

enabling and empowering people to reach their potential and live fulfilling lives

Summary Report – Trust Board Meeting (Part 1)	Date: 30th January 2013
Report Title: Fit for the Future Programme Monitoring and Strategic Review	
Agenda Item: 14	Enclosures: Appendix 1
Sponsor: FT Programme Director	Presenter: FT Programme Director
Report Author: FT Programme Director	
Report discussed previously at:	n/a

Purpose of the Report and Action required		
To report to the Board, by exception, on progress in the Fit for the Future Implementation Plan (medium term Oct 2012-Oct 2013) and related programme issues..	Approval	√
	Discussion	√
	Information	

Executive Summary of Key Issues
<p>1, The Board approved action plan and objectives in response to the independent review on the alleged falsification of service user records has now been integrated into the FFtF programme (objectives, implementation plan, and Board oversight and scrutiny process). This brings a particular focus on data quality and information governance to the FFtF programme.</p> <p>2. Progress continues on implementation with some slippage on delivery dates, for which recovery actions are in place. To note in particular are</p> <p style="padding-left: 40px;">FFtF 25 - Strengthen Professional Council (Amber). where the Board is advised by the Director of NCAS that submission of the revised Professional Council terms of reference, and its work programme is anticipated to be in February 2013. .</p> <p style="padding-left: 40px;">FFtF 29 – Patient experience statement in all job descriptions (Amber) where delay has occurred pending concluding the review of Trust strategic objectives, its vision and values. The Director for People advises that this action will be delivered for the end of March 2013..</p> <p style="padding-left: 40px;">FFtF 36 Implementing electronic incident reporting (Amber) where roll out of electronic reporting to teams and wards is being phased site by site. The Director of NCAS. advises that this action will now be completed by the end of June 2013</p> <p>3. To ensure clarity of purpose and priority in Board Committee scrutiny of the FFtF programme a small number of FFtF metrics are clarified. These align with the proposed 7 clinical indicators in the Trust in large part – others relating to the governance and assurance systems that underpin the proposed clinical indicators.</p>

Fit for the Future Programme Monitoring and Strategic Review

Which Strategic Objective does this paper address	
A sustainable value for money business	N
Excellent service user access and experience	Y
Excellent partnership working with other organisations	Y
Effective engagement and improvement in staff satisfaction	Y

Link to Fit for the Future Implementation Plan	
Specify objective number	ALL

Corporate Impact Assessment	
Quality and Safety implications	The FFtF programme improves governance, leadership, and clinical engagement and assurance frameworks in the Trust as well as takes action to improve quality and safety activity.
Corporate Risk Register	STR10, STR11, STR 23
FGEB (Trust ALE replacement)	N/A
IG Toolkit	N/A
Equality Impact Analysis	N/A

Recommendations to other committees
None - beyond the work of detailed FFtF scrutinising Board sub-committees.

Recommendation/Decision
<p>The Board is recommended to</p> <ul style="list-style-type: none"> (i) Discuss the exceptions identified in FFtF report (Actions 25, 29,36) and note the general progress made in implementing the FFtF programme (Appendix 10) (ii) Approve extensions to completion dates for actions 29 and 36 (iii) Discuss assurance from Board Committee Chairs on their scrutiny of FFtF – escalating actions To Board as required (iv) Approve the FFtF metrics identified and their place in the overall evaluation in the FFtF programme

Fit for the Future Programme Monitoring and Strategic Review

1. Purpose of the report

- 1.1 This paper summarises progress against the FFtF medium term implementation plan by exception. A full progress report is attached as Appendix 1.
- 1.2 As required by the December Trust Board the approved action plan and objectives in response to the independent review on alleged falsification of service user records has been integrated into the FFtF programme – objectives, implementation plan and Board oversight and scrutiny. Appendix 1 shows this in detail. This had added 8 FFtF actions focused on data quality and information governance. Those additional actions are largely allocated to the Finance and Planning Committee for scrutiny from Jan 2013..
- 1.3 This paper also confirms the clarification sought by Board of scrutinising Board committee focus on a small number of FFtF metrics against which to measure success.
- 1.4 A number of allocated Board Sub-Committees have met since the November FFtF Board report. Relevant NED Chairs will offer assurance to the Trust Board on delivery and strategic oversight of actions that their Committee is responsible for, specifically :
 - Quality and Safety Committee - NED Chair: Tony Gallagher (8.01.2013)
 - Employee Strategy and Engagement Committee - NED Chair : Lee O'Bryan (18.01.2013)
 - Finance and Planning Committee - NED Chair : Alison Paine (18.01.2013)

2. Exception Report

- 2.1 There are currently 38 actions in the FFtF implementation plan (October 2012 - October 2013). Of these 9 actions are green (delivered), 24 are pending (on schedule) and 4 are amber.(limited progress made and slipping against timescale).

Following the October and November Boards action 27 on EBD (experience based design) has been reviewed and agreed within Operations - as has a completion date for recruitment of service user involvement workers by locality (action 28).The completion date of June 2013 has been identified with recruitment in the Bristol locality due in April 2013. This supports a move from amber to a pending RAG rating.

- 2.2 Exceptions, and actions to bring these back on track where required, are as follows :-
 - a) **FFtF 25 - Strengthen Professional Council. (Amber).** Trust wide Management Group approval of the Professional Council terms of reference and work programme continues to be pending from November. The Director of NCAS advises that she anticipates these being approved in February 2013. .
 - b) **FFtF 29 – Patient experience statement in all job descriptions (Amber).** It has been agreed with the Chief Executive that to ensure the proposed statement is fully aligned with Trust strategic objectives, vision and values completion is delayed pending conclusion of their review (reference the January 2013 Board paper) . The Director for People advises that this action will be delivered for the end of March 2013. It is proposed that the completion date is changed accordingly.

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- c) **FFtF 36 Implementing electronic incident reporting (Amber).** The roll out of electronic reporting to teams and wards is being phased site by site. The Executive Director of NCAS advises that based on the roll out to the Callington Road site (inpatient and linked community teams) this will be completed at the end of June 2013 – rather than the January originally planned. It is proposed that the completion date is changed accordingly.
- d) **Action 14 – Implement decentralisation.** The January Finance and Planning Committee confirmed that the review of back office functions, and related efficiencies, must be explicit in this action. Also that appointment of the 3 lead posts (Clinical Director, Managing Director and Head of Profession) will conclude this action as described. The completion date for all parts of this action is confirmed to be April 2013. The plan has been updated accordingly – see Appendix 1.
- e) **Action 33 – Adopt a new approach to performance management strategy.** The Finance and Planning Committee is seeking additional assurance and evidence of clinical engagement in CRES/CIP planning
- f) **Action 45 – Information Governance policies.** Whilst Finance and Performance agreed a range of information governance policies there was no attached ‘policy on a page’. The Director of Finance confirmed these would be produced quickly and prior to dissemination of policies to all staff as required by the Committee.

3. FFtF Metrics for scrutinising Board Committees

- 3.1 Clarity on a small number of FFtF metrics reinforces clarity of purpose and priority in Board Committee scrutiny. They also support the measurement of outcomes from the FFtF programme. Following analysis and discussion FFtF metrics have been clarified.
- 3.2 The FFtF metrics align with the proposed 7 clinical indicators in the Trust in large part – others relate to the governance and assurance that underpins those clinical indicators.
- 3.3 An outline of the proposed FFtF metrics are:-:

Committee	FFtF Metric	Alignment to 7 clinical indicators
Employee Strategy and Engagement	1. Staff Survey metrics - Friends & Family test - Job satisfaction - Staff morale	YES
	2, Improved appraisal and supervision rates	YES
Finance and Planning	1. Delivery of Monitor and contractual metrics - and related performance strategy	YES
	2. Record Keeping - Information governance policy compliance - Data quality compliance and assurance	YES

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	- RiO (data entry, training & flexibility) 3. Integrated Business Plan - and related CRES/CIP planning - commissioner convergence	NO
Quality and Strategy	1. Delivery of Monitor and contractual metrics - consistent CPA target delivery in all parts of the Trust - consistent Carers target delivery in all parts of the Trust - improved benchmarked incident reporting & management	YES
	2. Improved national and local patient survey indicators - Community - In Patient	YES
	3. Increased clinical engagement and leadership - strategy and its implementation - clinical ownership and accountability for activity - organisational structure - local and trust wide clinical governance systems	NO
Risk and Audit	1. Assurance of delivery of FFtF plan and outcomes - internal audit short term - internal audit medium term - BGAF 'before and after'	NO
	2. Assurance of improvement in Risk Management in - scrutiny of Risk Registers and mitigations - Strategy and join up with assurance/escalation systems - reducing Residual risk scores	NO

3.4 In summary, the evaluation strategy for the FFtF implementation programme (April 2012 – October 2013) lies in

- **Delivery of the implementation plan** – demonstrated by internal audits on the short and medium term plans based on a desk top review of evidence of the action and description of what success looks like in September 2012 and September 2013
- **Improved Governance** – demonstrated by comparator scores (self assessed and independently validated) in the Trust Board Governance Memorandum (BGAF framework) in January and June 2013
- **Delivery of Outcomes** - described in the narrative part of the FFtF plan and FFtF metrics above in April 2012 and September 2013.. Most are subject to routine external and internal reporting and scrutiny.

4. Recommendations

The Board is recommended to

- (v) **Discuss** the exceptions identified in FFtF report (Actions 25, 29,36) and **note** the general progress made (Appendix 1)
- (vi) **Approve** extensions to completion dates for actions 29 and 36
- (vii) **Discuss** assurance from Board Committee Chairs on their scrutiny of FFtF – escalating actions To Board as required
- (viii) **Approve** the FFtF metrics identified and their place in the overall evaluation in the FFtF programme.

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