

## 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 <sup>th</sup> 2012 Board Seminar and Executive Management Team (EMT) sessions 1 <sup>st</sup> , 15 <sup>th</sup> , 17 <sup>th</sup> and 23 <sup>rd</sup> May.	JB (FT Dir)	Draft
1.0	24.05.2012	For discussion with Non Executive Directors 25 <sup>th</sup> May 2012 and Extended Executive Management Team (XEMT) 29 <sup>th</sup> 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	31.10.2012	Revised FFtF medium term plan following close of Short Term Action Plan approved at October 31 <sup>st</sup> 2012 Board	JB (FT Dir)	Approved

## 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 27<sup>th</sup> 2012 Trust Board and published following the SHA July 26<sup>th</sup> 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:

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

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

<b>RED</b>	No progress made – or significant risk to delivery	<b>AMBER</b>	Limited progress made and slipping against timescale	<b>GREEN</b>	Delivered	<b>NO COLOUR</b>	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, - approved at October 31<sup>st</sup> 2012 Board

	OBJECTIVES & ACTIONS	WHAT DOES SUCCESS LOOK LIKE	EXEC LEAD	DELIVERY DATE	PROGRESS UPDATE
12. A&R	<p><b>Independent evaluation of progress of FFtF plan in short term</b></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>	Chief Executive/FT Director	<p>End Sept. 2012</p> <p>October 2012</p>	<p><b>GREEN</b></p> <p>Internal Audit completed, scrutinised by A&amp;R Cttee, amended accordingly., Approved 31<sup>st</sup> Oct Trust Board. .</p>
13. Obj. 1 F&P	<p><b>Implement Localism</b></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 <sup>st</sup> September 2013	<p><b>PENDING</b></p> <p>Monthly Local Area Director reports to Board.</p> <p>Restructuring thru Corporate Services Review (action 14) due to complete April 2013. .</p>
14. Obj. 1 F&P	<p><b>Implement decentralisation and Service Line Management (SLM)</b></p> <p>Progression and implementation of Corporate Services Review - and in particular New ways of Working and related Board Directors, ensuring that responsibility and accountability are included in the new operational roles that are clearly defined.</p> <p>Implementing the new finance system, Aggresso, to</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"> <li>- devolved budgets at the service line</li> <li>- new scheme of delegation</li> <li>- formal agreement on</li> </ul>	Director of Finance and Commerce	<p>April 2013</p> <p>1<sup>st</sup> September</p>	<p><b>PENDING</b></p> <p>Project Board in place to over see CSR/NWW - due to complete end April 2013. Some slippage on decision making on Board composition.</p> <p>Agresso project</p>

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	allow a far greater level of delegation of business management and authorisation. enabling managers to be responsible for procurement, requisitioning and direct budgets oversight. .  Revised scheme of delegation	freedoms and responsibilities - implementation of new structures		2013	underway and on plan.
<b>15.</b> Obj 1 ESE	<b>SBU restructuring</b>  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 (CSR) 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	Chief Executive	December 2012	<b>AMBER</b>  Project Board in place to over see CSR/NWW - due to complete end April 2013.
<b>16.</b> Brd	<b>Recruit a Chief Executive</b> Following retirement of outgoing CEO.	Robust leadership and management of Trust.  Demonstrated by substantive appointment and CEO in place.	Chair	January 2013	<b>GREEN</b> Interviews 17 <sup>th</sup> October 2012 - appointment made and confirmed post holder starting 12 <sup>th</sup> November 2012.
<b>17.</b> Brd	<b>Recruit Medical Director</b>  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	Director for People	November - April 2013.	<b>PENDING</b> External company support engaged. - recruitment underway. Interviews originally planned

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		in post.			for 27 <sup>th</sup> Nov - delayed to resume January 2013/
18 Brd	<b>Recruit 2 Board roles to replace Executive Director of Operations</b>	Robust operational leadership and management of Trust.  Demonstrated by substantive appointments and in place.	Chief Executive	April 2013.	<b>PENDING</b> Board decision making delayed on Board composition. Project plan in confirms recruitment by end April 2013.
19 Brd	<b>Strengthen senior leadership in transition</b>  Ensure interim arrangements are extended and in place until substantive posts in situ re - Interim Director of Finance and Commerce - Acting CEO - Acting Deputy CEO	Business continuity is maintained and Executive Team strengthened  Demonstrated by extensions to arrangements until appointments made.	Acting Chief Executive	April 2013	<b>GREEN</b> Interim arrangements concluded CEO in post from 12 <sup>th</sup> Nov. Dir F&C & Deputy CEO from 5 <sup>th</sup> Dec 2012
20. Obj 2 Brd	<b>Recruit a practising clinician in mental health as a Non Executive Director</b>  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	<b>PENDING</b> Appointments Commission recruitment underway for this and vacant NED post - expect to conclude Jan/Feb 2013.
21.	<b>Communication and Relationship Management</b>	Improved reputation,	Chief Executive/	April 2013	<b>PENDING</b>

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Obj. 1 Brd	<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>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>Chair</p> <p>Head of Communications</p>		<p>Monthly Snapshot newsletter in place plus FFtF web site.</p> <p>Communications Action Plan being implemented.</p>
22. Obj. 3 Q&S	<p><b>Improve clinical engagement in Quality &amp; Safety through</b></p> <p>- Targeting use of MaPSaf tool to patient safety hotspots</p> <p>- Refocus training and support to address priority areas e.g. supervision, CPA (ref 3.4).</p>	<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>	<p>Director of NCAS</p>	<p>1<sup>st</sup> Sept 2013</p>	<p><b>PENDING</b></p>
23. A&R (9.1)	<p><b>Annual Review of Risks</b></p> <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>	<p>Board line of sight on Trust risks significantly improved.</p> <p>Evidenced by Audit Committee papers.</p>	<p>Chair Audit Committee</p> <p>(support Dir F&amp;C)</p>	<p>November 2012</p> <p>1<sup>st</sup> September</p>	<p><b>PENDING</b></p> <p>R&amp;A Cttee discussed schedule at Nov meeting - schedule to be designed into work programme.</p>



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	Work plan to be developed and implemented.	Demonstrated by programme of internal and external communication on work, impact and outcomes of Clinical Cabinet (ref 1.6).	Professional Council		leadership development underway.
<b>26.</b> Q&S	<p><b>Develop Trust Clinical Engagement Strategy</b></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&amp;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><b>PENDING</b></p> <p>Professional Council and TWMG endorse draft strategy prior to Board consideration and approval 28th Nov 2012.</p>
<b>27.</b> Obj. 4 Q&S	<p><b>Experience Based Design (EBD) Institute of Innovation &amp; Improvement tool)</b></p> <p>Invest in and roll out EBD in operations with service users and carers in all SBU activity based on two pilots (contingent upon outcome of pilots)</p> <p><b>Action to be updated as result of internal audit in Sept 2012, to include</b></p> <ul style="list-style-type: none"> <li>- <b>roll out plan agreed by TWMG and monitored by Q&amp;S Committee</b></li> <li>- <b>appointment of Service User Involvement Workers in SBUs/services and related delivery</b></li> </ul>	<p>All service plans are informed by, and co-designed with service user and carers.</p> <p>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</p>	Director of Operations	1 <sup>st</sup> September 2013	<p><b>AMBER</b></p> <p>Action 27 rewrite and update from Executive lead delayed pending agreement of approach in Operations. Oct 31<sup>st</sup> Board scrutiny and discussed delay; Nov Q&amp;S Cttee scrutiny and aware.</p>

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28. Q&S (4.4)	<p><b>Improve User and Carer Involvement in SBUs</b></p> <p>Recruit to 3 vacant Service User Involvement (SUI) Worker posts following transfer of funding to SBUs from NCAS - and ensure capacity helps support roll out of EBD, real time user and carers surveys.</p> <p>.</p>	<p>Strengthened SBU capacity and capability.</p> <p>Demonstrated by recruitment to dedicated SBU posts and involvement in EBCD and surveys.</p>	Director of Operations	Date of completion to be advised by Exec lead	<p><b>AMBER</b></p> <p>L3 SBU - posts in early stages of recruitment. Ad IP - developing job description. Adults Community - no action to date</p>
29. Obj. 4 ESE	<p><b>Patient experience statement in all JDs</b></p> <p>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.</p> <ul style="list-style-type: none"> <li>- letter to all staff in wage slips</li> <li>- insert statement in generic JDs</li> <li>- template for standard information in JDs to be amended</li> </ul>	<p>All staff are clear about their responsibility to users and carers - and can be held to account.</p> <p>Demonstrated by change in job descriptions.</p>	Director for People	January 2013	<p><b>PENDING</b></p> <p>Statement agreed and in Staff Handbook..</p> <p>Staff side discussions confirm formal staff consultation not necessary.</p>
30. Obj. 5 ESE	<p><b>Improve staff engagement and morale</b></p> <ul style="list-style-type: none"> <li>- Develop and implement team and SBU owned targeted programme of work to improve staff engagement and morale.</li> <li>- Overseen and scrutiny by new Board Committee on Workforce Strategy. including outcomes from lcoal and national staff surveys. (family &amp; friends test in local surveys)</li> </ul>	<p>Staff morale is improved and act as ambassadors for the Trust.</p> <p>Demonstrated by improved national and internal staff survey results in:</p> <ul style="list-style-type: none"> <li>- staff morale</li> <li>- job satisfaction</li> <li>- recommendations to family</li> </ul>	Director for People	1 <sup>st</sup> September 2013	<p><b>PENDING</b></p> <p>Team and SBU owned Staff Survey action plan approved at August 20<sup>th</sup> ESE. 2012 Staff Survey out for completion with staff Oct 2012.</p>

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		of service.			
31.	<b>Implement Inspire appraisal system</b>	Staff are supported to deliver Trust objectives.	Director for People	<b>July 2013</b>	<b>PENDING</b> Implementation of Inspire delayed pending conclusion of SBU restructuring - due to complete April 2013
ESE (5.1)	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	Evidenced in improved appraisal and supervision rates in Adults SBUs.			
32.	<b>Implement a Senior Management Leadership Development programme</b>	Enhanced leadership capability with increased effectiveness and productivity individually and collectively.	Director for People and FT Director	April 2013 <i>(extended to incorporate evaluation and next steps)</i>	<b>PENDING</b> Leadership interventions evaluation underway. 3 Temperature checks undertaken Aug 2012 - shows some improvement.
Obj. 5 ESE	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.	Demonstrated by delivery of phase 2 interventions and a 'before & after' assessment (temperature checks).			
33.	<b>Amend Trust Performance Management Strategy</b>	Balanced and integrated performance strategy focussed on service and quality improvement driven by SBUs and clinical input.	Director of Finance and Commerce	December 2012	<b>PENDING</b>
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.	<b>Involve SBU clinicians in contracting and commissioning</b>	Improved local clinical and service engagement in quality and performance.	Director of NCAS	December 2012	<b>PENDING</b> 13/14 Contract and Operating Group established - first meeting Nov 2012.
Obj. 3	Clinical Directors to review and improve their medical and clinical leads involvement in SBU activity as	Demonstrated by sustained	Clinical Directors		

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Q&S	required preparing for commissioning and contracting matters – reflecting reviewed governance and assurance arrangements (ref 2.5).	improvement in performance across the range of targets and involvement of clinical leads in local area groups.			More clinical input sought. Regular meetings scheduled to end March 2013.
35. Obj. 7 Q&S	<p><b>Demonstrating sustainable improvement in CPA</b></p> <p>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.</p> <p>All 2013/14 SBU Quality Improvement Plans to incorporate a focus on CPA and feed into 2013/14 Trust Quality Account.</p>	<p>Improved quality and patient experience.</p> <p>Demonstrated by improved user/carer satisfaction scores for CPA and consistent delivery of CPA targets, SBU Quality Improvement Plans and Trust Quality Account.</p>	Director of Operations	April 2013	<p><b>PENDING</b></p> <p>Improving performance being seen in some areas April 2012 and onwards.- some deterioration across the Board Sept/Oct 2012.</p>
36. Obj. 8 Q&S	<p><b>Implement electronic incident reporting</b></p> <p>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.</p>	<p>Improved speed, timeliness and efficiency of incident reporting.</p> <p>Evidenced by project plan and implementation of new system.</p>	Director of NCAS	November 2012 – January 2013	<p><b>PENDING</b></p> <p>Project group in place. In house testing completed and pilot scheduled for November 2012. Full implementation due January 2013. TWMG progress report 24/10/12.</p>
37. Obj.10 Q&S	<p><b>Ensure all Homicide Action Plans are delivered</b></p> <p>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.</p>	<p>Improvements in practice are delivered and sustained as a result of learning from homicides</p> <p>Demonstrated by audit reports on clinical practice; monthly Board reports on</p>	Director of NCAS	1 <sup>st</sup> September 2012 - or as per plans	<p><b>PENDING</b></p> <p>Monthly Board reporting on progress in place as per short term plan - from August 2012.</p>

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	Report progress to Board monthly and external quarterly monitoring by SHA and commissioners.	progress on consolidated action plan and quarterly monitoring of the same by SHA and commissioners.			
<b>38.</b>	<b>Independent evaluation of FFtF transformation</b>	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.	Chief Executive and FT Director		<b>PENDING</b> Board seminar 22 <sup>nd</sup> Oct 2012 discuss BGAF self assessment -. draft shared SHA w/c 8 <sup>th</sup> Oct 2012.
Obj 12	Building on agreement with SHA on future evaluation of programme and internal audit of short term actions	Demonstrated by external assessment and position - and agreed actions for improvement.		September - December 2012	Independent review of BGAF commissioned, and work underway to deliver evidence base, interviews, workshops. Report due December & January 2013.
Brd	- 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.	Demonstrated by report and action plan to implement any recommended changes.		October - December 2012	
A&R	- second internal audit on delivery of medium term actions of FFtF implementation plan.			October 2013	Nov 19 <sup>th</sup> A&R Cttee agree to scrutinise second FFtF internal audit Sept/Oct 2013
<b>39.</b>	<b>Progression through the Foundation Trust (FT) Pipeline</b>	The Trust has further improved its fitness for purpose with regard to	Chief Executive/ FT Director	December 2012	<b>PENDING</b> Stage 2 Escalation meeting 2 <sup>nd</sup>

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Obj. 12  Brd	<p>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).</p> <p>Sign/publish new TFA with DH, SHA, lead commissioner.</p> <p>Review, refocus and recommission FT work programme resources and programme to support implementation.</p>	<p>culture, clinical engagement and quality of care and performance.</p> <p>Demonstrated by progress through FT pipeline and related gateways.</p>			<p>October. 2012. - July 2013 DH entry and additional quality gateway Dec 2012. Draft TFA being updated for sign off. . FT programme structure and support being identified and recommissioned from F&amp;C directorate.</p>
40.  Obj. 12  Board A&R	<p><b>Undertake Board Governance Assurance Framework (2)</b></p> <p>Revisit and update BGAF (1) self assessment.</p> <p>Undertake second independent evaluation of BGAF with appointed consultants in line with timeline agreed following TFA milestone renegotiations with SHA/DH</p>	<p>External validation of position following FFtF actions and against national standards for NHS FTs.</p> <p>Demonstrated by report and action plan to implement any recommended changes.</p>	Chief Executive and FT Director	February - July 2013	<p><b>PENDING</b></p> <p>FT timeline reworked following confirmation of pipeline and July 2013 DH entry</p>
41.  Obj. 12  F&P	<p><b>Trust 5 year Strategy</b></p> <p>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.</p> <p>Secure commissioner convergence with emerging Clinical Commissioning Groups (CCGs) and existing PCTs as appropriate.</p>	<p>The Trust strategy is up to date and fit for purpose.</p> <p>Alignment of SBUs, Executives and Trust Board to Trust strategy.</p> <p>Demonstrated by delivery of an IBP, Annual Plan, SBU Business and Quality</p>	Chief Executive/ FT Director	<p>April 2013</p> <p>July 2013</p>	<p><b>PENDING</b></p> <p>IBP working group established focusing on business development and marketing. Board workshop on same 12<sup>th</sup> Nov 2012.</p>

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## Medium Term Actions

### Revised medium term FFtF plan, - approved at October 31<sup>st</sup> 2012 Board

	<p>Integrate into routine annual and 3 year business planning to ensure alignment of SBUs, Executives and Trust Board to Trust strategy.</p>	<p>Improvement Plans for 13/14 that reflect Fit for the Future priorities and delivery.</p>			<p>Draft Annual Plan 2013/ process to TWMG 24<sup>th</sup> Oct 2012</p> <p>IBP/LTFM planning event 21<sup>st</sup> Nov 2012 - focus Finances.</p> <p>CEO reviewing strategic priorities, values, vision mission - Nov 2012</p>
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