Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Fit for the Future - Our Commitment

Our Trust, and its Strategic Business Units (SBUs), has achieved a lot in recent years to put in place a solid foundation from which we can build mental health services that we are all proud of and are fit for the future. Our staff, clinicians and partners also tell us that we need to:

- provide services that are more locally owned and responsive when locally commissioned against national standards
- manage change more effectively to benefit our staff and our partners
- involve clinicians as part of contract and commissioning discussions, clinical governance and service planning
- listen to service users and carers, responding to their feedback, involving them in the design and delivery of services
- change our culture to be less top down and improve staff morale

In responding to the challenge we believe we share some key values including:

- open, honest and transparent communication
- being judged by the outcomes we deliver both individually and collectively
- partnership and collaboration in our engagement with stakeholders
- developing our leadership behaviours together to make a real difference to staff, users, carers and partners
- ensuring that central, corporate and HQ functions in the Trust clearly add value to front-line services

To be fit for the future we are all making a series of commitments to

- put service users and carers at the centre of everything we do – every team, ward and staff member and the Trust Board
- decentralise management and increase the local service authority of SBUs within a clear corporate accountability framework and governance
- develop and implement a clinical engagement strategy to underpin local, SBU and Trust wide decision making and improve staff morale

Our clinical and medical engagement is focused on quality and involvement in contract and commissioning negotiations to support effective clinical governance and performance improvement. It is based on strong clinical networks to ensure clinical governance is a dynamic, local and strategic force. It builds on the work of existing clinical networks (e.g. the Medical and Nursing Advisory Groups, Modern Matrons Network and Professional Council) and explores the case for additional protected time for clinicians.

We are restructuring our organisation to ensure locally responsive operational activity and ongoing quality and performance improvement. The role of the Medical Director is strengthened to support medical leadership and engagement. There is a single Executive focus on quality and patient safety. Significantly improved Trust and SBU commercial and marketing capability prior to becoming a Foundation Trust is also key.

The decentralisation of power, authority and responsibility to SBUs is based on the guiding principles of *Stewardship* (the required executive, leadership and governance functions); *Transactions* (central services at the SBU interface) and *Decision Support* that adds value (specialist expert advice, support and consultancy).

The Trust Board has a detailed Fit for the Future implementation plan to ensure it addresses the recommendations of the NHS South SHA independent review report on governance and management arrangements of the Trust (dated January 2012 and received late March 2012). The implementation plan (Appendix 1) makes a clear difference within a reasonable but challenging timescale - in the first 6 months to September 2012 and the year following. We will judge ourselves and be judged by others - our service users and carers, commissioners and staff - by the delivery of measurable outcomes including:

- delivery of the implementation plan and its process indicators - including appointments, Board reports, strategy implementation
- ongoing performance improvement in contractual and national metrics - particularly Care Programme Approach (CPA) and carers
- an upward trend in patient survey indicators - particularly in connection with CPA
- improved staff survey indicators - including appraisal, staff satisfaction, incident reporting and recommendation of the service to others
- meeting the internally set and measured 85% appraisal target, and improved supervision rates, in outlying SBUs and teams
- improvements in real time local and Trust patient and staff surveys
- future commissioning intentions and commissioner convergence on our Integrated Business Plan (IBP)

The process of transformation is not confined to just these actions or timetable - rather it starts with them and will be ongoing.

As with all things its success lies not just with a small number of named individuals but our will and determination to succeed as staff, clinicians and leaders in the NHS.

Paul Miller
Acting Chief Executive

Tony Gallagher
Chair of the Trust Board

Fit for the Future Programme Implementation Plan 2012/13

Version	Date	Comments	Editor	Status
0.1-0.6	12.04.2012 - 23.05/2012	Initial draft based on ideas from Exec Directors, Interim Chair and Acting CEO discussions, followed by steer from May 9th 2012 Board Seminar and Executive Management Team (EMT) sessions 1st, 15th,17th and 23rd May.	JB (FT Dir)	Draft
1.0	24.05.2012	For discussion with Non Executive Directors 25th May 2012 and Extended Executive Management Team (XEMT) 29th May 2012.	JB (FT Dir)	Draft
1.1	30.05.2012	Amended following feedback from NEDs and XEMT and submitted to NHS South SHA for comment 31st May 2012.	JB (FT Dir)	Draft
1.2	18.06.2012	Amended following comments from NHS South SHA.	JB (FT Dir)	Draft
2.0	05.07.2012	Amended following Board, Executive and SHA discussion w/c 22nd June 2012 - incorporating Board Committee lead areas of scrutiny.	JB (FT Dir)	Draft
2.1	12.07.2012	Amended following SHA feedback and review by the Executive Team.	JB (FT Dir)	Draft
2.2	18.07.2012	Amended following SHA feedback and Acting CEO sign-off prior to submission to the SHA and Trust Board for approval.	JB (FT Dir)	Draft
2.3	25.07.2-12	Trust Board discussion to approve and further update on progress	JB (FT Dir)	Approved

AIMS OF THE FIT FOR THE FUTURE (FFtF) PROGRAMME

This programme of work aims to:

- put service users and carers at the centre of everything we do – every team, ward and staff member and the Trust Board
- decentralise management and increase the local service authority of SBUs within a clear accountability framework
- develop and implement a clinical engagement strategy to underpin local, SBU and Trust wide decision making and improve staff morale

The programme has been developed through an iterative process starting with the April and May 2012 Trust Board seminars. They provided a clear steer on direction of travel and the Executive Management Team (EMT) who have further developed the plan in discussion with the senior management tier of the Trust (Extended Executive Management Team - XEMT). Feedback from NHS South SHA has been incorporated in the plan as it has developed. The programme breaks into two parts:

- Short Term – April to September 2012 to ensure the change process is pump primed
- Medium Term – October 2012 – October 2013 to ensure the embedding of change

FFtF PROGRAMME STRUCTURE

The Acting Chief Executive is the sponsor of the Implementation Plan on behalf of the Board. This programme of work addresses the findings of the recent NHS South SHA independent review report on governance and management arrangements of the Trust, received and accepted at the April 27th 2012 Trust Board and due to be published following the SHA July 26th 2012 Board meeting. The recommendations from this report are the basis of the objectives (in blue) in the implementation plan providing the focus for action. It also reflects discussions in the Trust through 2011 to increase autonomy for SBUs, change the way we work and rise to the challenge of the future. The FT Director (Jane Britton) is the programme lead and holds a strategic overview of the work. The FT Director also has the lead responsibility for the Wiltshire Investigation and co-ordination of any related actions within this programme when they emerge as appropriate.

FFtF REPORTING AND SCRUTINY

Progress reporting to the Trust Board, and its Board committees, against the Implementation Plan will be monthly using the FT programme infrastructure (Board, EMT, XEMT) - reviewed to ensure they remain for purpose. Trust Board Committees are proactively involved in robust scrutiny and assurance of the implementation plan with monthly reporting to Board on progress, strategic matters and any required escalation. Actions are colour coded as follows according to assigned Board Committees:

Trust Board (Brd) - grey	**Quality and Safety Committee** (Q&S) - blue
Finance and Planning Committee (F&P) - green	**Audit and Risk Committee** (A&R) - yellow
Employee Strategy and Engagement Committee (ESE) - pink	

A RAG assessment will be applied to the implementation to support progress reporting and Board scrutiny.

RED	No progress made – or significant risk to delivery	**AMBER**	Limited progress made and slipping against timescale	**GREEN**	Delivered	**NO COLOUR**	Pending/ on schedule

FFtF IMPLEMENTATION PLANNING PRINCIPLES

Actions must be:

S	**SPECIFIC**
M	**MEASUREABLE**
A	**ACTION ORIENTED**
R	**REALISTIC**
T	**TIMETABLED**

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

	OBJECTIVES & ACTIONS	WHAT DOES SUCCESS LOOK LIKE	EXEC LEAD	DELIVERY DATE	PROGRESS UPDATE
Objective 1. The Board is refocusing and changing our culture from a top down centralist bureaucracy to one of clinical primacy, inclusively, engagement and high quality performance ownership. We are taking these actions below to deliver this change in leadership and accountability … (Ref: Rec 13.1)					
1.1 Brd	**Focus the Trust on key priorities:** (a) Service users/ carers at the centre of everything we do (b) Decentralise management and increase local service accountability (c) Improve clinical engagement in decision making and address poor staff morale	Improved decision making, ownership and accountability. Demonstrated in revised Trust Strategic objectives, FFtF plan and regular staff communication from CEO.	Acting Chief Executive	May – 1st September 2012 Ongoing	**GREEN** FFtF plan in place. CEO e mails to all staff from May 2012. July 25th Board agreed revised strategic objectives **Internal Audit view - supports this**
1.2 F&P	**Implement Localism** Appoint a single point of management in each PCT/ LA area (Service Director) responsible for: - locally owned, responsive face close to the point of service delivery - regular local area liaison and meetings with each PCT/LA - enhancing operational continuity and effectiveness in the pathway and between SBUs at the local level.	Improved relationships and feedback from PCTs, CCGs and LAs. Demonstrated by named local Senior Managers, regular local area liaison and meetings with PCT/ LA.	Director of Operations	1st June 2012	**GREEN** Proposal developed with SBUs - letters advised PCT/LA CEOs w/c 21/05/12. Engagement paper circulated internally 15/08/12 and to PCT CEOs 22/08/12. **Internal Audit view supports green rating**
1.3 **a)**	**Decentralisation Programme** **Corporate Services Review** Audit of corporate functions and costs to make	Functions and costs are audited and transparent.	Interim Director of Finance and	31st July 2012	**GREEN** Terms of reference agreed 16/05/12.

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

F&P	transparent, support devolved budgets and functions with the aim of changing how we do things, not what we have to do.	Demonstrated by report and recommendations on next steps.	Commerce		Audit complete. Initial report presented to Executive Team 31/07/12 identifying next steps. **Internal Audit view - supports green rating with revision to action 14 to ensure progression**
1.3 b) F&P	**Scoping Service Line Management** To support further decentralisation undertake a Service Line Management (SLM) internal audit against SBUs use of the Monitor SLM framework (4 domains; levels 1-4) and identify any gaps for review and action (e.g. clinical governance). Review alongside preparation for Payment by Results and outcome of the corporate services review (Ref 1.3a). Followed by action 13 in medium term plan	Increased SBU operating freedoms, autonomy and clinical leadership in service development. Demonstrated by internal audit report, recommendations and agreed implementation plan for SLM.	Acting Chief Executive	1st Sept. 2012	**GREEN** Trust Board & XEMT have agreed Monitor's SLM methodology as a template. Baseline internal audit with implementation plan reported to F&P Committee 17/08/12 **Internal Audit advises that an F&P agreed implementation plan is part of action 14**

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

1.4 a) Brd	**Leadership and organisational restructuring** Restructure Executive functions to ensure effectiveness; a single focus for quality and safety; strengthened medical and clinical engagement, commercial capability and fit with revised strategic priorities.	Simpler, clearer Executive accountabilities fit for revised strategic priorities. Demonstrated in proposal for change and letters to staff affected by changes in line management.	Acting Chief Executive	2nd August 2012	**GREEN** Structure developed, paper approved by Executive Team 08/06/12 and changes actioned. Commerce and marketing consultant appointed and due to start 1st October 2012. **Internal Audit advised Commercial consultant recruitment moved to medium term. Post now due to start 1st October 2012.**

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

1.4 b) Brd	Recruit Medical Director Fast track recruitment of dedicated Medical Director post.	Continuity of role and more time for medical leadership and engagement.	Director for People	June - August 2012	**AMBER** No appointment made at 14/08/12 interviews. SHA informed and aware of implications. Further recruitment planned for mid-October with external company support. Internal engagement exercise to be held with medics around role. August Board moved to medium term plan. **Internal audit agrees amber self assessment and move to medium term plan**
1.4 c) ESE	Review number and portfolios of SBUs with clinicians - considering a merger of the Adults Inpatients and Community SBUs - securing service portfolios that deliver effective, efficient pathways of care - addressing consistent repetitive operational problems - embedding locally responsive quality, safe services. Links to action 15 in medium term to deliver	Clinically and locally owned service pathways that are effective and efficient. Demonstrated by clinical engagement in developing proposed new structure by 1st Sept 2012	Director of Operations	30th September 2012 Deadline changed from 1st Sept. 2012 following August Trust	**PENDING** Clinical engagement delivered May-July. Engagement paper circulated 15/08/12. For discussion at 29/08/12 Board. Discussion due TWMG 19/09/12,

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

	restructuring.			Board	Board decision by 26th Sept 2012. **Internal audit conclusion pending - & link to action 15**
1.4 d) ESE	Clarify roles and responsibilities of SBU Clinical and Service Directors. Amend job descriptions for Service and Clinical Directors clarifying roles in clinical leadership; user and carer engagement and local focus – and internal/ external communication of the same.	Clear accountabilities and responsibilities that all staff understand and can explain. Demonstrated in amended Job descriptions.	Director of Operations and Director of NCAS	1st Sept. 2012	**GREEN** JDs amended and banded. CD info circulated 15/08/12 as part of engagement paper (see 1.4c). **Internal audit view - include in action 15 to further embed**
1.5 Brd	**Review senior management groups and business flows** Identify senior leadership team of Trust, review and change structures to deliver partnership in decision making with clarity about strategic and tactical leadership. Establish new groups with clear Terms of Reference for successor bodies to what are currently EMT, XEMT and Corporate Management Team (CMT). Supported by external consultants (ref 21) on leadership styles.	Improved decision making, pace, ownership and accountability for decisions. Demonstrated by new terms of reference, new ways of working and external consultant input to help deliver cultural change.	Acting Chief Executive	End July 2012	**GREEN** EMT development session on its role 03/07/12. Proposals to XEMT 18/07/12. Implementation from 06/08/12. **Internal Audit view - supports green rating**
1.6	**Communication and Relationship Management**	Improved reputation and support from stakeholders.	Acting Chief Executive/	May – 1st Sept 2012	**AMBER** CEO/Chair visits to

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

Brd	Refocus external relationship management toward partnership and dialogue - targeting CCGs/GPs, PCTs, LAs, users and carers, clinical and staff engagement. Implement external and internal communications plan incorporating Fit for the Future programme to share scope, progress and outcomes of themes of work - embracing openness and two way dialogue.	Demonstrated by communication strategy and actions, stakeholder analysis to inform discussion and actions taken, reduced risk scores in corporate Risk Register on reputation.	Chair with FT Director & Head of Communicat-ions		PCT equivalents complete. Meetings held with area MPs. Communication strategy approved July Board. Implementation commenced incl monthly local area Board report from August 2012. .. Monthly stakeholder briefings from w/c 03/09/12. Communication Strategy Implementation Plan to be in place for end September 2012. **Internal Audit view - move from green to amber rating. No implementation plan for communication strategy although implementation underway. Add ongoing review as**

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

					part of action 16
Objective 2. The Board is reviewing the executive and non-executive skills of the Trust Board to ensure that there is the requisite leadership skills and ability to lead the change in culture, with an appropriate emphasis on the challenge and scrutiny of clinical quality and safety of care. We are taking the following actions to deliver this change in culture, clinical engagement, Board connectivity and line of sight … (Ref: Rec 13.2)					
2.1 Brd	**Develop as a unitary Board** Externally facilitated workshop for Trust Board to support development as a collegiate body.	Improved understanding & identity on leadership behaviours. Demonstrated by write up of events, summary of key behaviours and self assessment at each Board meeting/seminar (from Aug)	Chair (support Company Secretary)	1st Sept 2012	**GREEN** Board Workshop on 27/06/12 & 29/08 discussed and identified appropriate behaviours plus self assessment. **Internal Audit view - supports green rating**
2.2 **a)** Brd	**Strengthen senior leadership in transition** **Appoint Acting Director of Finance and Commerce** to ensure business continuity and strengthen Executive Team	Business Continuity in Finance and Commerce function – in post.	Acting Chief Executive	9th May 2012	**GREEN** Sue Hall starts 6/6/2012 to 5/12/2012 **Internal Audit view - add to medium term plan to ensure continuity post secondment**
2.2 **b)** Brd	**Appoint Acting Deputy Chief Executive** To ensure business continuity and strengthen clinical input to Trust and Board leadership	Business continuity ensured and strengthened clinical input to Board – in post.	Acting Chief Executive	16th May 2012	**GREEN** Hazel Watson from 11/5/2012. to Nov 2012.

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

					Internal Audit view - add to medium term plan to ensure continuity post November 2012
2.3 Brd	**Appoint a Chair** to provide clear, strong strategic leadership of Trust Board	Clear, strong strategic leadership and scrutiny. Demonstrated by appointment	Appointments Commission	31st July 2012	**GREEN** Appointed - Tony Gallagher from 13/07/2012 **Internal Audit view - supports green rating**
2.4 Brd	**Recruit a Chief Executive** following retirement of outgoing CEO. Interviews planned for end September 2012.	Robust leadership and management of Trust. Demonstrated by progress on recruitment schedule	Chair	1st Sept. 2012	**AMBER** Odgers Berndtson appointed and active. Interviews scheduled fr Oct 17th 2012 **Internal Audit view - move from green to amber rating pending appointment and move to medium term.**
2.5 Brd	**Recruit an Executive Director of Operations** to ensure substantive post holder in place. Interviews planned to take place shortly after CEO interviews/	Robust operational leadership of Trust. Demonstrated by progress on	Chair	1st Sept 2012	**AMBER** Recruitment process started and

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

	appointment to enable CEO involvement.	recruitment schedule.			withdrawn subject to outcome of 1.4c (restructuring proposals) at end Sept. August Trust Board sign off and approve action to move to Medium Term plan **No internal audit view as moved to medium term**
2.6 a) A&R	**Review and implement change to Trust, SBU and local area governance frameworks and assurance** Annual review of Board Committees to ensure fitness for purpose for an FT - with greater focus on strategy, FFtF scrutiny and new, short life Committee on employee strategy. and engagement	Improved focus on assurance and scrutiny. Demonstrated by Committee Terms of Reference and structure for scrutiny of FFtF Implementation plan	Chair	31st July 2012	**GREEN** Committee terms of reference in place and FFtF actions allocated to scrutinising committees and Board. **Internal Audit view - supports green rating**

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

2.6 b) A&R	Working group led by a NED to develop and oversee revised Trust, SBU and local governance structures that improve assurance with: - direct feedback from front line staff, clinicians, users/ carers - greater focus on outcomes - improved Board to ward/team connectivity - clinical governance led by clinicians, reviewing and clarifying the case for protected time	Improved Board scrutiny, assurance and challenge independent of management. Demonstrated by agreement of new structure at Board with SBU and clinical support	Vice-Chair and Director of NCAS	30th Sept. 2012 - Deadline changed from 1st Sept. 2012 by August Trust Board	**PENDING** Mapping underway. Scoping group met 4th July. Workshop with SBU SDs/ CDs held 15th August – principles agreed. Futher workshop agreed with wider engagement 19.08.2012. Aim to report end Sept Board **Internal Audit view pending 25th Sept**
Objective 3. The Board is designing, consulting on and will implement a comprehensive clinical engagement strategy. Executive Directors commit to consulting meaningfully with clinical managers and senior clinicians of all professions about how to engage them reliably in decisions about service redesign, service delivery and contracting criteria. We are taking the following actions to deliver this change in culture, clinical engagement, and leadership … (Ref: Rec 13.6, 13.8)					
3.1 Q&S	**Develop Trust Clinical Engagement Strategy** Co-produce with clinicians a clinical and medical engagement strategy for the local (area), SBU and strategic/ Trust wide level. A range of front line clinicians to present the draft strategy to Board for approval. Coordinate communication (internal and external) (ref 1.6) and change to governance arrangements (ref 2.5).	Clinical staff drive Trust business at Trust, SBU and service level. Board is assured of clinical primacy and confidence of clinicians in proposed strategy Demonstrated by Board strategy agreement.	Director of NCAS and Director MSBD Chair of Professional Council	1st Sept. 2012	**AMBER** Clinical Chair of Professional Council leading – supported by Head of Innovations. August 2012 Prof Council received presentation on CE Strategy ideas. Staff engagement

					commenced. CE framework due at Sept Prof Council & Board to receive CE framework. August Board sign off approach and approve action to move to Medium Term Plan to allow more time for clinical engagement. **Internal audit view - noted significant progress and agree move to medium term**
3.2 Q&S	**Establish a Trust Clinical Cabinet** Strengthen Professional Council with lead SBU clinicians. Scope, agree and progress work to establish a Trust wide clinical cabinet approach forming a lead clinical strategic partner to engage in Trust decision making. Ensure it has clear effective links to and from local (area) and SBU clinical networks and governance systems. Build on the work of the Professional Council to date. Progress and outcomes to be described in internal	Clinical advice and expertise supports significant Trust business. Demonstrated by programme of internal and external communication on work, impact and outcomes of Clinical Cabinet (ref 1.6).	Director of NCAS Chair of Professional Council	30th Sept. 2012 Deadline changed from 1st Sept. 2012 by August Trust Board	**PENDING** Agreed Clinical Cabinet will remain known as Professional Council. All Clinical Directors members of Prof. Council from March 2012. New Prof. Council ToR agreed August 2012. Work plan to be agreed by

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

	and external communication (ref 1.6).				end Sept. Professional Council. Further resource being identified to support Prof. Council. To feature in Sept stakeholder communication. **Internal Audit view pending 25th Sept**
3.3 Q&S	**Developing and supporting Nursing** Develop a Trust Nursing Strategy and implementation plan (framed by 'Energising for Excellence') 2012-15 that empowers nursing staff to deliver a high quality service focusing on the user and carer experience in the care plan, CPA and related support systems. Progress monitored by Trust Nursing Advisory Group. Reported to Quality and Safety Committee	Nursing staff feel empowered to deliver a high quality service to users and carers. Demonstrated by strategy and implementation plan - and related progress reporting	Director of NCAS	April 2012	**GREEN** Strategy agreed by Quality and Healthcare Gov. Committee. Implementation plan in place and active. **Internal Audit view - supports green rating**
3.4 Q&S	**Improve clinical engagement in Quality & Safety through** - Anonymous Trust staff patient safety survey to further support current systems of learning form incidents and triangulation of hot spots. Survey methodology to be agreed in July, survey delivery August.	Staff can clearly highlight patient safety issues or concerns to triangulate with existing learning from incidents to support identification of hot spots for targeted action	Director of NCAS	End September 2012	**PENDING** Staff patient safety survey online, closes end August 2012. Survey report due to September Board.

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

	- SBU report directly from September Board on patient experience and user/carer involvement so they can directly highlight patient safety concerns	Demonstrated by SBU and survey report to Board (Sept)			**Internal Audit view pending 25th Sept**
3.5 Q&S	**Involve SBU clinicians in contracting and commissioning** Involve SBU Clinical and Service Directors in - 2012/13 contracting and commissioner negotiations with Directors (in period through April/ May 2012) - local Commissioner performance, QUIPP & area meetings - new clinical systems group (CSMG) to focus improvements	Improved clinical and service engagement, understanding and leadership in all aspects of performance. Demonstrated by range of performance improvements - scrutinised by commissioners	Interim Director of Finance and Commerce	July 2012	**GREEN** SBUs involved. CSMG active Performance improvement report submitted to Board /MH Docs 10/7/2012 **Internal Audit view - supports green rating**
Objective 4. The Trust is reviewing and rationalising its focus on engaging and involving patients, carers and families. It commits to putting users and carers at the centre of everything we do. We are taking the following actions to deliver this change in culture on consultation and engagement in the Trust ... (Ref: Rec 13.14)					
4.1 Q&S	**Putting users/ carers at the centre of everything we do** - Establish a sub-committee of Quality and safety Board committee to lead, develop, co-produce and monitor work - Involving users, carers, NED, SBUs to support development of new strategy for involvement. - Local road shows to engage with range of service users, carers, staff and members (6th August – 18th Sept 2012). Action plan and strategy monitored by Board Sub-Committee.	Improved Trust decision making and relationships with users, carers and members. Demonstrated by action plan, write up of road shows and user feedback of same.	Director of NCAS	1st Sept. 2012	**GREEN** Action Plan in place and being delivered - monitoring by Q&S Committee. July 25th Board report on progress. Co-creation event planned for 2nd October 2012. User feedback notes produced for road shows to date. Final report due after last road show.

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

					Internal Audit view - supports green rating
4.2 Q&S	**Experience Based Co-Design (EBCD - Kings Fund tool)** Scope implementation of EBCD methodology in service planning by piloting in two SBUs (SDAS and S&S). - completion of pilot evaluation - report to XEMT for discussion and development of roll out plan mid August - report to and Clinical Cabinet/Professional Council for review and input by end August Action 20 to deliver roll out plan.	All service plans are informed and co-designed by service user and carer views. Demonstrated pilot evaluation; user/carer feedback and clinical engagement with an agreed roll out plan.	Director of Operations	1st September 2012	**AMBER** Methodology agreed 08/06/12 in SDAS - testing care pathway maps with S&S. SDAS pilot concluding and reporting to ODM 19th Sept with view to roll out . S&S first pilot failed and second pilot in place but slipping as consequence **Internal audit view - disagree green rating due to delay and roll out plan pending; commend move to medium term plan**
4.3 Q&S	**Improve User and Carer Involvement in SBUs** Devolve a Service User Involvement Worker (or funding) to each SBU from the NCAS Engagement & Responsiveness team to strengthen SBU capacity	Strengthened SBU capacity and capability. Demonstrated by dedicated	Director of NCAS	July 2012	**GREEN** SUI Workers in two SBUs. Budgets devolved to

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

	and capability, deliver EBCD and support real time user and carers surveys.	SBU posts or transfer of budget to support recruitment.			remaining three SBUs. **Internal Audit view - add to medium term to monitor recruitment to vacnat posts.**	
4.4 Q&S	**Implement plan to strengthen user and carer voices in Board business** - increase direct involvement of users and carers in Boards and seminars - Board sees anonymous quotes that month from PALs and Complaints - hold Board meetings in local PCT areas at clinical sites meeting with staff and service users through the day - Patient story/complaint deep dig at Board meetings.	Board decision making better reflects users/ carers and is more open, local and accessible to staff, local communities and users. Demonstrated by Board and stakeholder analysis, increased numbers of staff, clinicians users/carer at Board meetings held in local clinical sites	Chair & FT Director	May 2012	**GREEN** Board analysis of user/carer stakeholders 25/03/12 20-30 staff, users, and clinicians at Board May and June **Internal Audit view - supports green rating**	
Objective 5. The Trust is improving the consultation, dialogue and speed of organisational development, consultation and change to ensure the burden of implementation does not detract from the day to day delivery of safe clinical care and staff support. We are taking the following actions to improve management of change and organisational development ... (Ref: Rec 13.4)						
5.1 ESE	**Improve appraisal rates and further embed supervision prior to Inspire implementation** Targeted programme of work with SBUs and teams that are Trust outliers in advance of implementation of electronic appraisal system that will further support this from Nov 2012.	Staff are supported to deliver Trust objectives. Evidenced in improved appraisal and supervision rates in Adults SBUs.	Director for People	30th Sept 2012 Deadline changed from 1st Sept. 2012 by August Trust Board	**GREEN** Appraisal rates reported to July ESE - significant	**PENDING** Supervision rates progress pending submission of SBU data - due

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

					improvement in IP SBU.	at Sept 21st ESE sub committee **Internal Audit view - pending 25th Sept & add to medium term for monitoring**
5.2 ESE	**Behaviour Competency Framework** Agree clear standards for appropriate organisational and leadership behaviours to inform appraisal and supervision and use in new electronic appraisal system implementation.	Demonstrated in agreed, owned record of appropriate behaviours built into Inspire tool and improved staff appraisal rates.	Director for People	30th Sept 2012	Staff workshops May – July. Draft behaviours reported to July ESE Committee and Board. Employee engagement underway. **Internal Audit view - pending 25th Sept and add to medium term plan**	
Objective 6. The Trust is reviewing its Performance Management framework to adopt a new approach to performance based on constructive and supportive dialogue with SBUs driven by quality and safety. This includes clinical audit, research, carer engagement etc. It suspended the Facilitated Early Discharge target in Feb 2012 whilst it and other demanding KPIs are reviewed particularly where they have little or no clinical validity. The Trust is including its clinical staff in working with commissioners to further reduce and simplify the number of KPIs/performance targets, making them as simple, understandable and intuitively clinically relevant as possible - using a clinical evidence base for contracting to deliver real quality and patient safety. This will be integrated in our clinical engagement strategy. We are taking the following actions to change the performance culture and should be read alongside section 3 on clinical engagement… (Ref: Rec 13.7, 13.9)						
6.1	**Rationalise & refocus KPIs**	Reinforced clinical focus,	Director of	1st Sept. 2012	**GREEN**	

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

F&P	Ensure that clinical leaders understand nationally or locally required targets and drive opportunities for negotiation by: - suspending FED target for 11/12 and renegotiate the FED target with commissioners with SBU Clinical Directors input - reduce or simplify the KPIs and how they are measured through 11/12 contract negotiations - short life KPI Review Group led by Deputy Director of Nursing – focus on how KPIs are measured within the Trust. To inform revised Performance Strategy (ref 23).	leadership, understanding and ownership in KPI development driving commissioner negotiation. Demonstrated by simpler KPIs agreed with commissioners that have clinical support	Operations (supported by Director NCAS)		FED target suspended/ rationalised. KPI review group submitted proposal for change to MH Docs 10/7/12. Commissioner position agreed August 2012. **Internal Audit view - supports green rating**
6.2 Q&S	**Clinical Leadership in RIO** Move the Executive leadership for RIO (clinical recording system) to a clinician. Establish Clinical Systems Management Group (CSMG) - involving Clinical Directors.	Clinical primacy and accountability in Trust systems and practice. Demonstrated by improvement to RIO system.	Director NCAS	January 2012	**GREEN** Exec lead changed. CSMG set up and delivering its ToR. **Internal Audit view - supports green rating**
6.3 Q&S	**Ensuring a constructive and supportive performance management dialogue with SBUs driven by quality and safety** Ensure all Trust staff are made aware of the importance of quality and safety with regard to the delivery of performance targets through personal letter with August pay slips.	Demonstrated by circulation of agreed communication to Trust staff.	Acting Chief Executive	End August 2012	**GREEN** Importance of communicating the message fully is agreed by Executive team. E-mail sent to all staff by Acting CEO 02/08/12. On

					advice from Head of Comms and Dir People, e-mail format used in preference to pay slip letters. **Internal Audit view - supports green rating**
Objective 7. The Trust Board is improving its CPA performance, and related service improvement, across all clinical areas and in particular the adult community SBU. An urgent review of current CPA standards, operational policies and procedures has supported understanding the shortfall in performance and identification of remedial action. We are taking the following actions to deliver the change in performance, quality, safety and care standards needed ... (Ref: Rec 13.10)					
7.1 Q&S	**Trust Review and changes to CPA** Trust Board Deep Dig on CPA in March 2012 - detailed analysis, triangulation and consideration of audit, service, user and carer, clinical practice data to understand and identify issues and blocks. Extend to SBUs and clinicians with clinically led presentations to Board on CPA (May 2012).	Board and clinical diagnostic and scrutiny of CPA processes and outcomes. Demonstrated by clinically led presentations to Board on outlying clinical, quality and performance matters – and improved CPA performance in this period	Director of Operations/ Director of NCAS	April – June 2012	**GREEN** Trust Board March & May 2012. Q1 performance report to commissioners & Board shows improvement (July 2012). **Internal Audit view - supports green rating**
7.2 Q&S	**Trust Quality Account 2011/12** Priority focus on CPA in the Trust Quality Account to lead and feed annual SBU Quality Improvement Plans 2012/13.	Public commitment to quality. Evidenced by delivery of national target and improvements in local CPA performance indicators.	Director MSBD	End May 2012	**AMBER** 2011/12 Quality Accounts approved and published. **Internal Audit view -**

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

					move from green to amber rating as not all SBU QI plans have CPA focus. Add to medium term.
Objective 8. The Trust is taking a more rigorous approach to incident reporting to ensure that lessons are learnt in a timely and productive fashion and implementing a new electronic incident reporting system that will be integrated with the RiO clinical record system. To deliver change in the quality, safety and care standards in this area the Trust is taking these actions … (Ref: Rec 13.12)					
8.1 Q&S	**Board Scrutiny of incidents** Monthly report to Board on most serious incidents in preceding 4 weeks to ensure that quality, safety and standards of care focus of the Board is strengthened. Delivery of actions related to homicides (ref 10.1-10.4).	Quality, safety and standards of care focus of Board strengthened. Demonstrated by monthly Board reports and recorded scrutiny.	Director of NCAS	May 2012	**GREEN** Implemented from February 2012. **Internal Audit view - supports green rating**
8.2 Q&S	**Electronic incident reporting integration with RiO clinical records** Board paper on technical issues outlining - technical limitation for electronic integration (BT contract) - range of Trusts similarly affected nationwide - indication of how others are responding - non technical solutions/mitigations to ensure RIO integration	Board accountability with regard to taking forward (or not) recommendation. Demonstrated by July 2012 Board paper.	Director of NCAS	30th Sept 2012 Deadline changed from July 2012 by August Trust Board	**PENDING** Discussed July Board. Paper due at September Board. **Internal Audit view - pending 25th Sept**
Objective 9. The Trust Board Audit Committee is scrutinising the organisation's risk registers to support informed judgements about the robustness of the process, number of risks, their grading and mitigations. The Trust is taking the following actions to deliver the required leadership and Board connectivity... (Ref: Rec 13.11)					
9.1	**Annual Review of Risks**	Board line of sight on Trust risks significantly improved.	Chair Audit Committee	13th Sept 2012	**GREEN** Planned for year.

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

A&R	Audit Committee to review the range of directorate risk registers annually - on a rolling programme - with follow sample risks through the system.	Evidenced by Audit Committee papers.	(support Dir F&C)		April – NCAS, June – MSBD. SBU drill down July/ Sept. **Internal Audit view - Add to medium term with schedule to deliver annual review**
9.2 A&R	**Develop more dynamic Trust risk systems and practice** Board overview and discussion to agree: - de/escalation and scoring thresholds - risk validation approach - further Board scrutiny of strategic risks. reflected in risk management strategy that structures guidance, training and system support accordingly.	Risk systems and practice that are more dynamic. Evidenced by amended risk management strategy and Board discussion on strategic risks.	Director of NCAS	30th Sept. 2012 Deadline changed from 1st Sept. 2012 by August Trust Board	**PENDING** Discussed A&R Committee June. Map/flowchart showing escalation identified at scoping group 04/07/12 (ref action 2.6b) for RM strategy. Amended pending Board approval. Corporate risk register scoring summary in place monthly. . Final position paper pending to summarise changes for September Board. **Internal Audit view - pending 25th Sept**
Objective 10. The Board is revisiting the Homicide Inquiry reports to ensure any outstanding or ongoing issues identified are					

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

addressed and effectively implemented and frequently scrutinise progress until it is fully embedded. The Trust is the following actions to deliver this change in the Trusts quality, safety and care standards… (Ref: Rec 13.3)					
10.1 Q&S	**Revisit Homicide Reports** Undertake a thematic analysis and composite response to published Homicide Inquiries - and consolidated action plan for action. Analysis to be supported by lead commissioner and SHA and advise Board. Inform training and clinical audit programmes, and improvement priorities for clinical practice development - including CPA and supervision.	Identification and prioritisation of key issues (including CPA and supervision) to improve clinical practice. Demonstrated in thematic review report, consolidated action plan and identified training and clinical audit programme priorities.	Director of NCAS	June 2012	**GREEN** Completed. **Internal Audit view - supports green rating**
10.2 Q&S	**Homicide Conference 2012 and learning from serious incidents** Increase staff awareness of learning from homicides by: - Publish Safety Matters bulletin on learning - Conference on learning from homicides. Ensure learning loops are fed into the revision of the Trust, SBU and local area governance frameworks and assurance (ref action 2.6b) and integration with all pre-existing systems of learning from incidents. Also linked to staff patient safety survey and identifying hot spots (ref 3.4); role/feedback from clinical cabinet (ref 3.2)	Increased staff awareness of learning from homicides/ incidents and learning loops are transparent in the Trust assurance systems Demonstrated by bulletin and conference event and schedule of focussed audits to support the delivery of the Homicide Action Plans	Director of NCAS	1st Sept. 2012	**GREEN** Steering Group in place with family member involvement. Safety Matters Bulletin published. Conference arranged for 20th Sept 2012. **Internal Audit view - supports green rating**
10.3 Boar d	**Refocus Executive Patient Safety Visits** Increase visits to teams where homicides have occurred	Improved support to teams and Board assurance. Demonstrated by change in programme of visits and follow up actions/reports.	Director of NCAS	July 2012 onwards	**GREEN** NEDS join visits from July. Programme under review by NCAS to increase

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

					visits. **Internal Audit view - supports green rating**
10.4 Q&S	**Non-exec involvement in Critical Incident Overview Group (CIOG)**	Increased Board scrutiny and challenge. Demonstrated by Terms of reference and attendance	Director MSBD	May 2012	**AMBER** NED attends regularly (Vice Chair). **Internal Audit view - Do not agree green rating pending revised Terms of Reference**
Objective 11. The Board is determining reasonable but challenging timescales for major change projects, holding to account those responsible for implementation. The Trust is taking the following actions to improve its approach to management of change (Ref: Rec 13.5)					
11.1 F&P	**Major business opportunities and improved management of change** Improve the practice and discipline on the management of change by reviewing and developing Trust policy and procedure: - to extend discipline of Business case methodology and procedure to revenue (change of use and new investment) - on Board decision making on strategic business opportunities leading to significant change, and where those decisions are made.	Improved practice and discipline on management of change. Demonstrated by implementation of Business case procedures, scrutinised by Finance and Planning Committee.	Interim Director of Finance and Commerce/ FT Director	30th Sept. 2012 Deadline changed from 1st Sept. 2012 by August Trust Board	**PENDING** F&P Committee reviewed Business case procedure 24/05/12. Interim Dir F&C producing paper on high level review of annual planning cycle, business cases and management of change. Planned for 19/09/12 TWMG and

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

					21/09/12 F&P. **Internal Audit view - pending 25th Sept**
11.2 F&P	**Management of Change** To ensure the clear commissioning, reporting, accountability and support for significant change projects. - Extend Prince 2 methodology and discipline to project and programme management, providing guidance, templates, register of projects and support for activity through Our Space (Trust intranet) - Agree governance policy for commissioning projects/programmes - Management of change checklists and tools.	Clear commissioning, reporting, accountability and support for significant change projects. Demonstrated by work on Our Space site, new policy framework and checklist/ tools available - plus updated register of projects and programmes underway in Trust.	FT Director Interim Dir F&C/FT Dir Dir forPeople	30th Sept. 2012 Deadline changed from 1st Sept. 2012 by August Trust Board	**PENDING** Draft project guidance, templates and support ready to load on Our Space pending Exec Team approval of Interim Dir F&C paper on high level review of annual planning cycle, business cases and management of change. Planned for 19/09/12 TMG and 21/09/12 F&P. **Internal Audit view - pending 25th Sept**
11.3 Brd	**Quality & Safety Assurance Reporting** Schedule assurance reports and presentations to Board on action taken to safeguard quality and safety in periods of significant change. Presentations to Board to be delivered by clinicians.	Clinical risk is reduced and change is better managed. Demonstrated by Board minutes and lower residual risk scores in Risk Registers.	Director of Operations	Start May 2012 Ongoing	**GREEN** May – CPA and Service Redesign, June – Crisis Services, July - Bristol CMHT, September – CQC Action Plan.

Fit for the Future Implementation Plan – April 2012 - September 2012
Short Term Actions

Monthly Progress Update for 26th September Trust Board - 17th September 2012

					Internal Audit view - supports green rating

Fit for the Future Implementation Plan October 2012 – October 2013
Medium Term Actions

Monthly Progress Update for Trust Board - 26th September 2012

	OBJECTIVES & ACTIONS	WHAT DOES SUCCESS LOOK LIKE	EXEC LEAD	DELIVERY DATE	PROGRESS UPDATE
12. A&R	**Independent evaluation of progress of FFtF plan in short term** Internal audit of short term plan and report to Board Recommendations to affect medium term independent evaluation of programme (ref 27 and 29). Review, update and refine medium term FFtF plan	Independent validation of progress against FFtF actions and objectives. Demonstrated by internal audit report and any required actions being allocated.	Acting Chief Executive/FT Director	End Sept. 2012 October 2012	Internal Audit commissioned – field work w/c 3rd September 2012. Monitoring strategy agreed. Evidence/Data room commenced.
13. Obj. 1 F&P	**Implement Localism** Implement and develop responsibilities of local Area Director and local area meetings – embed in new structures, actions, review, evaluate and refining of external partner engagement.	Improved relationships with PCTs, CCGs and LAs. Demonstrated in stakeholder analysis, RAG ratings and targeted action - regularly reviewed for effectiveness**.**	Director of Operations	October 2012 – October 2013	
14. Obj. 1 F&P	**Implement decentralisation and Service Line Management (SLM)** Taking into account the successful roll out of mental health payment by results (PBR) deliver actions to: - confirm and agree service lines to support service line reporting, following SBU restructuring ready for budget setting in April 2013 - agree and implement operating freedoms to support management of service lines - implement SLM via short 3 month pilot with an SBU/ service lines. Roll out lessons learnt across system,	Increased SBU operating freedoms and autonomy and clinical leadership in service development. Demonstrated by - devolved budgets at the service line - new scheme of delegation - formal agreement on freedoms and responsibilities.	Interim Director of Finance and Commerce	October 2013	

Fit for the Future Implementation Plan October 2012 – October 2013
Medium Term Actions

Monthly Progress Update for Trust Board - 26th September 2012

	amending governance and assurance routes accordingly - implement wider decentralisation by short 3 month pilot in other areas suitable for decentralisation (based on outcomes of audit (ref 1.3b) e.g. in areas like clinical governance, relationship management and roll out lessons learnt across system.				
15. Obj 1 ESE	**SBU restructuring** Consult affected staff and implement new SBU portfolios and structure to deliver focussed leadership, and timely decision making (ref 1.4 a and c).	New internal service pathways are established that will further improve effectiveness, efficiency and patient experience. Demonstrated by new structure, roles and related job descriptions	Acting Chief Executive	December 2012	
16. Obj. 1 Brd	**Communication and Relationship Management** Target relationship management activity on basis of stakeholder analysis across Trust at all levels. Implement dedicated intensive external and internal communications plan with staff and external stakeholders incorporating progress on Fit for the Future programme.	Improved reputation, communication and support from stakeholders. Demonstrated in future commissioning intentions, IBP convergence and reduced risk scores in corporate Risk Register.	Acting Chief Executive/ Chair with FT Director & Head of Communicat-ions	April 2013	
17. Obj 2 Brd	**Recruit a practising clinician in mental health as a Non Executive Director** to strengthen Board clinical expertise, opinion and leadership. Substantive Chair to review Board/ NED complement and confirm.	Strengthened Board and scrutiny of quality, safety and strategy. Demonstrated by skills audit and appointment to Board as appropriate.	Chair	April 2013	
18.	**Improve clinical engagement in Quality & Safety**	Staff can clearly highlight	Director of	October	

Fit for the Future Implementation Plan October 2012 – October 2013
Medium Term Actions

Monthly Progress Update for Trust Board - 26th September 2012

Obj. 3 Q&S	**through** - Targeting use of MaPSaf tool to patient safety hotspots - Refocus training and support to address priority areas e.g. supervision, CPA (ref 3.4).	patient safety issues or concerns. Trust is better informed on those and staff attitudes in order to target quality and safety activity. Demonstrated by MaPSaf reports and related action plans at team level, and Trust wide mandatory training programme and compliance levels for teams.	NCAS	2012 – October 2013	
19. Obj. 3 Q&S	**Involve SBU clinicians in contracting and commissioning** Clinical Directors to review and improve their medical and clinical leads involvement in SBU activity as required preparing for commissioning and contracting matters – reflecting reviewed governance and assurance arrangements (ref 2.5).	Improved local clinical and service engagement in quality and performance. Demonstrated by sustained improvement in performance across the range of targets and involvement of clinical leads in local area groups.	Director of NCAS Clinical Directors	December 2012	
20. Obj. 4 Q&S	**Experience Based Co-Design (EBCD)** Invest in and roll out EBCD with service users and carers in all SBU activity based on two pilots (contingent upon outcome of pilots) (ref - continuation of action 4.2).	All service plans are informed by, and co-designed with service user and carers. Demonstrated by feedback from a range of users and carers involved in service improvement initiatives through structured feedback informed by outputs of regular stakeholder analysis	Director of Operations	October 2012 – October 2013	Pilots underway in SDAS and S&S SBUs.

Fit for the Future Implementation Plan October 2012 – October 2013
Medium Term Actions

Monthly Progress Update for Trust Board - 26th September 2012

21. Obj. 4 ESE	**Patient experience statement in all JDs** Short period of consultation with staff with regard to insertion of standard statement to their job descriptions that makes clear staff responsibility to improve the patient experience, engage with and involve users and carers.	All staff are clear about their responsibility to users and carers - and can be held to account. Demonstrated by change in job descriptions.	Director for People	November 2012	Statement agreed and in Staff Handbook.
22. Obj. 5 ESE	**Improve staff engagement and morale** - Develop and implement team and SBU owned targeted programme of work to improve staff engagement and morale. - Overseen by new Board Committee on Workforce Strategy.	Staff morale is improved and act as ambassadors for the Trust. Demonstrated by improved national and internal staff survey results in: - staff morale - job satisfaction - recommendations to family of service.	Director for People	October 2013	Employee Strategy & Engagement committee agreed May 2012 Trust Board. First meeting 25th June 2012.
23. Obj. 5 ESE	**Implement a Senior Management Leadership Development programme** Implement externally facilitated 9 month leadership programme for top team. 360 degree feedback and a 'before and after' assessment of leadership alignment in top team.	Enhanced leadership capability with increased effectiveness and productivity individually and collectively. Demonstrated by delivery of phase 2 interventions and a 'before & after' assessment.	Director for People and FT Director	December 2012	Diagnostic concluded May. Leadership interventions and evaluation underway from June 2012. Discussed ESE Committee July 2012.
24. Obj. 6	**Amend Trust Performance Management Strategy** Working with a broad range of clinicians design, agree and implement a new Performance Management strategy that	Balanced and integrated performance strategy focussed on service and quality improvement driven	Interim Director of Finance and Commerce	December 2012	Clinical discussions underway from May 2012.

Fit for the Future Implementation Plan October 2012 – October 2013
Medium Term Actions

Monthly Progress Update for Trust Board - 26th September 2012

F&P	clearly incorporates quality including clinical audit, research and innovation priorities alongside review and integration with Trust Accountability Framework. Aligned with Clinical Cabinet to drive the agenda (ref 3.2).	by SBUs and clinical input. Demonstrated by new strategy and implementation plan.			
25. Obj. 7 Q&S	**Demonstrating sustainable improvement in CPA** Ensure sustainable, consistent delivery of care planning across all teams and SBUs building in continuous improvement through sharing of best practice. Regular progress reports to Board (ref 7.1.and 7.2).	Improved quality and patient experience. Demonstrated by improved user/carer satisfaction scores for CPA and consistent delivery of CPA targets.	Director of Operations	April 2013	Improving performance being seen in some areas April 2012 and onwards.
26. Obj. 8 Q&S	**Implement electronic incident reporting** Replace manual paper systems with electronic web based incident reporting across Trust to further support and improve approach and systems in place to record, manager and learn from incidents.	Improved speed, timeliness and efficiency of incident reporting. Evidenced by project plan and implementation of new system.	Director of NCAS	November 2012	Project group in place to deliver new system chaired by HL. Project plan and timeline established. Live pilot commencing and due for completion end Sept 2012.
27. Obj.10 Q&S	**Ensure all Homicide Action Plans are delivered** Deliver consolidated Homicide action plan (ref 10.1) to time as agreed with SHA and commissioners incorporating a programme of focussed audits to demonstrate effectiveness of learning from homicides. Report progress to Board monthly and external quarterly	Improvements in practice are delivered and sustained as a result of learning from homicides Demonstrated by audit reports on clinical practice; monthly Board reports on	Director of NCAS	October 2012 – October 2013	

Fit for the Future Implementation Plan October 2012 – October 2013
Medium Term Actions

Monthly Progress Update for Trust Board - 26th September 2012

	monitoring by SHA and commissioners.	progress on consolidated action plan and quarterly monitoring of the same by SHA and commissioners.			
28. Obj 12 Brd	**Independent evaluation of FFtF transformation** Building on agreement with SHA on future evaluation of programme and internal audit of short term actions - report to Board and SHA outcome of self assessment against Board Governance Assurance Framework (BGAF) and quality and organisational strategy modules - Trust commissioned independent assessment of Board Governance Assurance Framework including, finance quality and organisational strategy modules and adding to brief to assess Board competence and capability. Outcomes to be shared with SHA. Board agreed actions to improve fitness for purpose. - second internal audit on delivery of medium term actions of FFtF implementation plan.	Clear diagnostic of required actions to improve fitness for purpose to support a 'before and after' approach based on national standards (BGAF) and incorporating external feedback. Demonstrated by external assessment and position - and agreed actions for improvement. Demonstrated by report and action plan to implement any recommended changes.	Acting Chief Executive and FT Director	September 2012 October - December 2012 (TBC) October 2013	
29. Obj. 12 Brd	**Progression through the Foundation Trust (FT) Pipeline** Renegotiate Trust progression through pipeline - operating within the DH escalation policy. Discuss and agree milestones with DH and SHA for Tri-partite Formal Agreement (TFA). Sign/publish new TFA with DH, SHA, lead commissioner. Review/refocus FT work programme for implementation.	The Trust has further improved its fitness for purpose with regard to culture, clinical engagement and quality of care and performance. Demonstrated by progress through FT pipeline and related gateways.	Acting Chief Executive/ FT Director	December 2012	DH escalation meeting 31st May 2012 - second meeting September 2012. Early consideration of DH pipeline progression from September 2013

Fit for the Future Implementation Plan October 2012 – October 2013
Medium Term Actions

Monthly Progress Update for Trust Board - 26th September 2012

30. Obj. 12 Board A&R	**Undertake Board Governance Assurance Framework** Revisit and update BGAF self assessment. Undertake second independent evaluation of BGAF with appointed consultants in line with timeline agreed following TFA milestone renegotiations with SHA/DH (ref 27).	External validation of position following FFtF actions and against national standards for NHS FTs. Demonstrated by report and action plan to implement any recommended changes.	Acting Chief Executive and FT Director	December 2012 (TBC following action 27)	
31. Obj. 12 F&P	**Trust 5 year Strategy** Review and rewrite Trust 5 year Business Plan (IBP) to reflect revised strategic priorities (ref 1.1) and wider scope of implementation plan, Trust business development priorities and changes to leadership. Secure commissioner convergence with emerging Clinical Commissioning Groups (CCGs) and existing PCTs as appropriate. Integrate into routine annual and 3 year business planning to ensure alignment of SBUs, Executives and Trust Board to Trust strategy.	The Trust strategy is up to date and fit for purpose. Alignment of SBUs, Executives and Trust Board to Trust strategy. Demonstrated by delivery of an IBP, Annual Plan, SBU Business and Quality Improvement Plans for 13/14 that reflect Fit for the Future priorities and delivery.	Acting Chief Executive/ FT Director	October 2012 – October 2013	SBU Quality Improvement Plans and Business plans in place for 2012/13. IBP v10.1 August 2011.