

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 9 th 2012 Board Seminar and Executive Management Team (EMT) sessions 1 st , 15 th , 17 th and 23 rd May.	JB (FT Dir)	Draft
1.0	24.05.2012	For discussion with Non Executive Directors 25 th May 2012 and Extended Executive Management Team (XEMT) 29 th 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	25.07.2012	Trust Board discussion to approve and further update on progress	JB (FT Dir)	Approved
2.4	23.10.2012	Revised FFtF medium term plan following close of Short Term Action Plan for Board approval 31 st October 2012	JB (FT Dir)	Draft

AIMS OF THE FIT FOR THE FUTURE (FFtF) PROGRAMME

Fit for the Future is a programme of organisational change that 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 change 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. This work has been implemented and this plan closed. It was subject to internal audit reporting to the September 2012 Trust Board. Audit comments and recommendations have been incorporated into a refresh of the medium term plan ready for Board approval.
- 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 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 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, ET, TWMG) - 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
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FFtF IMPLEMENTATION PLANNING PRINCIPLES

Actions must be:

S SPECIFIC
M MEASUREABLE
A ACTION ORIENTED
R REALISTIC
T TIMETABLED

Fit for the Future Implementation Plan October 2012 – October 2013

Medium Term Actions

Revised medium term FFtF plan, 23rd Oct - for approval at October 31st 2012 Board

	OBJECTIVES & ACTIONS	WHAT DOES SUCCESS LOOK LIKE	EXEC LEAD	DELIVERY DATE	PROGRESS UPDATE
12. A&R	<p>Independent evaluation of progress of FFtF plan in short term</p> <p>Internal audit of short term plan and report to Board</p> <p>Recommendations to affect medium term independent evaluation of programme (ref 27 and 29).</p> <p>Review, update and refine medium term FFtF plan</p>	<p>Independent validation of progress against FFtF actions and objectives.</p> <p>Demonstrated by internal audit report and any required actions being allocated.</p>	Acting Chief Executive/FT Director	<p>End Sept. 2012</p> <p>October 2012</p>	<p>PENDING</p> <p>Internal Audit completed. Reported to Audit & Risk Committee 25th Sept. Final report received 29th Sept. 2012. Refresh of FFtF underway.</p>
13. Obj. 1 F&P	<p>Implement Localism</p> <p>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.</p>	<p>Improved relationships with PCTs, CCGs and LAs.</p> <p>Demonstrated in stakeholder analysis, RAG ratings and targeted action - regularly reviewed for effectiveness.</p>	Director of Operations	1 st September 2013	<p>PENDING</p> <p>Monthly Local Area Director reports to Board. Further action through Corporate Services Review (action 14).</p>
14. Obj. 1 F&P	<p>Implement decentralisation and Service Line Management (SLM)</p> <p>Progression and implementation of Corporate Services Review</p> <p>Action on SLM subject to review and rewrite following F&P Committee to ensure actions deliver outcomes, devolved budgets and functions. To include a clear implementation plan agreed by F&P committee who will scrutinise its delivery accordingly.</p>	<p>Increased SBU operating freedoms and autonomy and clinical leadership in service development.</p> <p>Demonstrated by</p> <ul style="list-style-type: none"> - devolved budgets at the service line - new scheme of delegation - formal agreement on freedoms and responsibilities - implementation of new 	Interim Director of Finance and Commerce	<p>April 2013</p> <p>1st September 2013</p>	<p>PENDING</p> <p>Project management arrangements and timeline agreed by ET 16th Oct 2012 for Corporate Services Review. Full implementation identified by end March 2013.</p>

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		structures			
15. Obj 1 ESE	SBU restructuring Consult affected staff and implement new SBU portfolios and structure to deliver focussed leadership, and timely decision making as detailed in the Corporate Services Review timeline including - amended Director and Clinical Director and Leads job descriptions - internal/ external communication and consultation	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	PENDING Board decision 26 th Sept 2012. To implement 2 Clinical Delivery Units with integrated local area management.. Project timeline agreed E 16 th Oct 2012
16. Brd	Recruit a Chief Executive Following retirement of outgoing CEO.	Robust leadership and management of Trust. Demonstrated by substantive appointment and CEO in place.	Chair	January 2013	GREEN Interviews 17 th October 2012 - appointment made and confirmed post holder starting 12 th November 2012.
17. Brd	Recruit Medical Director Recruitment of dedicated Medical Director post.	Continuity of role and more time for medical leadership and engagement. Demonstrated by recruitment, appointment and a substantive Medical Director in post.	Director for People	November - April 2013.	PENDING External company support engaged. - recruitment underway. Interviews being planned - Nov or Dec 2012.
18 Brd	Recruit 2 Board roles to replace Executive Director of Operations	Robust operational leadership and management of Trust. Demonstrated by substantive	Chief Executive	April 2013.	PENDING Detailed scheduling in place in Corporate Services

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		appointments and in place.			Review - anticipates conclusion April 2013.
19 Brd	<p>Strengthen senior leadership in transition</p> <p>Ensure interim arrangements are extended and in place until substantive posts in situ re</p> <ul style="list-style-type: none"> - Interim Director of Finance and Commerce - Acting CEO - Acting Deputy CEO 	<p>Business continuity is maintained and Executive Team strengthened</p> <p>Demonstrated by extensions to arrangements until appointments made.</p>	Acting Chief Executive	April 2013	<p style="text-align: center;">PENDING</p> <p>Detailed scheduling in place in Corporate Services Review. Deputy CEO in substantive post from 12th November 2012.</p>
20. Obj 2 Brd	<p>Recruit a practising clinician in mental health as a Non Executive Director</p> <p>to strengthen Board clinical expertise, opinion and leadership. Substantive Chair to review Board/ NED complement and confirm.</p>	<p>Strengthened Board and scrutiny of quality, safety and strategy.</p> <p>Demonstrated by skills audit and appointment to Board as appropriate.</p>	Chair	April 2013	
21. Obj. 1 Brd	<p>Communication and Relationship Management</p> <p>Target relationship management activity on basis of stakeholder analysis across Trust at all levels.</p> <p>Deliver Communications Strategy Implementation Plan - and monthly Snapshot newsletter</p> <p>Implement dedicated intensive external and internal communications plan with staff and external stakeholders incorporating progress on Fit for the Future programme.</p>	<p>Improved reputation, communication and support from stakeholders.</p> <p>Demonstrated in future commissioning intentions, IBP convergence, reduced risk scores in corporate Risk Register and deliver of Communications Strategy Implementation Plan.</p>	<p>Acting Chief Executive/ Chair</p> <p>Head of Communications</p>	April 2013	

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22.	Improve clinical engagement in Quality & Safety through	<p>Staff can clearly highlight patient safety issues or concerns. Trust is better informed on those and staff attitudes in order to target quality and safety activity.</p> <p>Demonstrated by MaPSaf reports and related action plans at team level, and Trust wide mandatory training programme and compliance levels for teams.</p>	Director of NCAS	1 st Sept 2013	
Obj. 3 Q&S	<ul style="list-style-type: none"> - Targeting use of MaPSaf tool to patient safety hotspots - Refocus training and support to address priority areas e.g. supervision, CPA (ref 3.4). 				
23.	Annual Review of Risks	<p>Board line of sight on Trust risks significantly improved.</p> <p>Evidenced by Audit Committee papers.</p>	Chair Audit Committee (support Dir F&C)	November 2012 1 st September 2013.	PENDING
A&R (9.1)	<p>Establish a schedule to ensure the annual review of all directorate risk registers demonstrating how this will be achieved at Committee in a year</p> <p>Deliver review of risk registers.</p>				
24.	Agree revised Trust, SBU and local governance structures that improve quality assurance with:	<p>Improved Board scrutiny, assurance and challenge independent of management.</p> <p>Demonstrated by agreement of new structure at Board with SBU and clinical support</p>	Director of NCAS	November 2012	<p>PENDING</p> <p>Board papers on proposals on management groups and quality assurance systems at Oct 31st Trust Board - SBU proposals pending.</p>
Brd	<ul style="list-style-type: none"> - 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 				

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25	<p>Embed and strengthen Trust Professional Council</p> <p>Terms of reference to be approved.</p> <p>Work plan to be developed and implemented.</p>	<p>Clinical advice and expertise supports significant Trust business.</p> <p>Demonstrated by programme of internal and external communication on work, impact and outcomes of Clinical Cabinet (ref 1.6).</p>	<p>Director of NCAS</p> <p>Chair of Professional Council</p>	<p>November 2012</p>	<p style="text-align: center;">PENDING</p> <p>Council strengthened and leadership development underway.</p>
26.	<p>Develop Trust Clinical Engagement Strategy</p> <p>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 and related implementation plan to Board for approval.</p> <p>Q&S Committee to undertake ongoing scrutiny and monitoring of implementation of strategy</p> <p>Coordinate communication (internal and external) alongside change to governance arrangements</p>	<p>Clinical staffs drive Trust business at Trust, SBU and service level. Board is assured of clinical primacy and confidence of clinicians in proposed strategy</p> <p>Demonstrated by Board strategy agreement.</p>	<p>Director of NCAS</p> <p>Chair of Professional Council</p>	<p>November 2012</p> <p>September 2013</p>	<p style="text-align: center;">PENDING</p> <p>. Significant progress made with wide ranging clinical engagement across all professions including clinically led survey, clinically agreed definition and Board presentation of progress by lead clinician at September Board. Lead clinician confirmed to Board on track for end November 2012</p>
27.	<p>Experience Based Co-Design (EBCD) Institute of Innovation & Improvement tool)</p>	<p>All service plans are informed by, and co-designed with</p>	<p>Director of Operations</p>	<p>1st September</p>	<p style="text-align: center;">PENDING</p> <p>Pilot concluded in</p>

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Q&S	Invest in and roll out EBCD in operations with service users and carers in all SBU activity based on two pilots (contingent upon outcome of pilots) Milestones to be developed by Executive lead and SBUs as key owners - supported by Service User Involvement Workers . Action to be updated at that point. To include <ul style="list-style-type: none"> - roll out plan agreed by TWMG and monitored by Q&S Committee - appointment of Service User Involvement Workers in SBUs/services and related delivery 	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		2013	SDAS and underway in S&S. Report to TWMG 3 rd Oct 2012. Next steps to be identified for roll out across Operations.
28. Q&S (4.4)	Improve User and Carer Involvement in SBUs Recruit to 3 vacant Service User Involvement Worker posts following transfer of funding to SBUs from NCAS - and ensure capacity helps support roll out of EBCD, real time user and carers surveys. .	Strengthened SBU capacity and capability. Demonstrated by recruitment to dedicated SBU posts and involvement in EBCD and surveys.	Director of Operations	Date to be advised by Exec lead	PENDING
29. 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. <ul style="list-style-type: none"> - letter to all staff in wage slips - insert statement in generic JDs 	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	January 2013	PENDING Statement agreed and in Staff Handbook.. Staff side discussions confirm formal staff consultation not necessary. And agree

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	- template for standard information in JDs to be amended				
30. 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 and scrutiny by new Board Committee on Workforce Strategy. including outcomes from local and national staff surveys. (family & friends test in local surveys)	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	1 st September 2013	PENDING Team and SBU owned Staff Survey action plan approved at August 20 th ESE. 2012 Staff Survey out for completion with staff Oct 2012.
31. ESE (5.1)	Implement Inspire appraisal system ESE Committee to continue to scrutinise delivery of appraisal and supervision rates to deliver Trust set target (85% for both) to support implementation of Inspire -	Staff are supported to deliver Trust objectives. Evidenced in improved appraisal and supervision rates in Adults SBUs.	Director for People	July 2013	Implementation of Inspire delayed pending conclusion of SBU restructuring
32. 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 (temperature checks).	Director for People and FT Director	April 2012 (<i>extended to incorporate evaluation and next steps</i>)	PENDING Leadership interventions evaluation underway. 2 Temperature checks undertaken - third planned.. Discussed July 2012. ESE Cttee

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33.	Amend Trust Performance Management Strategy	Balanced and integrated performance strategy focussed on service and quality improvement driven by SBUs and clinical input.	Interim Director of Finance and Commerce	December 2012	PENDING Clinical discussions underway from May 2012.
Obj. 6 F&P	Working with a broad range of clinicians design, agree and implement a new Performance Management strategy that 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).	Demonstrated by new strategy and implementation plan.			
34.	Involve SBU clinicians in contracting and commissioning	Improved local clinical and service engagement in quality and performance.	Director of NCAS	December 2012	
Obj. 3 Q&S	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).	Demonstrated by sustained improvement in performance across the range of targets and involvement of clinical leads in local area groups.	Clinical Directors		
35.	Demonstrating sustainable improvement in CPA	Improved quality and patient experience.	Director of Operations	April 2013	PENDING Improving performance being seen in some areas April 2012 and onwards.
Obj. 7 Q&S	Ensure sustainable, consistent delivery of care planning across all teams and SBUs building in continuous improvement through sharing of best practice. Regular reports to Board on performance. All 013/14 SBU Quality Improvement Plans to incorporate a focus on CPA and feed into 2013/14 Trust Quality Account.	Demonstrated by improved user/carer satisfaction scores for CPA and consistent delivery of CPA targets, SBU Quality Improvement Plans and Trust Quality Account.			
36.	Implement electronic incident reporting	Improved speed, timeliness and efficiency of incident reporting.	Director of NCAS	November 2012 – January 2013	Project group in place. In house testing completed and pilot scheduled for November 2012.
Obj. 8 Q&S	Replace manual paper systems with electronic web based incident reporting across Trust to further support and improve approach and systems in place	Evidenced by project plan and			

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	to record, manager and learn from incidents.	implementation of new system.			Full implementation due January 2013. TWMG progress report 24/10/12.
37. 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 monitoring by SHA and commissioners.	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 progress on consolidated action plan and quarterly monitoring of the same by SHA and commissioners.	Director of NCAS	1 st September 2012 - or as per plans	PENDING Monthly Board reporting on progress in place as per short term plan - from August 2012.
38. 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 1) and quality and organisational strategy modules - Trust commissioned independent assessment of self assessment (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.	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	Acting Chief Executive and FT Director	September - December 2012 October - December 2012	PENDING BGAF self assessment completed - for discussion at Board seminar 22 nd Oct 2012. Draft shared with Board and SHA w/c 8 th Oct 2012. Independent review of BGAF self assessment commissioned to report December

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	- second internal audit on delivery of medium term actions of FFtF implementation plan.	recommended changes.		October 2013	2012..
39.	Progression through the Foundation Trust (FT) Pipeline	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	Stage 2 Escalation meeting 2 nd October. 2012. - July 2013 DH entry and additional quality gateway Dec 2012. Draft TFA being updated for sign off to reflected above. FT programme support being identified and recommissioned from F&C directorate.
Obj. 12	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).				
Brd	Sign/publish new TFA with DH, SHA, lead commissioner. Review, refocus and recommission FT work programme resources and programme to support implementation.				
40.	Undertake Board Governance Assurance Framework (2)	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	February - - July 2013	PENDING FT timeline reworked following confirmation of pipeline and July 2013 DH entry
Obj. 12	Revisit and update BGAF (1) self assessment.				
Board A&R	Undertake second independent evaluation of BGAF with appointed consultants in line with timeline agreed following TFA milestone renegotiations with SHA/DH (
41.	Trust 5 year Strategy	The Trust strategy is up to date and fit for purpose. Alignment of SBUs, Executives	Acting Chief Executive/ FT Director	April 2013	PENDING Review and update of annual business planning process
Obj. 12	Review and rewrite Trust 5 year Business Plan (IBP) to reflect revised strategic priorities (ref 1.1)				

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F&P	<p>and wider scope of implementation plan, Trust business development priorities and changes to leadership.</p> <p>Secure commissioner convergence with emerging Clinical Commissioning Groups (CCGs) and existing PCTs as appropriate.</p> <p>Integrate into routine annual and 3 year business planning to ensure alignment of SBUs, Executives and Trust Board to Trust strategy.</p>	<p>and Trust Board to Trust strategy.</p> <p>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.</p>		<p>July 2013</p> <p>May 2013</p>	<p>complete - reported to F&P Cttee. Sept 21st 2012.</p> <p>Draft Annual Plan 2013/ process to TWMG 24th Oct 2012.</p> <p>IBP v10.1 August 2011..- consultant start to redraft marketing and strategy in particular Oct - Dec 2012.</p>
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