

INTEGRATED BUSINESS PLAN REVIEW AND FEEDBACK TEMPLATE - STAGE 1

The following table provides a 'checklist' of the suggested evidence (not exhaustive) that needs to be included within the IBP.

Trust name:	
TDA patch:	
Date due:	
Date received:	
Reviewed by:	

Measurable Standard	Evidence	Comments or Findings (reviewers to initial comments)
1. Executive Summary:	<p>The executive summary is a short, sharp, focussed summary of the key elements of the integrated business plan. It should provide the reader with a high-level overview of the trust, its vision, the market it operates within and the performance of the trust, both historic and future projections. It should also explain why the trust is applying for NHS foundation trust status and how becoming an NHS foundation trust will help the trust deliver its vision.</p> <p>This section should link to the detail within the later sections of the integrated business plan.</p>	
Vision and strategy	<ul style="list-style-type: none"> • Overview of the trust vision statement and strategy 	
Rationale for NHS foundation trust status	<ul style="list-style-type: none"> • Why does the trust wish to be an NHS FT? • How will the trust exploit the freedoms? • Culture and environment to be created 	
Market assessment – overview of local health economy, covering:	<ul style="list-style-type: none"> • Demographics and demand; • Competitive factors, e.g. impact of private providers, independent sector and NHS competitors; • Impact of choice; and • Analysis and impact assessment of the marketplace, including core and non-core business. 	
Performance overview – summary table covering historical and projected:	<ul style="list-style-type: none"> • Financial performance; and • Non-financial performance (e.g. standards and targets) 	

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SWOT analysis	<ul style="list-style-type: none"> Summary SWOT (strengths, weaknesses, opportunities, threats) analysis 	
Key risks	<ul style="list-style-type: none"> The financial impact on the organisation Any mitigating actions proposed Assessment of likelihood for each risk 	
Leadership and Management	<ul style="list-style-type: none"> Skills and experience profile Board capability and capacity Board development BGAF alignment 	
Quality	<ul style="list-style-type: none"> Approach taken to quality and safety including safeguarding service users Set out the 'golden thread' running through and underpinning all sections of the plan Current quality in relation to national standards, CQC assessments and improvements required 	
2. Profile:	<p>In this section, assume the reader knows nothing about the organisation.</p> <p>This section will cover the basic details of what the trust is and the type of services it provides to the local population. It should inform the reader of how these services are provided, and provide an overview of the key achievements in recent years.</p> <p>It is expected that this section will be completed at an early stage, as applicants should be aware of, or have access to, all of the information required and be able to present it without difficulty.</p> <p>It is important to remember within this section that this document presents a profile of the business. Avoid being too clinically biased in the information provided, or concentrating on service delivery in isolation.</p>	

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Overview should contain:	<ul style="list-style-type: none"> The basic details of the trust, e.g. facts on size of population served, the type of trust and the number of sites the trust operates from; Main commissioners Staff numbers (whole-time equivalents) and the number of beds; and Organisational structure. 	
Range of services and activity summary table detailing:	<ul style="list-style-type: none"> Services and relative size of each service 	
Finance summary table providing:	<ul style="list-style-type: none"> High-level financial information (i.e. turnover, asset base, reference cost index, etc.) 	
Performance – summary describing:	<ul style="list-style-type: none"> Historical performance against key healthcare targets 	
Contractual information	<ul style="list-style-type: none"> Should provide information on any current significant contracts including anticipated value/cost and expiry date 	
Other procurement arrangements – details of:	<ul style="list-style-type: none"> Shared service centres, national contracts, etc 	

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Joint venture information if relevant. Include details:	<ul style="list-style-type: none"> The roles and responsibilities of the parties to the joint venture or partnership arrangement; Key financial terms of the joint venture agreement; and Governance arrangements of the joint venture. 	
3. Strategy:	<p>This section should describe what the organisation will look like in five years time, and provide the reader with an understanding of the trust's strategies for the lifetime of the integrated business plan and how it intends to deliver them.</p> <p>For each element of the strategy, please provide rationale behind it, details of likely timeframes for realisation and an indication of how success will be measured.</p> <p>The trust also needs to be able to articulate how NHS foundation trust status will make a difference.</p>	
Vision – Trust vision statement		
Strategy	<ul style="list-style-type: none"> Rationale and the timeline of each strategic objective Clear understanding of how success will be measured Relevant details of underpinning strategies Major risks to achievement of strategy Underpinning quality and patient safety strategy and strategic objectives 	

Measurable Standard	Evidence	Comments or Findings (reviewers to initial comments)
Rationale for NHS foundation trust status	<ul style="list-style-type: none"> • Key reasons for application • What NHS foundation trust status will mean in terms of delivering the strategy and vision of the trust, including the cultural environment that will be created within the NHS foundation trust. • How the trust will utilise the freedoms given under NHS foundation trust status • What use will be made of the board of governors and the trust members 	
Delivery of transformation	<ul style="list-style-type: none"> • Transformation strategy to respond to the environment and support delivery of change; • How transformation will underpin delivery of the IBP and CIP; • How service improvement and change will achieve savings without detriment to patient care. 	

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<p>Consultation process: should include details of:</p>	<ul style="list-style-type: none"> • The outcome of the consultation process including the timeline; • The type of information provided, response received to date and how this has influenced the final strategy; • Any stakeholder analysis performed and how stakeholder relations are currently managed; • Stakeholder analysis – summary of representation i.e. special interest groups (can be provided as an appendix to document); and • Membership analysis – summary of representation i.e. analysis showing membership is reflective of constituencies served and actions to address under-representation. • The Trust’s public consultation document explicitly seeking public views on the quality of its services and demonstrating to TDA how the Trust has responded to feedback on the quality of its services • Associated communications plans • Demonstration of ongoing patient and public involvement 	

Measurable Standard	Evidence	Comments or Findings (reviewers to initial comments)
<p>4. Market Assessment:</p>	<p>The market assessment section should cover a high-level analysis of the current health economy including details of clinical networks and other appropriate commissioning intentions. It should incorporate information regarding the impact of national clinical strategies and competitors (both NHS and independent sector), including patient choice statistics. Clinical Commissioning Group analysis can also be incorporated into this element of the business plan.</p> <p>In summary, this section is about describing how the trust is ‘positioned’ currently within the health care market and how this, coupled with evidence-based research, will inform the future positioning of the trust within the marketplace, i.e.:</p> <ul style="list-style-type: none"> • Know your business; • Know the business you’re in; and • Know the businesses you’re in with. <p>This section is an assessment, not just an analysis. It needs to be backed up throughout with data, information and the implications of the data sourced, rather than being based on presumptions or aspirations.</p> <p>Make good use of demographics, market share data, PEST analysis (an analysis of political, economic, social and technological factors), maps, charts, graphs and tables.</p>	
<p>Local health economy – provide details of:</p>	<ul style="list-style-type: none"> • Assumption on future demand growth; • Any external factors impacting upon the current levels of demand within the local health economy; and • Factors such as demographics, ageing analysis and population migration statistics which provide a useful context in which to view the local health economy plans. 	
<p>Objectives of local health economy – describe:</p>	<ul style="list-style-type: none"> • Commissioner(s) strategy and objectives • how the trust’s strategy will contribute to the overall objectives of the local health economy; and • how the trust’s activity assumptions are consistent with local health economy objectives. 	

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PEST – provide:	<ul style="list-style-type: none"> Comprehensive PEST analysis. 	
Competitive factors: provide details of:	<ul style="list-style-type: none"> Patient choice statistics to date and an overview of how patient choice is factored into the overall plans for the trust. It is important to link choice into the implementation of practice based commissioning; Provide details of existing and future independent sector providers, their current proximity and the services they are currently offering. Explain impact on the trust; Detail any known issues regarding independent sector capacity; and Impact of other NHS foundation trusts and NHS trusts in the local health economy 	
Market share and segmentation:	<ul style="list-style-type: none"> Relevant segmentation analysis and impact of market share, including core and non-core services. 	
Trust performance:	<ul style="list-style-type: none"> Provide any benchmark data which is used by the trust to compare its performance with competitors, e.g. waiting times, average length of stay, capacity, readmissions rates, etc. 	

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<p>5. Service Development plans</p>	<p>This section of the integrated business plan is intended to cover any service development plans the trust anticipates will impact upon its “business as usual” over the next five years.</p> <p>A service development plan may cover:</p> <ul style="list-style-type: none"> a) significantly altering the level of activity undertaken by the trust (up and/or down); b) significantly altering the type of activity undertaken by the trust (up and/or down); c) significantly altering the patient pathway by modernising existing facilities, undertaking extensive refurbishment, relocating/reducing the number of sites; or d) significantly altering any non-clinical capability of the trust, i.e. increasing the education/training facilities, building a pharmacy manufacturing unit, providing GP services. It should be possible to anticipate what is coming in this section. If the profile, market assessment, PEST analysis and SWOT analysis have been completed thoroughly, there should be no surprises, as the service developments will respond to the strategy and market assessment undertaken in sections three and four. <p>Present service developments as mini business cases, and concentrate on the most significant five or six schemes, listing them in order of short-term, medium-term, and long-term developments.</p> <p>Service developments should be described in the context of the base case, ie ‘business as usual’, then go on to describe and build in the service developments to present the ‘upside’ case.</p> <p>Service plans should link back to the trust’s strategy, and be properly reflected within the long-term financial model.</p>	
<p>SWOT analysis: Should cover:</p>	<p>the detailed SWOT analysis and how service development plans link to the outcomes of the SWOT analysis.</p>	

Measurable Standard	Evidence	Comments or Findings (reviewers to initial comments)
<p>Summary of future initiatives: For each service development plan, provide:</p>	<ul style="list-style-type: none"> • A high-level analysis of the strategic drivers behind the plan, i.e. to deliver cost improvements, to increase the level of service quality, to improve staff morale, to enhance patient choice opportunities, to fit with local health economy objectives, etc.; • A high level cost/benefit analysis, indicating likely capital investment required, the duration of the service development plan and the likely benefits to be derived; • Quantitative benefits of the service development plan as well as the qualitative benefits; and • Details of public consultation if relevant to the success of the service development plan 	
<p>Activity projections: For each service development plan, provide:</p>	<ul style="list-style-type: none"> • Information on the impact upon existing activity levels; • The type of activity likely to be affected; • Impact on achieving healthcare targets such as the 4 hour A&E target; and • Impact on quality of service delivery and user experience 	
<p>Resource implications: For each service development plan:</p>	<ul style="list-style-type: none"> • How capital investment required will be funded; and • Describe the impact on staff resources and actions to be taken to ensure delivery 	

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6. Financial Evaluation:	<p>This section tells the financial story, with focus given to the historic, present, and future performance. It describes the historical financial performance of the trust, with good narrative of the finance schedules required. It provides a clear narrative and analysis to the figures in the long-term financial model.</p> <p>This section goes on to demonstrate how this track record, along with the service developments in section five, translate into robust and viable financial projections in the short, medium and long term. These projections will enable you to demonstrate that delivery of your service plans in section five will result in the</p> <p>organisation satisfying the key financial criteria and ratios expected of a foundation trust.</p> <p>Section six should provide a clear understanding of the key assumptions behind the plans and the likely projections of the I&E, cash flow and balance sheet.</p> <p>Key items for inclusion will be the assumptions behind the service development plans and the cost improvement plans.</p>	
Historical performance (including appropriate analysis to understand trends):	<ul style="list-style-type: none"> • Income and expenditure • Balance sheet • Cashflow • Cost improvement programmes – (recurrent/non-recurrent) • Capital expenditure • Normalised earnings (including details of adjustments) • Detailed bridge analysis – last historical year and current year • Public sector payment policy performance 	
Current performance	<ul style="list-style-type: none"> • Ensure clear link to historical performance and to forecast • Including appropriate analysis to understand trends 	
Future forecasts – Assumptions both for base case and for service developments:	<ul style="list-style-type: none"> • Activity • Prices • Income • Costs • Working capital 	

Measurable Standard	Evidence	Comments or Findings (reviewers to initial comments)
Clear demonstration of implied efficiency within income and costs	<p>Impact of service developments (may be in section five)</p> <ul style="list-style-type: none"> • Business cases • Investment criteria <p>Future forecasts (including appropriate analysis to understand trends)</p> <ul style="list-style-type: none"> • Income and expenditure • Balance Sheet • Cashflow • Capital expenditures • Normalised earnings (including details of adjustments) <p>Detailed bridge analysis – year by year</p> <ul style="list-style-type: none"> • Public sector payment policy performance, including any actions to improve performance 	
Cost improvement programmes	<ul style="list-style-type: none"> • Detailed for two years • Summary for all other years • Governance arrangements for delivery of cost improvement programmes, including the directorate owning each cost improvement programme initiative, prior-year budget, risk assessment of achievement and details of how success will be measured • Quality and safety impact assessment • Link to workforce changes/other enabling strategies • Link to service-line reporting/management 	
Service-line reporting/management	<ul style="list-style-type: none"> • Status within trust • Timetable • Link to strategy/service developments/ cost improvement programmes 	

Measurable Standard	Evidence	Comments or Findings (reviewers to initial comments)
Impact of future changes to tariff/ contracting		
Compliance with key financial criteria	<ul style="list-style-type: none"> • Statutory breakeven (if appropriate) • Working capital loans and liquidity • Private patient income cap • Prudential borrowing code ratios 	
Capital funding	<ul style="list-style-type: none"> • Rationale – debt/internal, core unavoidable capex (maintenance) and new developments linking to initiatives discussed in strategy • Sources of funding • Status of securing funding 	
Assurance on non-recurrent income/ capital funds (public dividend capital)		
Risk ratings	Trust forecasts <ul style="list-style-type: none"> • Headroom and sensitivities 	
Working capital facility	<ul style="list-style-type: none"> • Amount/rationale including debtor, creditor and stock days • Status of securing facility 	
Key performance indicators	<ul style="list-style-type: none"> • Explanation in integrated business plan to understand modelled key performance indicators. For example, average length of stay, bed occupancy, theatre utilisation (acute), crisis resolution, early intervention, assertive outreach (MH) 	

Measurable Standard	Evidence	Comments or Findings (reviewers to initial comments)
PFI	<ul style="list-style-type: none"> Costs Implications 	
IFRS	<ul style="list-style-type: none"> Implications 	
7. Risk:	<p>This section should cover the high-level risk analysis performed by the trust, and builds on the issues identified with the PEST and SWOT analyses. It covers both financial and nonfinancial risks. High-level information should be provided on the existing risk management structure and systems linked to the overall risk management strategy of the trust described in section nine, and the key personnel involved in the risk management within the trust.</p> <p>This section articulates how the risks in the resultant downside case are to be mitigated, to ensure good financial performance over the lifetime of the integrated business plan and beyond.</p>	
Risks: Summary of:	<ul style="list-style-type: none"> Key risks impacting the trust's plans Assessment of likelihood; Mitigating actions to address the risks; and Details of financial and non-financial impact 	

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<p>Sensitivity analysis: include:</p>	<ul style="list-style-type: none"> • A table of assumptions underpinning the base case (most likely case) e.g.: <ul style="list-style-type: none"> – Volumes (e.g. inpatient, day case, outpatient, etc.) – Capacity (e.g. bed days available, theatre sessions available, etc.) – Efficiency/productivity (e.g. staff/patient ratios, throughput, etc.) – Tariffs – Unit costs (e.g. salaries by staff type, drugs costs, consumables costs) – Inflation (e.g. tariff uplifts, wage inflation, drug costs inflation, etc.) – Balance sheet (e.g. accounting policies, creditor days, debtor days, etc) • A scenario analysis which describes the upside and downside for each of these assumptions. • The sensitivity analysis should assess the financial impact in income & expenditure and cash terms of the upside and downside scenarios against the base case; • The impact of controllable mitigating items in the downside case scenario; • And conclusion on financial position after a reasonable set of downside risks (after mitigation). 	

Measurable Standard	Evidence	Comments or Findings (reviewers to initial comments)
8. Leadership and Workforce	<p>This section is intended to cover an overview of the leadership and the management structure of the trust and its employees. It should provide the reader with a high-level understanding of how the trust board operates and its attitude towards its workforce.</p> <p>In particular, this section should cover the leadership of the organisation and how it needs to develop to be fit for purpose, how the workforce strategy will underpin organisational change and development and how the trust will continue to engage with and involve its staff in the development of future service plans and</p> <p>HR arrangements.</p> <p>This section should demonstrate the links to the financial reports within the integrated business plan and the long-term financial model, including the implications of any changes to staffing</p> <p>policies e.g. use of agency staff, or staffing plans e.g. whole-time equivalents, grades, structures etc.</p>	
Management arrangements. Provide:	<ul style="list-style-type: none"> • An overview of the board structure; and • The executive and non-executive director qualifications and experience, including a scanned photo within the document for each executive and non-executive director 	
Workforce key performance indicators include details of:	<p>Staff numbers;</p> <ul style="list-style-type: none"> • turnover; • sickness; and • absence. <p>Benchmarking data may be added</p>	
Agency arrangements and recruitment hot-spots	<ul style="list-style-type: none"> • Provide an overview of how these issues impact the trust. 	

Measurable Standard	Evidence	Comments or Findings (reviewers to initial comments)
Workforce and organisational development:	<ul style="list-style-type: none"> • Overview of agenda for change, the European working time directive, the consultant contract (level of sign-up). • Evidence of how staff engagement and involvement has been achieved and will continue to be effectively developed going forward. • How the workforce changes as indicated in the LTFM will be achieved. 	
HR strategy – integrated business plan should cover:	<ul style="list-style-type: none"> • How HR issues are integrated across the organisation's strategies; • HR's contribution from board level through the organisation and the opportunity NHS FT status brings for the workforce; • What opportunity will be created for the workforce as a result of securing NHS FT status; • Growing as an employer: • Staff involvement and/or social partnership • Illustrations within the integrated business plan (including highlighting and cross-referencing to the links to the governance arrangements), how the organisation's ongoing aspirations and plans to grow and develop further staff involvement, engagement and wider social partnership will be achieved. 	

Measurable Standard	Evidence	Comments or Findings (reviewers to initial comments)
<p>9. Governance Arrangements:</p>	<p>This section of the integrated business plan is intended to cover how the applicant trust currently ensures it is sufficiently well governed.</p> <p>Special attention should be paid to the future governance arrangements of the trust and how the members and the board of governors will impact upon the governance arrangements of the trust.</p> <p>Corporate governance can be defined as the process whereby organisations make strategic decisions, determine who is involved and ensure accountability is maintained. This will encompass formal mechanisms such as the risk management strategy of the trust, and informal means. Trusts will also need to describe</p> <p>where and how they need to strengthen existing systems and processes to enable effective operation as an NHS foundation trust.</p> <p>Applicants need to make specific reference to the findings of the historical due diligence, detailing progress against any action plans identified.</p>	
<p>Stakeholder interests</p>	<ul style="list-style-type: none"> • Summary of constituencies and • Board structure • Description of governors and constituencies and rationale, which complies with legislation • How the governors will be supported and inducted into the organisation and governor role, including the provision of tailored support where appropriate • How the membership will be utilised and exploited within the NHS foundation trust for the development of future service delivery • How the organisation will enable empowerment within a framework of accountability and managed risk. 	

Measurable Standard	Evidence	Comments or Findings (reviewers to initial comments)
<p>Corporate governance and management</p>	<ul style="list-style-type: none"> • Overview of the committee structure employed by the trust, for example the audit committee and the risk management committee, how quality governance (and clinical governance) is to be enacted • Details should include the key members of each committee, terms of reference, how frequently they meet and the sources of information provided to the committee on a regular basis <p>Refer to the <i>NHS Foundation Trust Code of Governance</i> for further guidance on this area</p>	
<p>Risk management</p>	<ul style="list-style-type: none"> • Should provide a summary of how risks are managed throughout the organisation • Comment on NHS Litigation Authority Risk Management Standards achievement 	
<p>Performance management reporting framework: include details of:</p>	<ul style="list-style-type: none"> • Which reports are sent to the board on a monthly/quarterly basis; • How quality is performance managed by the Board; • Changes made to reporting procedures in light of NHS foundation trust application; • Systems currently used by the trust to track financial and non-financial performance e.g. healthcare targets, clinical risk; and • When the systems were introduced, if benchmarking data is available, when information can be obtained/frequency of the reports and the access available to these systems throughout the organisation 	

Measurable Standard	Evidence	Comments or Findings (reviewers to initial comments)
Financial controls and reporting: describe the financial controls and reporting procedures at the trust covering:	<ul style="list-style-type: none"> • Details of finance committee; • Controls over expenditure; and • Details of any significant controls • Weaknesses in Statement of Internal Control 	
Audit: description of the audit arrangements covering: <ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • Internal audit – mention any adverse internal audit reports; • External audit – name of auditor, form of audit opinion for last two years, significant issues raised in management letter to the trust; and • Details of the audit committee 	
Compliance Framework: Overview providing details of: <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • How the trust will ensure compliance with the monitoring regime; and • The financial risk rating at authorisation and year 1 of the projected period 	
IT systems: Overview of systems including:	<ul style="list-style-type: none"> • Readiness for national initiatives such as choose and book, electronic staff records, Connecting for Health, etc 	
Supporting strategies: <ul style="list-style-type: none"> • Clinical • Estates • IT • Workforce 	<ul style="list-style-type: none"> • Strategies in place and up to date • Appropriate read-across with other supporting strategies • Linked to overall strategy of organisation 	

Appendices:

I – Long Term Financial Model. The most recent iteration of the model, as supplied by the TDA, needs to be populated and submitted as part of the FT application. Portfolio Director files, containing a small number of the output sheets do not provide sufficient data for effective scrutiny and challenge.

II – Governance Rationale. This needs to explain why the trust has chosen to adopt the governance arrangements that have been consulted upon. It should map directly across to the Constitution.

III – Model Core Constitution. Trusts need to ensure that the Constitution is compliant with the legislation.

IV – Consultation Response and Staff Engagement. Trusts need to articulate how feedback from the public consultation has been considered, including where changes to the governance arrangements have been made.

V – Membership Strategy. Trusts need to demonstrate effective representation of the membership base, and articulate how membership will be grow, develop and be maintained over the lifetime of the IBP. Suggestions that the Council of Governors will develop the strategy further once appointed, whilst understandable to some degree, creates the impression that FT status, public accountability and active membership participation has not been carefully thought through.

