

Trust Board: 28 March 2013
Agenda item:

Surrey and Sussex 
Healthcare NHS Trust

Operating Plan Submission – 2013/14

Executive sponsors: **Paul Simpson (Chief Financial Officer) &
Gillian Francis- Musanu (Director of Corporate Affairs)**
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An Associated University Hospital of
Brighton and Sussex Medical School

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Operating Plan Submission – 2013/14

Purpose of report and action required: Approval

Summary:

- This report provides the Board with the Trusts current Operating Plan submission for 13/14. The first draft was submitted to the Trust Development Authority (TDA) on 25th January with a further update on 28th Feb. Any additional feedback is due from the TDA by the 24th March with the final submission is due on 5th April 13.
- The content of the Operating Plan pack has been designed by the NHS Trust Development Authority to enable NHS Trusts to detail their integrated plans for 13/14. The plans are based on an overarching presentation in which the Trust is required to capture the narrative on the last year and the year ahead.
- Each Trust is required to identify five key areas of delivery where there is significant variation from the top performers and to set out an improvement plan and to consider up to six high priority areas where the TDA can provide support and development.
- Feedback from the initial submission included commissioning context, specific actions for the development and improvement plans and clarification points in Annex F (finance, innovation, quality, QUIPP & FT). The finance section and FT timeline have been updated
- The Board is asked to review and approve the final submission.

Relationship to Trust corporate objectives and assurance framework:

Relevant objective:

- **Objective 1** – Deliver Safe, High Quality, Coordinated Care
- **Objective 2** – Ensure Patients Are Cared for and Cared About
- **Objective 3** – Work in Partnership With Our Community
- **Objective 4** – Become a Sustainable, Effective Organisation

Operating Plan Submission 13/14

Corporate impact assessment:

Legal:	No legal breach is reported, or forecast.
Regulation:	No regulatory breach is reported, or forecast.
Patient experience/ engagement:	No adverse impact reported or expected.
Risk & performance management	No compliance issues.
NHS constitution; equality & diversity; communication.	No compliance issues.

Contents

- ❑ Operation Plan Overarching presentation including improvement and development priorities
- ❑ Annex F – Planning checklists

For submission to Trust Development Authority:
Update: Final – March 13

Surrey and Sussex 
Healthcare NHS Trust

2013/14 Operating Plan Presentation Pack “Final”

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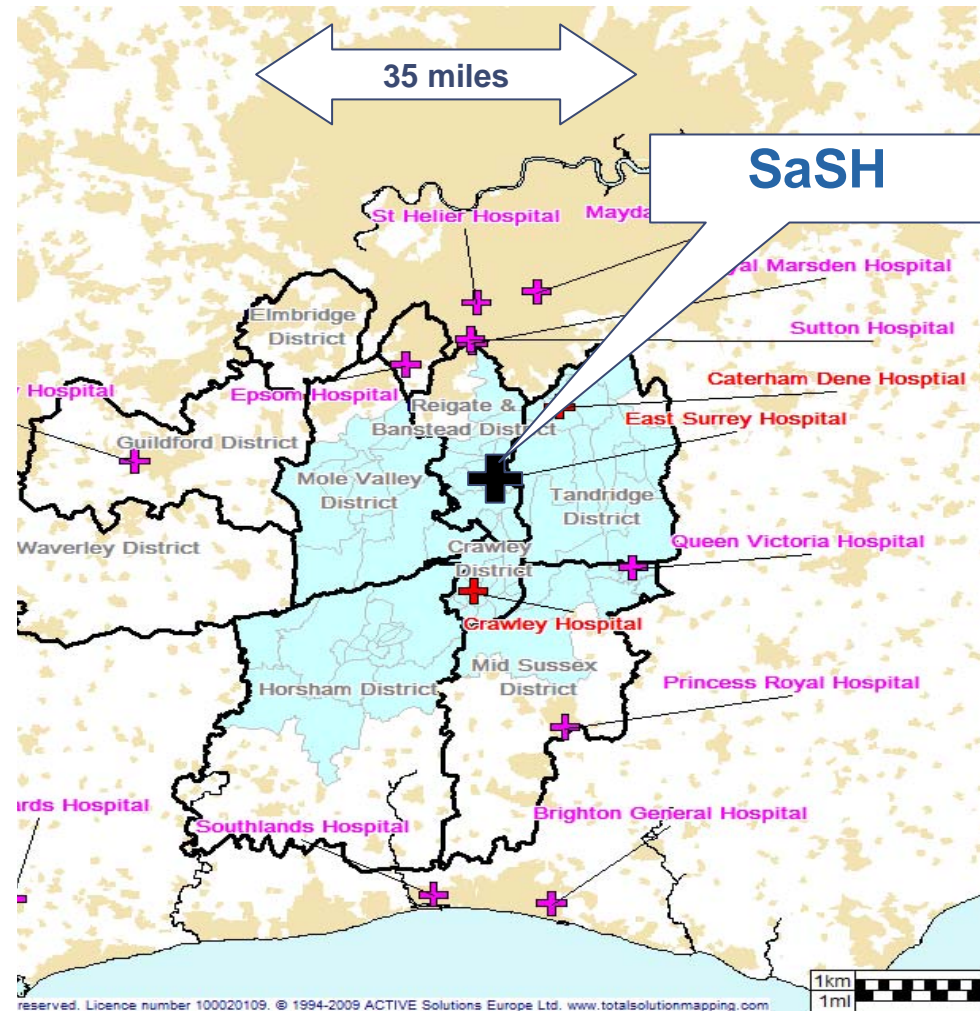
Overview of Contents

- The Trust – key facts
- Vision & values
- History and context
- Services & service focus
- Capability & sustainability of services
- Performance & quality of services
- Commissioning context
- Plans for 2013/14
- Financial plan & risks
- Historical activity trends
- Annex A – improvement priorities
- Annex B – development priorities

The Trust

Key Facts

- Income of £210m
- Main site: East Surrey Hospital, total land area of 66 acres valued at £11.9M, value of the buildings: £73.2M
- Provide services leasing clinical and admin space from:
 - Crawley Hospital
 - Horsham Hospital
 - Dorking Hospital
 - Caterham Dene Hospital
 - Oxted Health Centre
- Approximately 3,500 staff
- Population approx 420,000+



Our Vision and Values

Our Vision

- Deliver “Safe, High Quality Healthcare which puts our community first”

Our Values

- Dignity and Respect
- Compassion
- Safety and Quality
- One Team

History & Context

East Surrey Hospital

- 252,000 OP attendances
- 42,000 Admissions
- 28,000 Day cases
- 82,000 A & E Attendees
- 650 beds
- £210m income
- Close to M23, M25 - closest hospital to Gatwick Airport
- Previous history of poor performance
- Catchment areas of high elderly population and deprivation
- Prior to 2010, 5 CEOs & 5 COOs in 7 years
- Merger with Crawley Hospital in April 1998

Services Delivered through our Divisions

Surgical	Medicine	Women & Children	Clinical Support Services
<ul style="list-style-type: none"> • Breast Surgery • Colorectal surgery • Dentistry & Orthodontics (including paediatrics) • Ear, Nose & Throat • General Surgery • Gastroenterology/Endoscopy • Ophthalmology • Oral and Maxillofacial Surgery • Pain management • Trauma & Orthopaedics • Urology • Vascular surgery 	<ul style="list-style-type: none"> • Emergency Care (ESH) • Critical Care • Cardiology • Chemotherapy • Clinical Haematology • Clinical/Medical Oncology • Dermatology • Elderly Medicine • Endocrinology • General Medicine • Neurology • Rheumatology • Thoracic Medicine 	<ul style="list-style-type: none"> • Maternity • Gynaecology • Neonatology • Paediatric medicine & surgery <div data-bbox="1189 799 1883 1050" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p>Anaesthetics Allied health professions (physiotherapy, OT, SALT)</p> </div>	<ul style="list-style-type: none"> • HSDU • Pathology • Pharmacy • Radiology • Outpatients/Health Records

Our Service Focus

- Provide a full range of high quality modern DGH acute services to our local population
- Trauma Unit status achieved in November 2012
- King's Fund supporting Frail Elderly pathway re-design without partners
- Busiest maternity service serving Sussex, plan for 98 hour consultant service
- Confirmed CNST Level 1 - January 2013
- Emergency and in-patient paediatric services maintained
- Network solutions in cancer services, cardiology, trauma, vascular care

Capability & sustainability of Services

- Clinically-led management enabled organisation
- Implementing leadership development programme
- Working across health community to re-design models of care
- Partnership working with commissioners & other providers to improve local services
- New governance framework
- Significant programme of capital investment (£36m) = improved modern facilities for patients and visitors

Performance Journey – Feb 2013

	Apr 12 (In Month)	May 12 (In Month)	Jun 12 (In Month)	Jul 12 (In Month)	Aug 12 (In Month)	Sep 12 (In Month)	Oct 12 (In Month)	Nov 12 (In Month)	Dec 12 (In Month)	Jan 13 (In Month)	Feb 13 (In Month)
ED 95% in 4 hours	92.1%	97.0%	97.8%	97.9%	98.9%	98.8%	98.1%	98.2%	92.4%	95%	95%
MRSA Incidences - In Month (Trust acquired)	0 in Mon	1 in Mon 1 YTD	0 in Mon 1 YTD	0 in Mon 1 YTD	0 in Mon 1 YTD	0 in Mon 1 YTD	1 in Mon 2 YTD	0 in Mon 2 YTD	0 in Mon 2 YTD	1 in Mon 3 YTD	0 in Mon 3 YTD
C Diff Incidences - In Month (Trust acquired)	6 in Mon	2 in Mon 8 YTD	0 in Mon 8 YTD	2 in Mon 10 YTD	1 in Mon 11 YTD	1 in Mon 12 YTD	2 in Mon 14 YTD	3 in Mon 17 YTD	1 in Mon 18 YTD	4 in Mon 22 YTD	2 in Mon 24 YTD
RTT Admitted - 90% in 18 weeks	90.6%	91.4%	90.6%	91.6%	91.4%	90.8%	91.2%	92.4%	92.0%	91.1%	91.2%
RTT Non Admitted - 95% in 18 weeks	93.1%	95.6%	95.2%	95.3%	95.8%	95.5%	95.3%	96.0%	95.8%	96.9%	96.8%
RTT Incomplete Pathways - %age under 18 weeks	90.0%	90.4%	92.9%	93.4%	93.6%	92.1%	93.7%	93.7%	94.0%	94.3%	95.0%
RTT - No of Specialties not achieving standards	22	15	10	13	11	10	11	5	4	4	3
%age of patients waiting 6 weeks or more for diagnostic	0.8%	0.8%	0.1%	0.2%	0.1%	5.8%	0.2%	0.6%	0.99%	0.2%	0.0%
Cancer - TWR	93.1%	96.6%	95.4%	94.4%	93.0%	92.6%	94.7%	95.0%	95.7%	93.8%	96.2%
Cancer - Breast Symptomatic (2 Week Wait)	88.4%	93.8%	90.8%	95.2%	93.0%	93.0%	96.3%	93.0%	98.8%	93.4%	98.7%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	98.4%	95.2%	95.0%	96.3%	100.0%	100.0%	98.3%	100.0%	100.0%	96.6%	95.2%
Cancer - 31 Day Second or Subsequent Treatment (DRUG)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer - 31 Day Diagnosis to Treatment	100.0%	100.0%	99.0%	96.8%	98.7%	98.0%	98.0%	100.0%	100.0%	96.9%	99.0%
Cancer - 62 Day Referral to Treatment from Screening	100.0%	100.0%	100.0%	88.9%	77.8%	90.0%	78.0%	70.0%	75.0%	85.7%	87.5%
Cancer - 62 Day Urgent Referral	85.4%	87.4%	86.6% (see footnote)	86.2%	90%	85%	87.1%	88%	86%	76.1%	85.4%
Delayed Transfers of Care (%age of bed days)	4.8%	4.5%	5.1%	2.4%	1.4%	2.9%	1.7%	1.7%	2.9%	<3.5%	<3.5%
Mixed Sex Breaches per FCE	0.34%	0.26%	0.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%
VTE Assessment on Admission	90.6%	90.3%	92.1%	92.5%	91.2%	90.5%	91.5%	90.0%	91.0%	92.7%	93.1%

Quality of Services Current Performance cont/d)

	Apr 12 (In Month)	May 12 (In Month)	Jun 12 (In Month)	Jul 12 (In Month)	Aug 12 (In Month)	Sep 12 (In Month)	Oct 12 (In Month)	Nov 12 (In Month)	Dec 12 (In Month)	Jan 13 (In Month)	Feb 13 (In Month)
Integrated Measures Score and Rating	2.02	2.56	2.49	2.89	2.82	2.67	2.75	2.82	2.60	2.71	2.89
	Under Perf	Perf	Perf	Perf	Perf	Perf	Perf	Perf	Perf	Perf	Perf
CQC Registration	Perf	Perf	Perf	Perf	Perf	Perf	Perf	Perf	Perf	Perf	Perf
Patient Experience	Under Perf	Under Perf	Under Perf	Under Perf	Perf Under Review	Perf Under Review	Perf Under Review	Perf Under Review	Perf Under Review	Perf Under Review	Perf Under Review
Overall Quality Of Services	Under Perf	Perf Under Review	Perf Under Review	Perf Under Review	Performing	Performing	Performing	Performing	Performing	Performing	Performing

Performance Forecast - Q1 13/14

	Apr 13 (In Month)	May 13 (In Month)	Jun 123 (In Month)
ED 95% in 4 hours	> 95%	> 95%	> 95%
MRSA Incidences - In Month (Trust acquired)	On Plan	On Plan	On Plan
C Diff Incidences - In Month (Trust acquired)	On Plan	On Plan	On Plan
RTT Admitted - 90% in 18 weeks	>90%	>90%	>90%
RTT Non Admitted - 95% in 18 weeks	>95%	>95%	>95%
RTT Incomplete Pathways - %age under 18 weeks	>92%	>92%	>92%
RTT - No of Specialties not achieving standards	3	2	2
%age of patients waiting 6 weeks or more for diagnostic	<1%	<1%	<1%
Cancer - TWR	>93%	>93%	>93%
Cancer - Breast Symptomatic (2 Week Wait)	>93%	>93%	>93%
Cancer - 31 Day Second or Subsequent Treatment (SURGERY)	>94%	>94%	>94%
Cancer - 31 Day Second or Subsequent Treatment (DRUG)	>98%	>98%	>98%
Cancer - 31 Day Diagnosis to Treatment	>96%	>96%	>96%
Cancer - 62 Day Referral to Treatment from Screening	85% to 90%	85% to 90%	85% to 90%
Cancer - 62 Day Urgent Referral	>85%	>85%	>85%
Delayed Transfers of Care (%age of bed days)	<3.5%	<3.5%	<3.5%
Mixed Sex Breaches per FCE	0.00%	0.00%	0.00%
VTE Assessment on Admission	>95%	>95%	>95%
Integrated Measures Score and Rating	2.89	2.89	2.89
	Perf	Perf	Perf
CQC Registration	Perf	Perf	Perf
Patient Experience	Perf Under Review	Perf Under Review	Perf Under Review
Overall Quality Of Services	Performing	Performing	Performing

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Commissioning Context

- Partnership work is ongoing with Commissioners both in terms of outgoing PCT/clusters in Surrey & Sussex
- The Trust is coping with a lack of continuity within the Surrey and Sussex CSU (4 different contract leads in the last 4 months)
- FOT / baseline activity has been agreed in principle with CCGs.
- QIPP plans have now been received but lack detail.
- Draft and incomplete CQUIN proposals have recently arrived but with no quality schedules or APAs
- Communication from SaSH seeking further information and clarification is being discussed with commissioners
- Timescales for reaching a conclusion on 2013/14 on activity levels and spend has been agreed

Plans to Achieve FT Status in 2014/15

(subject to TDA confirmation)

- TFA realigned to reflect SaSH as a sustainable standalone organisation
- Proposed timeline for application & assurance phases



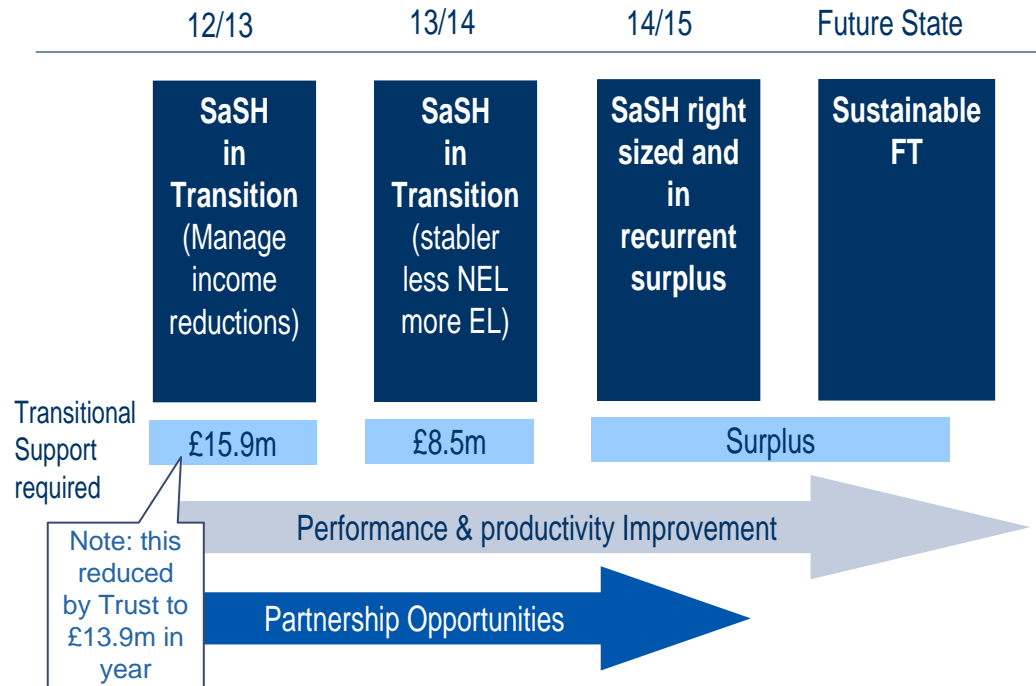
SOM Compliance Framework & Milestones: Inc
 BGAF Self Assessments & Review
 Quality Governance Framework Review
 Board Interviews
 Consultation pre & post
 Membership recruitment
 IBP & LTFM – further drafts
 Assurance documents
 HDD Phases 1 & 2
 B2B with TDA

Additional Plans for 2013/14

Continue work with strategic partners:

- CCGs – Surrey & Sussex - (nursing homes)
- Community Trusts
- Brighton & Sussex University Hospital NHS Trust - (Medical School & Pathology)
- Royal Surrey County NHS FT - (Chemotherapy & Radiotherapy)
- Guys & St Thomas' NHS FT - (Respiratory Unit)
- Potentially Epsom NHS Trust
- Academic Health Science Network

Financial plan overview



Notes:





- 2010/11+: Trust is more productive (greater volume of electives – improved ratio);
- Risk over CCG emergency demand plans – Trust ambulatory care & frail elderly strategies developed – new risk share needed with CCGs;
- Robust contracting approach with CCGs & contractual relationship reflecting long term nature.

- 2011/12: Deal with overcrowding issues
- 2012/13: Non elective activity kept within the non elective bed-base;
- 2012/13 to 2013/14: Non elective activity is increasingly dealt with out of hospital
- 2012/13 to 2013/14: significant capital programme to support actions on overcrowding & provide fit for purpose infrastructure
- 2012/13 onwards: improve Performance rating to “performing” (Trust more competitive);
- 2012/13 to 2014/15: deliver significant financial savings (4.6% [£10m] in 12/13, 5.0% [£11m] in 13/14 – similar in 14/15);
- 2014/15: repatriate elective activity, including partnership arrangements
- Ongoing: increased productivity, partnership and commercial opportunities.

TDA return – financial plan key points

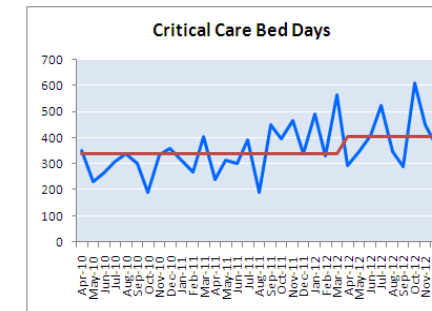
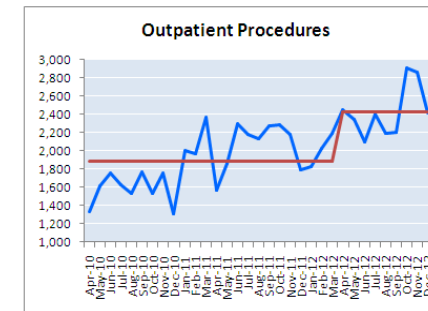
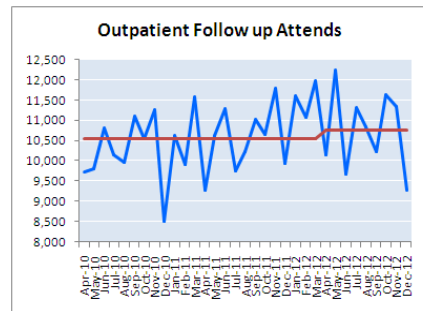
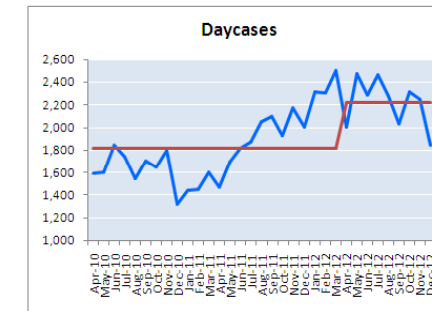
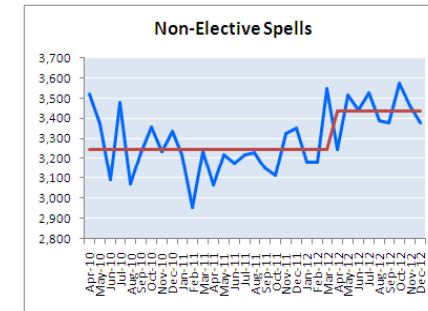
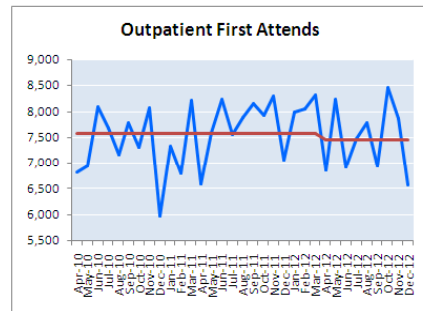
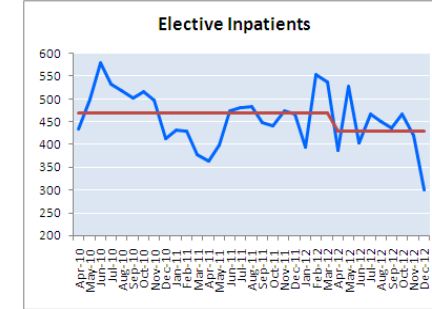
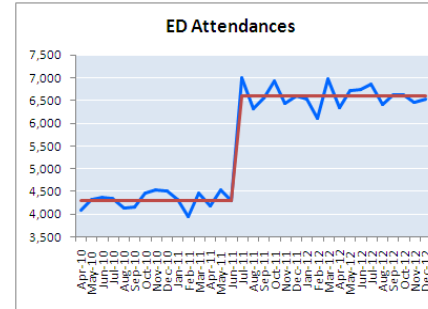
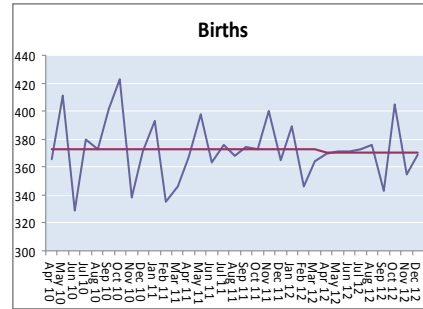
- **2013/14 planned I & E surplus = £3M**, 2014/15 = £2.2M surplus.
- **2013/14 normalised deficit = £3.5M** – agreed CCG n/r support £8.5M
- **Savings plan for 13/14 is £11.1M (5% of total spend) – includes:**
 - Pay savings £3.5m (includes agency reduction and gross headcount savings – so excluding investment – 52WTE), non pay savings £5.5m, post-EBITDA £0.7m and non CCG income £1.4m
- **Revenue from Patient Care - planned increase over 12/13 payment of £9.0M**
 - this reflects the outturn in 12/13 against what was paid by CCGs (nb: Trust reduced non recurrent support last year), best practice tariff, final transition to organ support payments for intensive care, recurrent impact of 12/13 part year activity volume and case mix changes and expected repatriation of elective work that was agreed with CCGs in 2012/13 contracts, but delayed;
 - Discussions are not complete with CCGs over their plans to reduce the baseline through demand and price management. No local quality KPIs are yet available. Detail QIPP awaited from CCG.
 - CQUIN is planned for at 2.5% - no local CQUIN plans are yet available
- **Gross Employee Costs - planned increase of £[2.7 TBA]M – includes:**
 - FYE of 12/13 investments, 13/14 pay awards and increments, netted off by savings
- **Other – Non Pay Costs - planned increase £[6.4 TBA]M – includes:**
 - inflation and CQUIN costs increase and repatriated income, netted off by savings
- **Other Revenue = planned reduction = £5M** - (mainly reduction in non recurrent support)

TDA return – financial risks

RAG	Value	Description of risks	Action
 RED	£20.0m	<p>Contract income</p> <p>a) <u>Value</u>: CCGs have submitted lower value plans due to pressures from limited recovery in 12/13 – recurrent baseline in excess of CCG plans</p> <p>b) <u>Price actions</u>: Aggressive procurement is expected from attempted local price proposals and procurements</p> <p>c) <u>Demand mgmt</u>: Development of plans at very early stage (so impact or validation cannot be assessed or incorporated in plan)</p> <p>d) <u>PbR</u>: Some tariff changes (particularly maternity pathway – 1.9% reduction on top of deflator) mean less income in key quality areas. CQUIN means new recurrent costs and loss of past year income</p>	<p>1) Robust [& detailed] contractual arrangements in place by 15 Apr;</p> <p>2) Agree shared plans that reduce activity volumes – plans agreed by 15 Apr</p> <p>3) Robust negotiation/legitimacy over local prices and active participation in procurements</p> <p>4) Savings adjusted for additional tariff reduction beyond deflator 31 Mar</p> <p>5) Revise CQUIN spend from past years</p>
 AMB	£3.6m	<p>Savings:</p> <p>a) <u>Large savings plan</u></p> <p>b) <u>Operational pressure</u>: Pressures on capacity will impact agency reduction to national average % paybill and the stop of elective outsourcing – need effective management of capacity 12 months of the year</p> <p>c) <u>Competition process</u>: Additional delay and restrictions from CCP/OFT process in partnership arrangements (eg: pathology joint working)</p>	<p>1) All savings risk rated & contingency provided</p> <p>2) Operational plans clearly sequenced to ring fence elective beds</p> <p>3) Agreement of more robust winter management with CCGs (linked to 70% NEL and readmit funding)</p> <p>4) Clear process for CCP engagement and completed early</p>
 AMB	£3.0m	<p>Cost base:</p> <p>a) <u>Operational pressure</u>: as above for savings</p> <p>b) <u>Medical and nursing costs from quality initiatives</u>: investment is being incorporated around junior doctor rotas, consultants and midwives. Impact of Francis 2 may require additional unfunded investment beyond existing levels</p>	<p>1) Actions as above for savings at #2</p> <p>2) Contingency set aside Trust-wide and within divisional budgets;</p> <p>3) Investment in medical and nursing staff linked to operational management to ensure quality</p>
 AMB		<p>3rd party risk areas:</p> <p>a) Other health system impacts: capacity management in other hospitals but primarily strategic change in Epsom area</p> <p>b) Impact of Sussex Together procurement programme (PwC report) on structures</p>	<p>1) Direct involvement in strategic planning in neighbour health systems</p> <p>2) Proactive and strengthened acute trust network, including response to Sussex Together</p>

Historic activity trends from 2010




- **Non elective activity:** flat trend into 13/14 (growth probably contained through health system actions, but no decline). “Jump” in March 2012 describes delivery of A&E target and increased level of admission as opposed to long waits in ED.
- **ED attendances** also flat (growth contained as above). Large jump is urgent treatment centre in-house.
- **Day cases and elective inpatients** show move to increased day cases. Together is an increase (from 18 weeks delivery and maintenance) but expected to plateau in 2013/14 with all specialty compliance. Growth will then be from repatriation.
- **Outpatients** show some ups and downs, overall there is growth.



• Period: M01 10/11 to M09 12/13). Trend line is a rolling average.



Additional risks

RAG	Description of Risk	Action
	Ability of whole health system to cope with current non-elective demand and the impact on performance & patient experience	Whole system to agree a sustainable plan in Q4 12/13 which is closely monitored throughout 13/14
	Failure to secure formal CCG support for formal FT application	Continue partnership & involvement of CCGs in FT application through FT project board & other forums
	Delay in FT authorisation	Work with SHA/TDA to ensure TFA milestones are met

Improvement Priorities

No.	Improvement Priority	Improvement Plan
1	<p>Re-admissions: Reduce the number of unscheduled readmissions so SaSH to be in the best performing 50% of Trusts</p>	<ul style="list-style-type: none"> • Dr Foster Intelligence has identified our overall rate of 7.9% against a benchmark of 6.5%. • Accurately code patients who are planned readmissions & clinically appropriate • Identify genuine readmissions and use intelligence to rank those identified outside the benchmark with focused work when inpatients and organise appropriate follow-up
2	<p>End of Life Care: Better facilitate patient choice of location. Work with primary & community care to deliver EoL strategy for patients who choose not to die in a hospital setting</p>	<ul style="list-style-type: none"> • Work with community colleagues to define an acute bed, recognise EoL care is not best delivered in a busy acute ward or within ED. • Greater emphasis applied to identifying patients with chronic conditions nearing the end of therapeutic options. • Work with hospices and acute teams to ensure EoL care in an acute hospital should be the option only when active treatment is being received or there is no other option
3	<p>Dementia: Deliver and exceed the national standard so that this becomes "business as usual"</p>	<ul style="list-style-type: none"> • Use of diagnostic tool for all patients at risk of dementia (initially 100% of 75+ years but aiming to reduce the age bar to identify early onset and young onset disease) • Refer to good quality memory service • Where a new diagnosis is suspected and where other health providers have not succeeded, sign-post carers to effective support • High quality communications and hand over at interfaces with primary and secondary care and mental health services • Commitment to bring acute trust perspective to multi-professional whole sector solutions
F		

Improvement Priorities

No.	Improvement Priority	Improvement Plan
4	<p>Orthopaedics: #NoF & elective joint replacement; surgical site infections & wound care. Sash to be better than average and in the best performing 50% of Trusts</p>	<ul style="list-style-type: none"> • Ensure “right” patient is in the “right” bed • Theatre upgrade due in 13/14 • Improved surveillance, root cause analysis and learning for individual cases
5	<p>Patient & Experience and Staff Engagement: <i>Patient Experience:</i> Inclusion of the Friends & Family Test, build on “Your Care Matters” Improvement to responses on communication responses so SaSH not in the bottom quartile for any responses.</p> <p><i>Staff Engagement:</i> Specific elements from staff survey</p>	<ul style="list-style-type: none"> • Improve the experience of patients in Domain 4 of the NHS Outcomes Framework • Use the information from Friends and Family Test to build on timely feedback from patients about their experience • Use the information from Patient Surveys to improve communication and the patient experience • Use the recent data from the current staff survey to improve the experience of staff working at the Trust and to improve recruitment opportunities

NHS Trust 2013/14 development priorities template

No.	Development Priority
1	<p>Whole System Frail Elderly Strategy: Primary, community & social care working with the acute sector to reduce acute hospital admission, keeping people “well” in the community.</p> <p>Support required: Facilitation of whole health economy working, sources of information/awareness of other trusts where similar or allied work is taking place. Critique role as a challenging “friend”. Harmonisation/standardisation of views across counties on whose borders SaSH sits.</p>
2	<p>Diabetes: Improving how we manage care ensuring adults and children get access to the best care, technologies & clinical trials across the pathway.</p> <p>Support required: Facilitation of whole health economy working, sources of information/awareness of other trusts where similar or allied work is taking place. Critique role as a challenging “friend”. Harmonisation/standardisation of views across counties on whose borders SaSH sits.</p>
3	<p>High Impact Innovations: Focusing on 3 million lives; Intra-operative fluid management (IOFM) & Digital by default.</p> <p>Support required: Learning and implementing best practice across all three areas of innovation.</p>
4	<p>Clinical Leadership: At the clinical lead and matron level.</p> <p>Support required: Equipping clinicians to take senior leadership roles and providing the opportunities, vision and succession planning.</p>
5	<p>Maternity Services Birthing Centre:</p> <p>Support required: Learning best practice to promote the normalising birth agenda, reduce the Caesarean Section rate and provide greater choice to women with regard to how and where they give birth. To promote safe and high quality care for all women.</p>
6	<p>Board Development:</p> <p>Support required: Enabling the whole board to enhance performance as a unitary board.</p>

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

Name of NHS Trust: **Surrey & Sussex Healthcare 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>	<p>Compliant</p> <p>The Trust has a Quality Scorecard which is monitored by the Board.</p>	<p>From April 2013 the Trust will adopt the National Quality Dashboard.</p>
2.	<p>There is a clinical strategy in place that supports the provision of high quality care in each service</p>	<p>Compliant</p>	<p>The current clinical strategy is being updated and developed further to include additional analysis, and development plans. Current draft discussed at Board Seminar in Jan 13. To be approved by the Board in Q1 of 2013/14.</p>
3.	<p>The Trust has robust plans to meet the quality standards in the NHS Standard Contract 2013/14</p>	<p>Compliant</p>	<p>A process is in place to develop a trajectory to ensure that all quality standards in the 2013/14 standard contract are being met. Supported by the</p>

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
			development of the nursing & midwifery strategy due for Board approval in Q1 2013/14.
4.	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	Compliant	An action plan for implementation of Monitor's Quality Governance Framework is being developed and implemented. Revised clinical governance structure currently being implemented and delivered.
5.	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	Compliant A clear process is in place.	Medical Director is a member of the PMO and signs of all CIPs with the Chief Nurse. Any quality risks identified are discussed at Board Safety & Quality Committee.
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	Compliant The Trust has a process in place.	
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	Compliant A number of services are already accessible seven days a week.	The Trust is implementing a plan to further improve access to routine services seven days a week.

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	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 	<p>Compliant</p> <p>Compliant</p> <p>Compliant</p> <p>Compliant</p>	<p>Plans are in place to achieve new clinical standard.</p>

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	goal for the number of VTE admissions that are reviewed through root cause analysis		
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.	Compliant	
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.	Compliant	Plans are already in place via “Your Care Matters”. The Trust will also continue to work with Commissioners.
11.	The Board undertakes and makes public regular monitoring and learning from all Serious Incidents and Never	Compliant Currently undertaken	Plans are in place to make monitoring and learning from serious incidents and never events available at public board meetings in 2013/14.

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	Events in line with The never events policy framework (October 2012)	regularly in Private Board meetings.	Monitoring and learning also takes place at the Management Board for Quality and Risk.
12.	The Trust ensures timely investigation and closure of all Serious Incidents in line with the timescales in the national requirements	Compliant Regularly reviewed by the Safety & Quality Committee.	
13.	The Trust deals with Central Alerting System alerts efficiently, including timely remedial action and closure	Compliant	
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	Compliant	The Trust will continue to work with commissioners to ensure the outcome of the forthcoming Francis report is addressed locally.
15.	The Trust has a robust approach to infection control including zero tolerance of MRSA infections and, for	Compliant	Outcome of RCAs undertaken and educational presentations to the Infection Control Taskforce

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	<p>Clostridium difficile, an approach to achieve the national objective based on significant reductions in incidence.</p>	Compliant	<p>and the medical grand round.</p> <p>Any MRSA or period of increased incidence (PII) is declared as an SI with a full system investigation.</p> <p>A new data capture system is currently being implemented which will improve data recording across the Trust.</p>
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 “ I want great care and Patient Opinion 	<p>Compliant</p> <p>Compliant</p> <p>Compliant</p> <p>Compliant</p> <p>Compliant</p>	

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
17.	The Trust has plans to take forward Compassion in Practice and promote the necessary values: care, compassion, competence, communication, courage and commitment	Compliant	Implementation of the new nursing & midwifery strategy for 2013/14 will ensure compassion in practice is fully implemented. In addition ward management development programme due to start in March 2013. HCA development programme is being procured.
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	Compliant	New Chief Nurse implementing change to operational reporting line of Divisional Chief Nurses (DCN's) to within the Divisions to achieve divisional autonomy as 'top teams' and empower DCNs to lead clinically. Band 5 nurses will increase participation in groups and committees to ensure that their voice is heard. Other Lead clinicians involved in development programme in 13/14 following diagnostic work with NHS Leadership Academy.
19.	The Trust has in place sound arrangements for child and adult safeguarding , which adhere to statutory requirements and best practice	Compliant	
20.	The Trust is taking into account the recommendations of the Report of the	Compliant	

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	Children and Young People's Outcomes Forum		
21.	The Trust has plans to implement the expected new ' duty of candour ' in the NHS Constitution	Compliant	Plans are being developed and implemented to ensure "duty of candour" is further embedded in the Trust in 2013/14.
22.	The Trust has a commitment to supporting prevention , including work on 'every contact counts'	Compliant	
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	Compliant	
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	Compliant Monthly Performance meetings review progress by each Division. Integrated Performance & Quality Review (IPQR) includes % of appraisals and PDPs and reported at each	

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		public Board meeting.	
25.	The Trust ensures it is compliant with the requirements to undertake medical revalidation	Compliant	
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	Compliant	This is undertaken on a regular basis by the Director of Medical Education. In addition an information feedback lunch is also held with CEO and Medical Director.
27.	The Trust publishes an annual Quality Account that complies fully with national reporting requirements	Compliant Available on the Trust website.	

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

Name of NHS Trust: **Surrey & Sussex Healthcare 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). 	Compliant 90% achieved consistently for 10 months 95% achieved consistently for 9 months 92% achieved consistently for 8 months	
2.	Zero tolerance of any referral to treatment waits of more than 52 weeks	Compliant	

No.	Performance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
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	Compliant	
4.	At least 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival in accident and emergency	Compliant Q2 performance >95% Q3 performance > 95% Q4 Trajectory >95%	Compliance sustainable during winter pressures
5.	No patient should wait longer than 12 hours on a trolley in accident and emergency	Compliant	

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%; • 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%; 	<p>Compliant</p> <ul style="list-style-type: none"> • Yes • Yes • Yes • Yes • Yes • N/A • Yes • No 	<p>Small referral volumes. Pathway shared with a partner NHS trust which has lead to the patient referral being received late in the pathway.</p>
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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Yes 	
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)	N/A	
8.	95% of Category A emergency responses arrive on scene within 19 minutes	N/A	
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	Work in progress	Partnership working and pilot with SECAMB to agree accurate handover times. Pilot running from Jan 13 – March 13 with SECAM funded practitioner working with ambulance crews & ED to meet crews and manage handover process. If pilot successful process will be formalised in Q1 2013. Expect to be compliant in 13/14
10.	The Trust has published a declaration of compliance with mixed sex accommodation requirements and any breaches are minimised	Compliant	
11.	All patients who have operations cancelled on or after the day of admission (including day of surgery) for non-clinical	Yes	

	reasons are offered another binding date 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	Partial compliance due to patients having other clinical needs	Plan for compliance in 13/14. The Trust has zero tolerance of an urgent operation being cancelled for the second time, unless there are clear medical reasons or because of patient choice.
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	N/A	
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%.	N/A	
15.	The Trust has plans in place to deliver a zero tolerance approach to MRSA infections	Compliant	
16.	The Trust has plans in place to deliver the agreed CDiff trajectory	Compliant	
17.	The Trust is preparing for a potential move to paperless referrals in the NHS by March 2015	Work in progress	Plan being developed to ensure compliance by March 2015.
18.	The Trust will use the NHS number as the primary	Compliant	

	identifier in 2013/14 to facilitate national data collection		
19.	The Trust will ensure its data on the Secondary Uses Service is complete and of the required quality.	Compliant SaSH currently complies with all mandatory submissions to SUS.	
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	N/A	
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	Compliant The trust is on plan for trajectory to full submission	

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

Name of NHS Trust: **Surrey & Sussex Healthcare 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	Compliant Stock take undertaking by Enhancing Quality Team in Feb 13 as part of AHSN authorisation process	
2.	The Trust publishes its local formulary	Compliant Available and accessible	
3.	The Trust will track adoption of NICE Technology Appraisals through the Innovation Scorecard as it becomes available	Compliant	
4.	The Trust participates in the NICE Implementation Collaborative to obtain support in overcoming barriers to implementation of NICE Technology Appraisals and guidelines	Compliant SaSH is a foundation member of KSS ASHN whose agreed vision & priority is to support acute trusts in the delivery of NICE technology	We will work with the NIC and local AHSN

No.	Innovation Health and Wealth requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		appraisal 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.		
	<ul style="list-style-type: none"> assistive technology is in use, with progress towards the ambition of supporting '3 million lives'; 	Compliant	Awaiting confirmation from NHS Sussex
	<ul style="list-style-type: none"> intraoperative goal directed fluid therapy is in use for the defined surgical procedures where patients would benefit; 	Compliant	
	<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; 	N/A	We do not think this applies to the trust
	<ul style="list-style-type: none"> 'digital first' is being taken forward in line with local milestones to shift to a predominantly digital provision; 	Compliant	Awaiting confirmation from NHS Sussex

No.	Innovation Health and Wealth requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	<ul style="list-style-type: none"> dementia carers are being supported with respite care in line with their needs; 	N/A	We do not think this applies to the Trust
	<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. 	Compliant Part of commitment to membership of AHSN	
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	Compliant Foundation members of KSS AHSN	

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

Name of NHS Trust: Surrey & Sussex Healthcare NHS Trust

No.	Quality Innovation Productivity and Prevention (QIPP) assurance	Confirmation of compliance	Explanation / mitigation of non-compliance
1.	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:		
	<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 now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
	<ul style="list-style-type: none"> • QIPP plans have progressed from high level ambitions to detailed pieces of service and clinical pathway redesign 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
	<ul style="list-style-type: none"> • the service and clinical pathway redesign work underpinning the QIPP plans has been led by both primary and secondary care clinicians 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.

No.	Quality Innovation Productivity and Prevention (QIPP) assurance	Confirmation of compliance	Explanation / mitigation of non-compliance
	<ul style="list-style-type: none"> QIPP plans that involve unscheduled care are developed in sufficient detail to focus on a particular group of patients or conditions 	Compliant, but output well below plan in 2012/13	Extensive work in 2012/13 did not deliver a reduction in non elective activity, but may have reduced impact of growth.
2.	The Trust has considered consultation requirements associated with the QIPP plans and has a consultation plan if appropriate which outlines stakeholders and planned timescales		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
3.	Testing of assumptions increases the likelihood of successful delivery of planned changes. Please confirm compliance in relation to the specific requirements below:		
	<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 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
	<ul style="list-style-type: none"> 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 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
	<ul style="list-style-type: none"> the Trust has assured itself that the QIPP plan distinguishes appropriately between full year and 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve

No.	Quality Innovation Productivity and Prevention (QIPP) assurance	Confirmation of compliance	Explanation / mitigation of non-compliance
	part year effects		outstanding issues.
	<ul style="list-style-type: none"> 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 plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
	<ul style="list-style-type: none"> QIPP schemes have a realistic start date 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
	<ul style="list-style-type: none"> Please state how much confidence each party has in the delivery of the QIPP schemes 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
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		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
5.	Appropriate arrangements are in place to monitor delivery of QIPP plans against KPIs and milestones		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.

No.	Quality Innovation Productivity and Prevention (QIPP) assurance	Confirmation of compliance	Explanation / mitigation of non-compliance
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	Expect to be compliant	Contract process will include HRG level activity planning
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.	Compliant	CCGs are providing £8.5m of non recurrent support in 2013/14
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; 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
	<ul style="list-style-type: none"> an approach to in year risk delivery has been agreed; 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.

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; 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
	<ul style="list-style-type: none"> the approach to risk sharing has taken into consideration the baseline planned activity and price; 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
	<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; 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.
	<ul style="list-style-type: none"> the consequences of the agreed exit strategy are clearly outlined for each party. 		QIPP plans have now been received but lack detail. The Trust is in discussion with CCGs to gain clarity and to resolve outstanding issues.

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

Name of NHS Trust: **Surrey and Sussex Healthcare 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	Compliant	
2.	The workforce plan has been approved by the medical and nurse directors prior to Board 'sign off'	Compliant	
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	Compliant The Trust has designated staff responsible for delivering workforce planning functions.	
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	Compliant The Trust has embedded structures and processes which have provided intelligence used to identify and measure trends.	
5.	Workforce changes are consistent with agreed commissioning plans for 2013/14		Awaiting CCG commissioning intentions following which our plans will be adjusted (where relevant) to

No	Workforce requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
			reflect any changes in service and workforce in 2013/2014
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	Work in progress	This work will be concluded when CCG commissioning intentions have been finalised. This will allow triangulation in 2013/2014.
7.	The triangulation demonstrates that the workforce plans are consistent with activity and financial plans	As above	
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	Compliant	
9.	A system to deliver the workforce plan is in place which provides assurance to the Board	Compliant The Board has monthly oversight of workforce plans through the Workforce and Investment Committee.	
10.	The Trust has a register of risks against the workforce plan, underpinned by a reliable	Compliant The workforce assurance process with the PCT and the CCGs provides a mechanism for	This is to be undertaken following annual refresh of the plan

No .	Workforce requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	monitoring system	external challenge and scrutiny of our workforce risks.	

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

Name of NHS Trust: Surrey & Sussex Healthcare 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	Compliant	
2.	In 2013/14 the Trust is planning for a surplus in line with its LTFM	Compliant—the plan shows a £3m surplus this is after factoring in £8.5m of non recurring agreed funding.	
3.	In 2013/14, on an exception basis, any Trust planning for breakeven or a deficit is in formal recovery	Planning for a £3.0m surplus as per agreed funding. Not 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	Compliant	

No.	Finance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	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 NHS Standard Contract.	Expect to be compliant. Financial plan assumes this delivery	National CQUIN is known and SaSH is planning to be compliant. CCGs have provided first draft details of CQUIN schemes; however they are incomplete and are being discussed.
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	Compliant	
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 (i.e. emergency rate marginal tariff and emergency readmissions)	Expect to be compliant	Timetable for contract discussions includes this element.
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	CCG commitment to fund £8.5m transitional funding as part of the Trust's TFA plan. SHA commitment when time is appropriate to correct underlying liquidity problem (estimated at	This commitment is part of the NHS Sussex settlement around its financial plan in 2012/13. The source of funding for CCGs is under discussion (might come from top slice/AT transformational

No.	Finance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	delivering QIPP	£20m support on balance sheet)	budgets)
9	The financial plan allows for the delivery of all operational standards and contractual terms from commissioners	Compliant	
10	The NHS Standard contract will be used with all NHS commissioners and includes detail of activity plans and how that activity is priced	Expect to be compliant, but reliant on CCGs providing or agreeing activity plans	Contract negotiations are on going.
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		Contract negotiations are on going – 18 month extension not applicable to this planning cycle.
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	Expect to be compliant, but reliant on CCGs agreeing risk share	Contract negotiations are on going.
13	There is a process in place to ensure that contracts with commissioners are in place and signed by	Partially compliant	Contract negotiations are on going. A timetable has been agreed with

No.	Finance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	31 March 2013, including a local process for resolving disputes		Commissioners to finalise the contract by the required deadlines.
14	The Trust is not planning for any mandatory fines to be applied in 2013/14	Compliant	
15	The Trust is engaged with commissioners on the outcomes expected for the investment of resources in social care and the £300m reablement funding	Expect to be compliant	Timetable for contract discussions includes this element.
16	Capital plans are an update on the plans agreed for 2012/13, reflecting changes in overall strategy or affordability	Compliant	
17	The Trust is not assuming access to any Public Dividend Capital in 2013/14	To be discussed with TDA – the plan does assume PDC for theatres in 13/14 and 14/15	TDA has approved a theatres business case – cash resource limit has been agreed. A further business case for phase 2 of theatres will be submitted.
18	Financial planning forms have been signed off by the Director of Finance prior to submission	Compliant	
19	The Trust has triangulated activity, finance and	Compliant	

No.	Finance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	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	Compliant	Note: no finalised CCG's plans received to date.
21	Financial plans deliver the statutory financial duties of the Trust	Compliant	
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.	Compliant – as per FT pipeline checklist.	

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

Name of NHS Trust: Surrey & Sussex Healthcare 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)	Compliant: <i>Realigned TFA drafted for agreement with TDA</i>	Realigned TFA for sign-off with TDA by 31.3.13
2.	The Trust Board plans to:		
	<ul style="list-style-type: none"> • pursue a standalone FT application; 	Compliant: Pursue a standalone FT application	
	<ul style="list-style-type: none"> • pursue an alternative (specify what and when). 	N/A	
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)	Compliant: <i>Current draft indicates 1st October 2013 subject to confirmation with TDA</i>	Subject to confirmation by TDA
4.	Please specify the latest TFA RAG rating and the date of the RAG rating	Expect to be compliant by 31.3.13	Subject to TFA changes confirmed by TDA.

No.	Foundation Trust pipeline requirements	Current position / confirmation of compliance	Explanation / mitigation of non-compliance
5.	In relation to delivery against the milestones set out in the TFA, please confirm compliance against the relevant statement:	N/A	
	<ul style="list-style-type: none"> the Trust is on track to deliver its FT application line with the agreed timeline 	Compliant: On track for delivery	
	<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) 	N/A	
	<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 	N/A	
6.	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:	N/A	
	<ul style="list-style-type: none"> the Governance Risk Rating for the Trust for the last three quarters (Q1 to Q3 2012/13) 	Compliant: Green (SOM returns)	
	<ul style="list-style-type: none"> the Financial Risk Rating (both reported and normalised)for the Trust for the last three quarters 	Normalised non-compliant	Trust agreed non-recurrent funding (as part of TFA plan) which means

No.	Foundation Trust pipeline requirements	Current position / confirmation of compliance	Explanation / mitigation of non-compliance												
	<p>(Q1 to Q3 2012/13) for both year to date and forecast outturn</p> <ul style="list-style-type: none"> • the forecast Governance Risk Ratings for the next five quarters (Q4 2012/13 and Q1-Q4 2013/14) 	<p>Compliant (SOM) Forecast – Green for Q1 12/13 – Q1 – Q4 – 2013/14</p>	<p>normalised FRR will not be compliant until 14/15</p>												
	<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 	<table border="0"> <tr> <td>Reported:</td> <td>Normalised:</td> </tr> <tr> <td>Q4 12/13 - 3</td> <td>1</td> </tr> <tr> <td>Q1 13/14 – 3</td> <td>1</td> </tr> <tr> <td>Q2 13/14 – 3</td> <td>1</td> </tr> <tr> <td>Q3 13/14 – 3</td> <td>1</td> </tr> <tr> <td>Q4 13/14 – 3</td> <td>1</td> </tr> </table>	Reported:	Normalised:	Q4 12/13 - 3	1	Q1 13/14 – 3	1	Q2 13/14 – 3	1	Q3 13/14 – 3	1	Q4 13/14 – 3	1	<p>See earlier response re FRR.</p>
Reported:	Normalised:														
Q4 12/13 - 3	1														
Q1 13/14 – 3	1														
Q2 13/14 – 3	1														
Q3 13/14 – 3	1														
Q4 13/14 – 3	1														
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; 	<p>N/A</p>													
	<ul style="list-style-type: none"> • the Trust has an up to date IBP; 	<p>Compliant– 1st formal draft IBP shared with the SHA in October 2012</p>													

No.	Foundation Trust pipeline requirements	Current position / confirmation of compliance	Explanation / mitigation of non-compliance
		Final document on trajectory as per TFA milestones	Subject to confirmation by TDA
	<ul style="list-style-type: none"> the Trust has an up to date base case LTFM that meets the FT authorisation tests and that supports the application date; 	Compliant – 1 st formal draft LTFM shared with the SHA in Oct 2012 Final document on trajectory as per TFA milestones	Subject to confirmation by TDA
	<ul style="list-style-type: none"> the Trust has an up to date downside LTFM and mitigations that meets the FT authorisation tests and that supports the application date; 	Compliant – 1 st formal draft LTFM shared with the SHA in Oct 2012 Final LTFM on trajectory as per TFA milestones	Subject to confirmation by TDA
	<ul style="list-style-type: none"> the Operating Plan for 2013/14 is consistent with 2013/14 in the LTFM; 	Compliant: 2013/14 Operating plan is consistent with 2013/14 in the LTFM	
	<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. 	Expect to be compliant by 31.3.13.	Board will approve and quality assess high level CIPs for 13/14 & 14/15 at March 2013 Board meeting.
8.	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		

No.	Foundation Trust pipeline requirements	Current position / confirmation of compliance	Explanation / mitigation of non-compliance
	answer YES)	N/A	
	<ul style="list-style-type: none"> the Trust has completed a strategic options appraisal; 	N/A	
	<ul style="list-style-type: none"> the Trust has identified a process to follow to select a strategic partner; 	N/A	
	<ul style="list-style-type: none"> the TDA, SHA and local commissioners have commented on and formally supported the planned process; 	N/A	
	<ul style="list-style-type: none"> the Trust has a timeline and plan for the proposal (please append). 	N/A	
	<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 	N/A	
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>	<p>Compliant</p> <p>Month 10 SOM return board statement attached</p>	

