

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

Name of NHS Trust: Yorkshire Ambulance Service

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>Ambulance Clinical Quality Indicators and Clinical Performance Indicators are currently monitored nationally. A meeting has taken place for ambulance service director representatives to meet with TDA to discuss development of an ambulance specific dashboard. Next steps awaited from TDA.</p>	
2.	<p>There is a clinical strategy in place that supports the provision of high quality care in each service</p>	<p>There is a Clinical Quality Strategy and an annual delivery plan - implementation is monitored via the Quality Committee.</p>	
3.	<p>The Trust has robust plans to meet the quality standards in the NHS Standard Contract 2013/14</p>	<p>Yes, this will be delivered via the Clinical Quality Strategy annual delivery plan and Quality Account priorities, and monitored via the Quality Committee.</p>	
4.	<p>The Trust has robust clinical governance processes to underpin the assurance of quality</p>	<p>A clear structure, systems and processes are in place as set out in</p>	

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		Integrated Performance Report that is scrutinised by Trust Board on a monthly basis.	
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	Not applicable	
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	Not applicable	
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 	<p>Ambulance Service CQUINs are agreed locally with the Trust's lead commissioner. Where possible CQUINs are included which are aligned to the national acute Trust CQUINs.</p> <p>Implementation is monitored internally via Quality Committee and reported to Board in the Integrated Performance Report and- report from Quality Committee. Monthly update reports are also provided to</p>	

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	<p>with dementia, Assessing and Investigating their symptoms and Referring for support (FAIR);</p> <ul style="list-style-type: none"> • 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 	commissioners via the Clinical Quality Review Group.	
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.	Implemented; ambulance services nationally are working on a process for adaptation to an ambulance setting.	
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.	Yes – the Trust currently has a range of processes in place for capturing feedback and a CQUIN focused on patient experience is being considered for 2013/14.	
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)	Yes – this happens in Quality Committee and via regular reports on adverse events and lessons learned. This is also reviewed at the Board through the Single Operating Model return and the integrated	

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		performance report.	
12.	The Trust ensures timely investigation and closure of all Serious Incidents in line with the timescales in the national requirements	Yes – this is reported to Board and Quality Committee.	
13..	The Trust deals with Central Alerting System alerts efficiently, including timely remedial action and closure	Yes, a process is in place. The Risk & Safety Team are made aware of any alerts and key relevant staff are notified with this information who take action as appropriate.	
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	<p>Yes – reports are considered in Quality Committee and/or Board in relation to any relevant external investigations or reports. The implications of Winterbourne View were considered at Quality Committee in January 2013 and an initial review of the Francis report went to Quality Committee & Trust Board in March 2013. The Trust will work with commissioners via the Clinical Quality Review Group to consider specific recommendations which require wider system support.</p> <p>Developmental actions ongoing from the Francis report</p>	

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		<p>recommendations will be prepared based on Quality Committee and Board discussions and TDA feedback.</p> <p>Practical application of specific recommendations will be monitored at Clinical Governance Group.</p>	
15.	<p>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.</p>	<p>Yes, the Trust maintains a strong focus on infection, prevention and control.</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 Iwantgreatcare and Patient Opinion 	<p>Yes – the Board receives regular reports on patient surveys and on themes and trends from complaints. This is managed via the Integrated Performance Report and regular ‘Lessons Learned’ reports. The Board also uses patient stories on a regular basis, to focus attention on specific examples of patient experience.</p> <p>The Trust Patient Experience team now reviews NHS Choices and gains feedback from Patient Opinion on a regular basis as part of the</p>	

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		wider patient feedback process.	
17.	The Trust has plans to take forward Compassion in Practice and promote the necessary values: care, compassion, competence, communication, courage and commitment	Yes – a paper outlining the Trust proposals has been reviewed and approved by the Trust in Quality Committee. We will be implementing the proposals over the next year.	
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	Yes, the Trust has an active programme of staff engagement and is developing this further as part of the Service Transformation Programme. A social partnership forum is in place in the form of a Joint Staff Group and this provides an opportunity for staff representatives to contribute to policy issues. Over the next year we will also be implementing our 'Bright Ideas' scheme which will improve staff engagement and provide staff with a voice on policy matters.	
19.	The Trust has in place sound arrangements for child and adult safeguarding , which adhere to statutory requirements and best practice	Yes, the Trust has robust arrangements in place and is compliant with all requirements. This is monitored by commissioners as part of the regular monthly contract quality reviews.	

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
20.	The Trust is taking into account the recommendations of the Report of the Children and Young People's Outcomes Forum	A review is planned through the national ambulance Quality Governance and Risk Directors' group and implications highlighted will be brought to the Quality Committee following this.	
21.	The Trust has plans to implement the expected new ' duty of candour ' in the NHS Constitution	Yes, the Trust reviewed the proposed changes and actions required to support implementation and has plans in place to implement.	
22.	The Trust has a commitment to supporting prevention , including work on 'every contact counts'	Yes, as part of our public health strategy.	
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	<p>The Trust reviews avoidable deaths highlighted through incidents or other internal and external reporting mechanisms via the Incident Review Group.</p> <p>The Trust monitors outcomes from cardiac arrest via the ACQIs. An action plan for improvement in outcomes is in place and monitored via the Quality Committee.</p> <p>We are currently considering further options for identifying potentially</p>	

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		avoidable deaths which may not have been highlighted by reported incidents and implementing a clinical audit process.	
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	<p>Yes, this is in place and monitored via a workforce dashboard.</p> <p>The breakdown for current PDR compliance within the Trust is as follows</p> <ul style="list-style-type: none"> • Chief Executive's Directorate 78% • Clinical Directorate 87% • Workforce & Strategy Directorate 76% • Standards & Compliance Directorate 65% • Finance & Performance Directorate 69% • Operations Directorate (all) 62% • Operations – A&E 57% • Operations – PTS 67% • Operations – EOC 66% • Operations – Resilience 43% <p>The Trust has introduced a new</p>	

No.	Quality Requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		<p>Clinical Leadership structure whereby team leaders have 1:1 time with each member of front-line staff. This dedicated time includes clinical appraisal and will improve compliance within the Operations Directorate.</p> <p>Other Directorates have individual plans to improve compliance.</p>	
25.	<p>The Trust ensures it is compliant with the requirements to undertake medical revalidation</p>	<p>Yes, arrangements are in place.</p>	
26.	<p>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</p>	<p>Yes, the Trust receives and considers feedback from trainees via its regular liaison meetings with higher education providers.</p>	
27.	<p>The Trust publishes an annual Quality Account that complies fully with national reporting requirements</p>	<p>Yes, the Trust publishes a Quality Account in accordance with national requirements.</p>	

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

Name of NHS Trust: Yorkshire Ambulance Service

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	Yes. The Trust has a 5 year workforce plan which covers the period 2013/18.	
2.	The workforce plan has been approved by the medical and nurse directors prior to Board 'sign off'	Yes. The workforce plan has been approved by the Trust Executive, including both the Nurse and Medical Directors prior to Board submission and approval in September 2012.	
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	<p>Yes. The Trust has familiarised itself with the National Workforce Assurance Tool (latest draft) in advance of its rollout in 2013.</p> <p>The Trust has confirmed its commitment to utilising the Assurance Tool to the TDA and the Workforce & Strategy Directorate senior management team have completed a familiarisation session on its application.</p>	

No.	Workforce requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
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	<p>Yes. The Trust has an extensive range of workforce metrics, which are benchmarked and reviewed for trend analysis and quality impact issues. -These have been used to inform the 2013-2018 workforce plan. -The Trust also participates in an annual cross sector benchmarking survey for both workforce and HR departmental purposes to provide further intelligence and information.</p> <p>Reduction in sickness absence rates has been included as an improvement priority for 2013/14 within our Annual Business Plan. Board assurance on delivery of reducing sickness absence is achieved through the integrated performance report and through review at other sub-committees which review CIP performance including the Finance and Investment Committee where there is NED representation.</p>	
5.	Workforce changes are consistent with agreed commissioning plans for 2013/14	Yes. Workforce changes in 2013/14 are wholly consistent with commissioning plans and have	

No.	Workforce requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		been discussed with commissioners (particularly the current lead commissioner) as part of submission of the 5 year Integrated Business Plan for the Trust (2013/18).	
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	Yes. The Workforce Plan and associated modelling has been triangulated with both forecast activity changes and the long-term financial model for the Trust.	
7.	The triangulation demonstrates that the workforce plans are consistent with activity and financial plans	Yes. As year 1 of the 5 Year Integrated Business Plan, complete alignment between the workforce and activity/financial changes for 2013/14 has been addressed and are consistent.	
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	Yes. The 5 year workforce plan and supporting education commissioning requirements have been fully shared with the Yorkshire & Humber LETB and the 2013/14 education commissioning decisions are consistent with the workforce plan. In addition, active partnership	

No.	Workforce requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		working between the LETB and the Trust is ensuring that these commissioning requirements are built into the LETB 5 year investment plan for the region.	
9.	A system to deliver the workforce plan is in place which provides assurance to the Board	Yes. Assurance against the plan delivery is provided via the Executive led Workforce Governance Group through to the Board's Quality Committee. Overarching reporting on progress and assurance with these areas is provided directly to the Board as required. The Board has been actively involved in shaping and approving the 5 year workforce plan. Reporting of progress is also incorporated on a monthly basis, at a strategic level, via the Integrated Performance Report (IPR) to the Board.	
10.	The Trust has a register of risks against the workforce plan, underpinned by a reliable monitoring system	Yes. The Trust's Board Assurance Framework and Corporate Risk Register capture the most significant workforce risks related to our workforce plan and mitigation/assurance requirements are built into this. A detailed set of	

No.	Workforce requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		Directorate Risk Registers underpin these and ensure that specific risks are captured, reviewed and managed effectively at operational levels.	

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

Name of NHS Trust: Yorkshire Ambulance Service

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). 	N/A	
2.	Zero tolerance of any referral to treatment waits of more than 52 weeks	N/A	
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	N/A	

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	N/A	
5.	No patient should wait longer than 12 hours on a trolley in accident and emergency	N/A	
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 	N/A	

No.	Performance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	<p>– 94%;</p> <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)	<p>Within the current year (2012/13) the target remains combined for both RED1 and RED2. YAS has a current YTD position for this standard of 75.3%, exceeding the mandatory target. This is expected to remain on trajectory until year end ensuring compliance with this standard.</p> <p>An action plan for delivery of the Red1 standard that becomes mandatory on 1 April 2013 was requested by the TDA and a draft plan was submitted on 19 February</p>	<i>To be completed following Trust Board discussion on Red1 Action Plan on 26 March</i>

No.	Performance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		2013. The draft plan has been considered for approval by the Trust Board on 26 March 2013 and has been resubmitted to the NTDA.	
8.	95% of Category A emergency responses arrive on scene within 19 minutes	The Trust has a YTD position of 96.9% and has achieved this standard in each month of the financial year.	
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	Currently within Yorkshire and the Humber there does not exist the technology to accurately measure clinical handover between acute and the ambulance crew.	The Trust is a leading contributor to the regional Turnaround Group (SHA facilitated) and led on the initiative to install handover screens in each of the region's ED to facilitate the ability to distinguish between hospital turnaround (total time spends at hospital) to clinical handover (15mins) and wrap up before a crew is ready to accept a new call (15 mins). This work is well advanced and forms part of the contractual arrangements from 2013/14.
10.	The Trust has published a declaration of compliance with mixed sex accommodation requirements and any breaches are minimised	N/A	

No.	Performance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
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 within 28 days, or the patient's treatment is funded at the time and hospital of the patient's choice	N/A	
12.	There is zero tolerance of an urgent operation being cancelled for the second time	N/A	
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	Yes, the Trust maintains a strong focus on infection, prevention and control.	
16.	The Trust has plans in place to deliver the agreed CDiff trajectory	N/A	
17.	The Trust is preparing for a potential move to paperless referrals in the NHS by March 2015	N/A	

No.	Performance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
18.	The Trust will use the NHS number as the primary identifier in 2013/14 to facilitate national data collection	Non-compliant. In line with other ambulance services, the Trust does not currently consistently record the patients NHS number due to the emergency nature of care and lack of system interoperability.	The Trust has submitted a business case to commissioners for support to roll out an electronic patient record system which will assist with capture of patients NHS number and is awaiting approval to proceed with roll out. This is expected to be rolled out across the region over the next 18 months.
19.	The Trust will ensure its data on the Secondary Uses Service is complete and of the required quality.	N/A	
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	Yes the Trust will comply with appropriate data collections.	

No.	Performance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	and Cancer Outcomes and Services dataset		

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

Name of NHS Trust: Yorkshire Ambulance Service

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	Yes. The plan is consistent with the LTFM based upon month 8 2012/13. This is consistent on all significant items with the LTFM submitted to the DH/TDA on 1/12/2012.	
2.	In 2013/14 the Trust is planning for a surplus in line with its LTFM	Yes. The Trust is planning a surplus in excess of 1% of turnover for 2013/14 (£2.6m) which is in line with our LTFM.	
3.	In 2013/14, on an exception basis, any Trust planning for breakeven or a deficit is in formal recovery	N/A	
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	The Trust plans are based upon a tariff deflator of -1.3% and implied efficiency of 5% in line with Monitor's base case guidance and	

No.	Finance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		local pressures.	
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.	Yes. The Trust is planning to achieve CQUIN at 2.5% of contract values.	
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	N/A	
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)	This has formed part of commissioning negotiations for 2013/14 to support the implementation of the ECS electronic patient record system.	
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	We are not planning for any legacy commitments at this stage.	
9	The financial plan allows for the delivery of all operational standards and contractual terms from	Plans assume achievement of known operational standards and	

No.	Finance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	commissioners	commissioners contractual terms, although this is subject to the outcome of on-going negotiations.	
10	The NHS Standard contract will be used with all NHS commissioners and includes detail of activity plans and how that activity is priced	Yes, the NHS Standard contract is being used, supported by detailed activity plans. Activity is costed on the basis of cost per incident with a marginal tariff for under and over performance.	
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 will be for a period of two years (ie to 31 March 2015).	
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	Roles and responsibilities and risk management approaches are described in all contracts.	
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	A schedule of contract meetings is in place to negotiate contracts prior to 31 March 2013.	
14	The Trust is not planning for any mandatory fines to be applied in 2013/14	No mandatory fines for non - delivery of Red 1 and 2 are built	

No.	Finance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
		into our base case planning assumptions.	
15	The Trust is engaged with commissioners on the outcomes expected for the investment of resources in social care and the £300m reablement funding		This has not formed part of commissioning discussions.
16	Capital plans are an update on the plans agreed for 2012/13, reflecting changes in overall strategy or affordability	Yes. These have been updated for recent Fleet, ICT and Estates strategies.	
17	The Trust is not assuming access to any Public Dividend Capital in 2013/14		The Trust is expecting £4.5m of PDC to fund the development of a new HART site in 2013/14. This is currently being approved by the SHA.
18	Financial planning forms have been signed off by the Director of Finance prior to submission	Confirmed.	
19	The Trust has triangulated activity, finance and workforce and the results demonstrate consistency	Confirmed. Plans reflect activity, finance and workforce plans as contained within our LTFM. These have been tested for consistency internally and externally through the FT application process.	
20	A financial strategy has been developed which ensures financial health over the next two years and that delivers the required productivity gains, efficiency	Yes. The Trust has developed a financial strategy which is incorporated within the IBP	

No.	Finance requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	and improved taxpayer value	submission on 1/12/2012. This is consistent with Monitor and DH planning guidance and delivers a Monitor FRR of 4.	
21	Financial plans deliver the statutory financial duties of the Trust	Yes. The plans achieve a net surplus in excess of 1%, deliver a capital cost absorption duty in excess of 3.5% and do not exceed our agreed EFL and CRL.	
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.	Our FRR profile is Q1-Q3: 3 rating and Q4: 4 rating.	

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

Name of NHS Trust: Yorkshire Ambulance Service

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 	Confirmed. Current QIPP schemes are focused on improving Hear and Treat and See and Treat capability to reduce avoidable admissions to hospital emergency departments.	
	<ul style="list-style-type: none"> • QIPP plans have progressed from high level ambitions to detailed pieces of service and clinical pathway redesign 	Confirmed business cases exist for all QIPP schemes and these are managed through the Trust's Service Transformation Programme and CIP Group.	
	<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 	Confirmed. Trust clinicians are working proactively with clinicians in primary and secondary care across the county on schemes to reduce avoidable hospital admissions,	

No.	Quality Innovation Productivity and Prevention (QIPP) assurance	Confirmation of compliance	Explanation / mitigation of non-compliance
		these include Mid Yorkshire Transformation Integration of Community Services, Improving End of Life Care across care homes and the Third Sector, enabling integrated care, working with councils in developing response services and developing emergency care plans.	
	<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 	Confirmed.	
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	Confirmed where appropriate communication and consultation plans have been developed	
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 	Confirmed. Pilots completed with Mid Yorkshire Hospitals NHS Trust.	
	<ul style="list-style-type: none"> the Trust has assured itself that there is a direct 	Confirmed	

No.	Quality Innovation Productivity and Prevention (QIPP) assurance	Confirmation of compliance	Explanation / mitigation of non-compliance
	causal link between each proposed QIPP action and the expected impact for the NHS Trust		
	<ul style="list-style-type: none"> the Trust has assured itself that the QIPP plan distinguishes appropriately between full year and part year effects 	Confirmed	
	<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 	Confirmed	
	<ul style="list-style-type: none"> QIPP schemes have a realistic start date 	Confirmed	
	<ul style="list-style-type: none"> Please state how much confidence each party has in the delivery of the QIPP schemes 	Both parties have a high level of confidence in delivering of QIPP schemes.	
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	Confirmed	
5.	Appropriate arrangements are in place to monitor delivery of QIPP plans against KPIs and milestones	Confirmed. Monitoring takes place through Service Transformation Group, CIP Group, Trust Executive Group.	

No.	Quality Innovation Productivity and Prevention (QIPP) assurance	Confirmation of compliance	Explanation / mitigation of non-compliance
		Finance and Investment Committee, Quality Committee and Board.	
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	Confirmed	
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.	Confirmed	
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; 	Confirmed	
	<ul style="list-style-type: none"> • an approach to in year risk delivery has been agreed; 	Confirmed	
	<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; 	Confirmed	

No.	Quality Innovation Productivity and Prevention (QIPP) assurance	Confirmation of compliance	Explanation / mitigation of non-compliance
	<ul style="list-style-type: none"> • the approach to risk sharing has taken into consideration the baseline planned activity and price; 	Confirmed	
	<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; 	Confirmed	
	<ul style="list-style-type: none"> • the consequences of the agreed exit strategy are clearly outlined for each party. 	Confirmed	

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

Name of NHS Trust: Yorkshire Ambulance Service
--

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	Yes, all are reviewed for applicability and action taken accordingly.	
2.	The Trust publishes its local formulary	Yes, in the form of Patient Group Directions for paramedic staff.	
3.	The Trust will track adoption of NICE Technology Appraisals through the Innovation Scorecard as it becomes available	Yes, as applicable to ambulance services.	
4.	The Trust participates in the NICE Implementation Collaborative to obtain support in overcoming barriers to implementation of NICE Technology Appraisals and guidelines	A Clinical Excellence Manager represents YAS on the Collaborative.	
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	Yes, as applicable – see below.	

No.	Innovation Health and Wealth requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	not applicable.		
	<ul style="list-style-type: none"> assistive technology is in use, with progress towards the ambition of supporting '3 million lives'; 	Yes, the Trust is working in partnership with others in relation to telecare and telehealth developments.	
	<ul style="list-style-type: none"> intraoperative goal directed fluid therapy is in use for the defined surgical procedures where patients would benefit; 	Not applicable.	
	<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; 	Not applicable.	
	<ul style="list-style-type: none"> 'digital first' is being taken forward in line with local milestones to shift to a predominantly digital provision; 	Yes – this is integral to Trust plans for roll out of electronic patient records.	
	<ul style="list-style-type: none"> dementia carers are being supported with respite care in line with their needs; 	Not applicable	
	<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. 	Yes, for example in relation to the NHS 111 service and telemedicine partnership.	The Trust is developing its commercial strategy. This will be in place by Quarter 1 2013/14.
6.	The Trust is an active partner in the local Academic Health Science Network, enabling local patients to	Yes, the Trust is an active member.	

No.	Innovation Health and Wealth requirement	Confirmation of compliance	Explanation / mitigation of non-compliance
	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: Yorkshire Ambulance Service

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)	<p>Clear trajectory to FT status in place. Trust under DH phase of assessment from 01/12/2012.</p> <p>DH technical committee assessed application on 08/01/13 as Category B.</p> <p>Whilst the current trajectory is six months behind the TFA the delay was with full agreement of Yath SHA.</p> <p>Date awaited for consideration for NHS TDA Board approval. This is dependent upon Quality Visit / Quality Challenge timescales.</p>	
2.	The Trust Board plans to:		
	<ul style="list-style-type: none"> • pursue a standalone FT application; 	Yes	
	<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	The TFA milestone for DH submission was June 2012.	

No.	Foundation Trust pipeline requirements	Current position / confirmation of compliance	Explanation / mitigation of non-compliance
	previously to the DH submission date)	The actual date of submission to DH was 1 December 2012	
4.	Please specify the latest TFA RAG rating and the date of the RAG rating	The TFA phase of the application process is complete and the Trust is in the DH assessment phase.	TFA milestones remaining incomplete concern delivery of PTS Service Improvement Plan. These plans are currently being implemented and progress is reported via the monthly SOM self-certification return.
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 	Trust is on course to deliver FT application in line with the revised trajectory agreed with YatH SHA ie six months delay from the May 2011 TFA milestones. Achieved revised DH application date of 1 December 2012.	
	<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 	N/A	

No.	Foundation Trust pipeline requirements	Current position / confirmation of compliance	Explanation / mitigation of non-compliance
	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)		
	<ul style="list-style-type: none"> • the Trust has an up to date IBP; 	Yes – Board approved 16/10/12.	
	<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; 	Yes – Board approved 16/10/12.	
	<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; 	Yes – Board approved 16/10/12.	
	<ul style="list-style-type: none"> • the Operating Plan for 2013/14 is consistent with 2013/14 in the LTFM; 	Yes.	
	<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. 	Yes, for 2013/14, 2014/15 and 2015/16.	
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 answer YES)	N/A.	
	<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>	<p>February SOM statements signed off by Board on 26 March 2013 are appended below; March SOM statements will be signed off at Trust Board on 23 April 2013</p>	

Board Statements

Yorkshire Ambulance Service

February 2013

For each statement, the Board is asked to confirm the following:

For CLINICAL QUALITY, that:		Response
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the SOM's Oversight Regime (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	Yes
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	Yes
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	Yes
For FINANCE, that:		Response
4	The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.	Yes
5	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	Yes
For GOVERNANCE, that:		Response
6	The board will ensure that the trust at all times has regard to the NHS Constitution.	Yes
7	All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner	Yes

8	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of occurrence and the plans for mitigation of these risks.	Yes
9	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes
10	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes
11	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the Governance Risk Rating; and a commitment to comply with all commissioned targets going forward.	Yes
12	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes
13	The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies, and that any elections to the shadow board of governors are held in accordance with the election rules.	Yes
14	The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	Yes
15	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual plan; and the management structure in place is adequate to deliver the annual plan.	Yes

	<i>Signed on behalf of the Trust:</i>	<i>Print name</i>	<i>Date</i>
--	---------------------------------------	-------------------	-------------