider FT authorisation. Please confirm current status of discussion on contract extension		
12	There is a clear articulation of an in year risk management strategy in each contract including the process by which action will be identified, the roles and responsibilities of NHS Trusts and the financial consequences of the risk management approach		
13	There is a process in place to ensure that contracts with commissioners are in place and signed by 31 March 2013, including a local process for resolving disputes		
14	The Trust is not planning for any mandatory fines to be applied in 2013/14		
15	The Trust is engaged with commissioners on the outcomes expected for the investment of resources in social care and the £300m reablement funding		
16	Capital plans are an update on the plans agreed for 2012/13, reflecting changes in overall strategy or affordability		
17	The Trust is not assuming access to any Public Dividend Capital in 2013/14		

No.	Finance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
18	Financial planning forms have been signed off by the Director of Finance prior to submission		
19	The Trust has triangulated activity, finance and workforce and the results demonstrate consistency		
20	A financial strategy has been developed which ensures financial health over the next two years and that delivers the required productivity gains, efficiency and improved taxpayer value		
21	Financial plans deliver the statutory financial duties of the Trust		
22	The Trust has assessed its Financial Risk Rating for the 2013/14 financial year. Please provide a quarterly profile of the planned Financial Risk Rating.		

NHS Trust Development Authority
2013/14 NHS Trust integrated plan checklist: Quality Innovation Productivity and Prevention (QIPP)

Name of NHS Trust:

No.	Quality Innovation Productivity and Prevention (QIPP) assurance	Confirmation of compliance	Explanation / mitigation of non-compliance
1.	<p>A firm foundation and detailed project plans agreed with stakeholders are essential to delivery of QIPP. Please confirm compliance in relation to the specific requirements below:</p> <ul style="list-style-type: none"> • QIPP schemes are based on evidence which demonstrates the possible range of improvement against a benchmarked position • QIPP plans have progressed from high level ambitions to detailed pieces of service and clinical pathway redesign • the service and clinical pathway redesign work underpinning the QIPP plans has been led by both primary and secondary care clinicians • QIPP plans that involve unscheduled care are developed in sufficient detail to focus on a particular group of patients or conditions 		
2.	<p>The Trust has considered consultation requirements associated with the QIPP plans and has a consultation plan if appropriate which outlines stakeholders and</p>		

No.	Quality Innovation Productivity and Prevention (QIPP) assurance	Confirmation of compliance	Explanation / mitigation of non-compliance
	planned timescales		
3.	<p>Testing of assumptions increases the likelihood of successful delivery of planned changes. Please confirm compliance in relation to the specific requirements below:</p> <ul style="list-style-type: none"> • tests of changes on a pilot basis have been carried out to provide assurance of the expected impact of the schemes • the Trust has assured itself that there is a direct causal link between each proposed QIPP action and the expected impact for the NHS Trust • the Trust has assured itself that the QIPP plan distinguishes appropriately between full year and part year effects • the Trust and commissioners have assured themselves that the skills required to deliver the new pathways are available in the required staff group and the correct location • QIPP schemes have a realistic start date • Please state how much confidence each party has in the delivery of the QIPP schemes 		

No.	Quality Innovation Productivity and Prevention (QIPP) assurance	Confirmation of compliance	Explanation / mitigation of non-compliance
4.	The success of each QIPP scheme must be measurable. A set of Key Performance Indicators and milestones has been jointly agreed that will measure the outcomes of each scheme		
5.	Appropriate arrangements are in place to monitor delivery of QIPP plans against KPIs and milestones		
6.	The Trust and commissioners have run an integrated business process for 2013/14 including planning and contracting, with the outcome of detailed contract amendments at Healthcare Resource Group level		
7.	Appropriate access to commissioner headroom has been discussed. For example, to cover non recurring costs associated with the change such as redundancies / pump priming costs /stranded fixed costs for a limited period of time.		
8.	A robust shared approach to risk management is required to support QIPP delivery in 2013/14. Please confirm compliance in relation to the specific requirements below:		
	<ul style="list-style-type: none"> • consideration has been given to whether QIPP schemes would support a gain share approach, for example, pass through drug costs; 		
	<ul style="list-style-type: none"> • an approach to in year risk delivery has been agreed; 		

No.	Quality Innovation Productivity and Prevention (QIPP) assurance	Confirmation of compliance	Explanation / mitigation of non-compliance
	<ul style="list-style-type: none"> the detail of the risk sharing agreements is linked to the level of detail in the plan and the level of confidence in all parties around delivery; 		
	<ul style="list-style-type: none"> the approach to risk sharing has taken into consideration the baseline planned activity and price; 		
	<ul style="list-style-type: none"> the Trust and commissioners have agreed an exit strategy if a component of the QIPP plan does not deliver the expected outcomes; 		
	<ul style="list-style-type: none"> the consequences of the agreed exit strategy are clearly outlined for each party. 		

**NHS Trust Development Authority
2013/14 NHS Trust integrated plan checklist: Innovation**

Name of NHS Trust:

No.	Innovation Health and Wealth requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
1.	The Trust automatically includes positive NICE Technology Appraisals in local formularies in a planned way that supports safe and clinically appropriate practice		
2.	The Trust publishes its local formulary		
3.	The Trust will track adoption of NICE Technology Appraisals through the Innovation Scorecard as it becomes available		
4.	The Trust participates in the NICE Implementation Collaborative to obtain support in overcoming barriers to implementation of NICE Technology Appraisals and guidelines		
5.	It is important that the Trust has implemented the relevant High Impact Innovations in order to secure the benefits and demonstrate pre-qualification for CQUIN in 2013/14. Please confirm compliance with this expectation in relation to the specific requirements below. If the innovation is not applicable to the services of the Trust, please state not applicable.		

No.	Innovation Health and Wealth requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	<ul style="list-style-type: none"> assistive technology is in use, with progress towards the ambition of supporting '3 million lives'; 		
	<ul style="list-style-type: none"> intraoperative goal directed fluid therapy is in use for the defined surgical procedures where patients would benefit; 		
	<ul style="list-style-type: none"> 'child in a chair in a day' is being taken forward to reduce waiting times in line with best practice; 		
	<ul style="list-style-type: none"> 'digital first' is being taken forward in line with local milestones to shift to a predominantly digital provision; 		
	<ul style="list-style-type: none"> dementia carers are being supported with respite care in line with their needs; 		
	<ul style="list-style-type: none"> international and commercial activity is being taken forward so that local patients can benefit from faster access to effective treatments and the Trust can benefit from research and development activities that promote economic growth. 		
6.	The Trust is an active partner in the local Academic Health Science Network, enabling local patients to benefit from taking part in clinical trials and receiving the most effective treatments and the Trust to benefit from its participation in research and development		

NHS Trust Development Authority
2013/14 NHS Trust integrated plan checklist: Foundation Trust pipeline

Name of NHS Trust:

No.	Foundation Trust pipeline requirements	Current position / confirmation of compliance	Explanation / mitigation of non-compliance
1.	The Trust has a clear trajectory for moving to FT status as a standalone organisation or an alternative plan, which is set out in the current Tri-partite Formal Agreement (TFA)		
2.	The Trust Board plans to:		
	<ul style="list-style-type: none"> • pursue a standalone FT application; 		
	<ul style="list-style-type: none"> • pursue an alternative (specify what and when). 		
3.	Please state the date in the TFA by which the FT application is due to be submitted to TDA (equivalent previously to the DH submission date)		
4.	Please specify the latest TFA RAG rating and the date of the RAG rating		
5.	In relation to delivery against the milestones set out in the TFA, please confirm compliance against the relevant statement:		
	<ul style="list-style-type: none"> • the Trust is on track to deliver its FT application in line with the agreed timeline 		

No.	Foundation Trust pipeline requirements	Current position / confirmation of compliance	Explanation / mitigation of non-compliance
	<ul style="list-style-type: none"> the Trust is off track to deliver in line with the agreed timeline and will deliver its FT application at a later date – (specify when) 		
	<ul style="list-style-type: none"> the Trust is off track and will not deliver its FT application even with additional time and needs to pursue an alternative plan 		
6.	<p>Risk ratings are an integral part of managing the delivery of the agreed FT trajectory. Please specify the current and forecast future positions with regard to risk ratings:</p>		
	<ul style="list-style-type: none"> the Governance Risk Rating for the Trust for the last three quarters (Q1 to Q3 2012/13) 		
	<ul style="list-style-type: none"> the Financial Risk Rating (both reported and normalised) for the Trust for the last three quarters (Q1 to Q3 2012/13) for both year to date and forecast outturn 		
	<ul style="list-style-type: none"> the forecast Governance Risk Ratings for the next five quarters (Q4 2012/13 and Q1-Q4 2013/14) 		
	<ul style="list-style-type: none"> the forecast Financial Risk Ratings (both reported and normalised) for the next five quarters (Q4 2012/13 and Q1-Q4 2013/14) for both year to date and forecast full year outturn 		

No.	Foundation Trust pipeline requirements	Current position / confirmation of compliance	Explanation / mitigation of non-compliance
7.	<p>For those Trusts pursuing a standalone FT Application, please confirm that: (if any answer is NO, please indicate the date by which the Trust can answer YES. If answering YES please give the date at which the Board approved the latest version)</p> <ul style="list-style-type: none"> • the Trust has an up to date IBP; • the Trust has an up to date base case LTFM that meets the FT authorisation tests and that supports the application date; • the Trust has an up to date downside LTFM and mitigations that meets the FT authorisation tests and that supports the application date; • the Operating Plan for 2013/14 is consistent with 2013/14 in the LTFM; • the Trust has Board-approved detailed and quality assessed Cost Improvement Programmes for the two years 2013/14 and 2014/15. 		
8.	<p>For those Trusts no longer pursuing a standalone FT application please confirm that: (if any answer is NO, please indicate the date by which the Trust can answer YES)</p> <ul style="list-style-type: none"> • the Trust has completed a strategic options appraisal; 		

No.	Foundation Trust pipeline requirements	Current position / confirmation of compliance	Explanation / mitigation of non-compliance
	<ul style="list-style-type: none"> the Trust has identified a process to follow to select a strategic partner; 		
	<ul style="list-style-type: none"> the TDA, SHA and local commissioners have commented on and formally supported the planned process; 		
	<ul style="list-style-type: none"> the Trust has a timeline and plan for the proposal (please append). 		
	<ul style="list-style-type: none"> the Trust has Board-approved detailed and quality assessed Cost Improvement Programmes for the two years 2013/14 and 2014/15 		
9.	<p>Monthly self-assessment against a series of Board statements provides an on-going indicator of the position of the Trust in a range of critical areas and the ability of the Trust to accurately self-assess and is useful preparation for the FT assessment process. Please append your latest set of approved Board statements</p>		