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.

Iain Tulley
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	25.07.2012	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 31st October 2012	JB (FT Dir)	Draft
3.0	21.12.2012	Revision incorporating actions to respond to independent review of alleged falsification and/or alteration of service user records-final report, Nov 2012. Actions agreed by Trust Board 10th Dec 2012. Integration of action plans required 19th Dec 2012 Trust Board.	JB (FT Dir)	Approved

1. 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. 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 to October 2013 to ensure the embedding of change

2. FFtF PROGRAMME STRUCTURE

The 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 further independent investigation into the alleged falsification and/or alteration of service user records in The Trust (June-Nov 2012). Actions to respond to this report are integrated into this action plan as required by the Trust Board 19th December 2012.

3. 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

4. FFtF IMPLEMENTATION PLANNING PRINCIPLES. Actions must be SMART :

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

5. FFTF OBJECTIVES

The objectives are drawn from recommendations of the two independent review reports receive in the Trust in 2012 - on governance and management arrangements of the Trust (received in the Trust April 2012) and the alleged falsification and/or alteration of service user records (Nov 2012). In a small number of areas the report recommendations overlap and therefore are represented only once as an objective. Where this is the case it is indicated in the objectives identified below.

No	FFtF Objectives	Report Recommendations	
		April 2012 Gov & Leadership	Nov 2012 Records (Wilts)
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.	✓	✓
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.	✓	
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.	✓	
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.	✓	
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.	✓	

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.	✓	✓
7	The Trust Board is improving its CPA performance and related service improvement in all clinical areas, 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.	✓	
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.	✓	
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.	✓	
10	The Board is revisiting the Homicide Inquiry reports to ensure any outstanding or ongoing issues identified are addressed and effectively implemented and frequently scrutinise progress until it is fully embedded.	✓	
11	The Board is determining reasonable but challenging timescales for major change projects, holding to account those responsible for implementation.	✓	
12	The Trust is progressing its FT application building on the improvements made as a result of the FFtF programme of action	✓	
13	The Trust is reviewing, and where necessary, updating and amending its arrangements for data protection to ensure compliance with legislation		✓
14	The Trust is revising and reissuing its policies relating to information governance and record keeping making them more explicit about what staff should do and not do, ensuring that they are sufficiently succinct that staff can access key information quickly and easily through the use of a summarised key point's page		✓
15	The Trust is aiming to increase the proportion of time patient-facing staff are able to spend with patients by reducing the burden of data collection and input and introducing mobile hand held technology so that data can be collected and input in conjunction with patients and carers.		✓
16	The Trust is appointing a skilled and experienced social care leader to act in a lead professional role		✓

Fit for the Future Implementation Plan October 2012 – October 2013
Medium Term Actions. Update for Trust Board 27th March 2013
(incorporating actions to respond to the alleged falsification and/or alteration of service user records - Dec 2012)

	OBJECTIVES & ACTIONS	WHAT DOES SUCCESS LOOK LIKE	EXEC LEAD	DELIVERY DATE	PROGRESS UPDATE
12. Obj 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	**GREEN** Internal Audit Reported to Audit & Risk Committee 25th Sept. Final report received 29th Sept. 2012. FFtF revised accordingly - approved 31st Oct 2012 Trust Board.
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	1st September 2013	**GREEN** Interim management structures established since 1st Jan 2013 in Bristol and 1st Feb 2013 in all areas. Localities go live 2nd April 2013. Substantive Clinical directors recruited and in place, plus 4 of 7 . Managing Directors. Heads of Profession to be

					recruited to within 2 weeks. Business continuity plans in place, use of existing quality and safety systems – supported by weekly monitoring. Full handover to newly appointed CD's by end March 2013.
14. Obj. 1 F&P	**Implement decentralisation** Progression and implementation of Corporate Services Review - and in particular new ways of working ensuring new executive and operational roles with responsibility and accountability clearly defined. To include review of back office functions and related efficiency savings plans. Implement the new finance system - Aggresso - to allow greater delegation of business management and authorisation enabling managers to be responsible for procurement, requisitioning and budget oversight. Revised scheme of delegation (To note: F&P Committee decided not to further progress service line management activity - Nov 2012)	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 - implementation of new structures through appointment of 3 lead posts to each operational area/specialist unit.	Director of Finance and Commerce	April 2013	**PENDING** Local structures and posts in place - go live 2nd April, See action 13. First cut locality budgets issued and validated by mid Feb – confirmed mid March. . Aggresso project plan on track with go live in 1st April. Capital, investment and income thresholds being revised by 31st March 2013 to support revised scheme of delegation alongside locality budgets. January

					Board received paper on back office functions review – supported by PWC staffing benchmarking project to deliver.
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	Chief Executive	April 2013	**GREEN** All 8 Clinical Directors appointed. 4 of 7 Managing Directors appointed - interim arrangements in place. HoP interviews appointments expected by end March 2013. Internal/external communication in place.
16. Obj 2 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** In post from 12th November 2012.
17. Obj 1 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.	**GREEN** Interviews 11th Jan 2013 – Medical Director appointed and started 1st Feb 2013 (Hayley Richards).

18. Obj 2 Brd	**Recruit Executive Director of Operations**	Robust operational leadership and management of Trust. Demonstrated by substantive appointments and in place.	Chief Executive	April 2013.	**GREEN** Successfully appointed - and in place.
19 Obj 2 Brd	**Strengthen senior leadership in transition** 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	**GREEN** Interim arrangements concluded. CEO and deputy CEO in post from 12th Nov, Dir F&C in post from 5th Dec 2012.
20. 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. Appoint to vacant NED position	Strengthened Board and scrutiny of quality, safety and strategy. Demonstrated by skills audit and appointment to Board as appropriate.	Chair	June 2013	**PENDING** Clinical Associate NED appointed from 1st Feb 2013. Vacant NED position re-advertised - interview 7th May for appointment on 3rd June 2013.
21. Obj. 1 Brd	**Communication and Relationship Management** Target relationship management activity on basis of stakeholder analysis across Trust at all levels. Deliver Communications Strategy Implementation Plan - and monthly Snapshot newsletter 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, reduced risk scores in corporate Risk Register and deliver of Communications Strategy Implementation Plan.	Chief Executive/ Chair Head of Communications	April 2013	**GREEN** Monthly snapshot newsletter and FFtF web site in place and regularly updated. Communications action plan being implemented Tracking of

					stakeholder changes in transition to new structures for next financial year in place.
22. Obj. 3 Q&S	**Improve clinical engagement in Quality & Safety through** - Targeting use of MaPSaf tool to patient safety hotspots - Refocus training and support to address priority areas e.g. supervision, CPA	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. Demonstrated by MaPSaf reports and related action plans at team level, and Trust wide mandatory training programme and compliance levels for teams.	Director of NCAS	1st Sept 2013	**PENDING** CPA training has been revised to promote a focus on patient safety. MaPSaf work to be included in Clinical Academy 'toolkit' Work in progress.
23. Obj. 9 A&R	**Annual Review of Risks** Establish a schedule to ensure the annual review of all directorate risk registers demonstrating how this will be achieved at Committee in a year Deliver review of risk registers.	Board line of sight on Trust risks significantly improved. Evidenced by Audit Committee papers.	Chair Audit Committee (support Dir F&C)	April 2013	**GREEN** Feb A&R Committee confirmed outstanding review of People, CEO and F&C Risk register to be covered at April 23rd Committee to close action. Ongoing review of Ops register.
24. Obj. 2	**Agree revised Trust, SBU and local governance structures that improve quality assurance with:** - ~~direct feedback from front line staff, clinicians,~~	Improved Board scrutiny, assurance and challenge independent of management.	Director of NCAS	November 2012	**GREEN** Oct 31st Trust Board approved

Brd	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	Demonstrated by agreement of new structure at Board with SBU and clinical support			revised quality assurance framework, restructuring of management groups and related implementation plan (Oct - April 2103).
			Director of NCAS	April 2013	**GREEN** Local area and specialist clinical governance specification identified (Our Space). Locality structures go lives 2nd April. Quality Information System Project on track to deliver end March 2013.
25. Obj. 3 Q&S	**Embed and strengthen Trust Professional Council** Terms of Reference to be approved. Work plan to be developed and implemented.	Clinical advice and expertise supports significant Trust business. Demonstrated by programme of internal and external communication on work, impact and outcomes of Clinical Cabinet	Director of NCAS Chair of Professional Council	April 2013	**PENDING** Council strengthened and leadership workshop took place in Dec 2012. ToR to be agreed following establishment of Clinical Academy – Head of post JD under review prior to advert.

26. Obj. 3 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 and related implementation plan to Board for approval. Q&S Committee to undertake ongoing scrutiny and monitoring of implementation of strategy Coordinate communication (internal and external) alongside change to governance arrangements	Clinical staffs 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 Chair of Professional Council	November 2012 September 2013	**GREEN** Clinician engagement strategy and implementation framework agreed Nov 2012 Board. Board presentation of same by Chair of Professional Council.
27. Obj. 4 Q&S	**Experience Based Co-Design (EBD) Institute of Innovation & Improvement tool)** Invest in and roll out EBD in operations with service users and carers in all locality/specialist activity based on two pilots (contingent upon outcome of pilots) - Roll out plan to be agreed and monitored by Q&S Committee with appointment of Service User Involvement Workers in SBUs/services and related delivery (see action 28)	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	1st September 2013	**PENDING** Action 27 redraft confirmed. Board agreed roll out plan in paper in Oct 2012 and being implemented. 1st cohort of trainees started (SDAS/S&S priority). Audit of outcome being designed for action from February.
28. Obj 4 Q&S	**Improve User and Carer Involvement in locality/specialist delivery units - Recruit to 3 vacant Service User Involvement Worker posts** following transfer of funding to localities/speciality from NCAS - and ensure capacity helps support roll out of EBD, real time user and carers surveys. .	Strengthened locality/specialist capacity and capability. Demonstrated by recruitment to dedicated locality/specialist posts and involvement in EBD and surveys.	Director of Operations	June 2013	**PENDING** Decision taken to recruit posts on locality basis. Bristol locality recruitment of wte post underway. Users and carers involved in

					appointment. Recruitment underway for all localities for June 2013
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. - letter to all staff in wage slips - insert statement in generic JDs - template for standard information in JDs to be amended	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	End of April 2013	**PENDING** Statement agreed and in Staff Handbook. Staff side discussions confirm formal staff consultation not necessary. Progress delayed to April 2013 pending stakeholder feedback on strategic objectives, vision and values to ensure alignment.
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 Employee Strategy & Engagement. 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	1st September 2013	**GREEN** Action plan in place and monitored by ESE. Internal surveys in place and show improvements. Staff Survey results disappointing (in bottom 20% - March 2013) but do show improvement in

					Trust appraisal rate to 87% (above Trust target of 85%) and small improvement on staff satisfaction and friends and family test.
31. Obj 5 ESE	**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	Move to HR mainstream work - oversight ESEC	**PENDING** ESEC continues to scrutinise improving appraisal and particularly supervision rates. Inspire pilots continue pending updating of ESR. ESEC 8th March Committee move action to mainstream work programme,
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	**GREEN** End of programme evaluation progress reported to ESEC 8th March – final report for distribution end March 2013 . Met most objectives and additionally senior management in transition.

					Temperature checks some improvement in key aspects of culture, leadership, reputation - but little movement in strategy, vision, performance and structure.
33. Obj. 6 F&P	**Adopt a new approach to the Trust Performance Management Strategy** To engage clinical leaders in a review of all required targets to ensure that they are clinically appropriate, understood and owned by clinicians throughout the organisation. 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 Professional Council to drive the agenda.	New performance strategy integrated with quality and governance driven by SBUs and clinical input. Demonstrated by implementation of new strategy from April 2013 with the support of Professional Council as the senior body of clinicians to ensure the performance systems support the delivery of good clinical outcomes.	Director of Business Development	April 2013	**PENDING** Dec 10th Board revised completion date to better align performance strategy with quality. 14th January 2013 workshop identified top 7 clinical indicators. Performance Management is being reviewed as part of the Quality Information System and streamlining reporting systems. Discussions underway with external commissioners. Arrangements for monitoring next year's contracts

					with CCGs are also being considered in light of integrated quality/finance/contractual reporting aims. Work is still underway.
34. 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	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	April 2013	**GREEN** 2013/14 contract and operating group in place from Nov 2012 Development of 13/14 CQUINS clinically led. Action for closure when 2013/14 plans agreed. Actions on track for completion in April.
35. Obj. 7 Q&S	**Demonstrate 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 reports to Board on performance. All 2013/14 SBU Quality Improvement Plans to incorporate a focus on CPA and feed into 2013/14 Trust Quality Account.	Improved quality and patient experience. Demonstrated by improved user/carer satisfaction scores for CPA and consistent delivery of CPA targets, SBU Quality Improvement Plans and Trust Quality Account.	Director of Operations	April 2013	**GREEN** Improved performance seen since April 2012 and onwards. Q&S Committee receive CPA Assurance report with clinical audit findings Feb 5th 2013.
36. Obj. 8	**Implement electronic incident reporting** Replace manual paper systems with electronic web	Improved speed, timeliness and efficiency of incident reporting.	Director of NCAS	June 2013	**PENDING** Project group in place. Pilot

Q&S	based incident reporting across Trust to further support and improve approach and systems in place to record, manager and learn from incidents.	Evidenced by project plan and implementation of new system.			completed. Phased roll out site by site – Jan Board agreed new deadline of June 2013. Implemented in all services based at Callington Road - currently being implemented in Swindon. Trust's major sites to be completed in June.
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	1st September 2012 - or as per plans	**GREEN** 4 out of 6 Homicide Action Plans submitted to SHA as complete. Remaining actions to February board therefore closed. Monthly monitoring continues at Board and quarterly with SHA/NCB for remaining plans. All remaining actions built into Integrated Quality Plan.

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, finance 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 recommended changes.	Chief Executive and FT Director	September - December 2012 October – January 2013	**GREEN** Self assessment and Independent review completed. Themes for improvement identified. Presented to Jan Board. Strategy module not taken forward. FT Action plan to reflect Exec led improvement actions in period up to formal assessment. Board led FT Steering Group established to take work forward
	- second internal audit on delivery of medium term actions of FFtF implementation plan.			October 2013	**PENDING** To report to Risk & Audit Committee
39. 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 and recommission FT work programme resources and programme to support	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.	Chief Executive/ FT Director	December 2012	**GREEN** Oct 2nd NTDA advise of July 2013 entry to FT pipeline. Independent review of monitor quality governance scores to Board Oct 31st to support Dec quality gateway. Requirements

	implementation.				identified to improve to score of 2.5 (NCAS lead). Draft TFA sign up delayed to Feb 2013 pending conclusion of BGAF. FT work programme review Nov – Dec 2013 complete. Board sign off Jan 2013.
40. Obj. 12 Board A&R	**Undertake Board Governance Assurance Framework (2)** Revisit and update BGAF (1) self assessment. Undertake second independent evaluation of BGAF with appointed consultants in line with timeline agreed following TFA milestone renegotiations with SHA/DH	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.	Chief Executive and FT Director	April - June 2013	**PENDING** FT timeline reworked following confirmation of pipeline and July 2013 DH entry. FT Dir and Chair A&R agreed requirements on assurance on process.
41. 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. 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	Chief Executive/ FT Director	April 2013 May 2013	**PENDING** 2012/13 Business plans being developed through TWMG workshops (Nov 22nd and Jan 11th). Redraft of key parts of IBP v11 in train (strategy, bus devt, marketing,

	Secure commissioner convergence with emerging Clinical Commissioning Groups (CCGs) and existing PCTs as appropriate.	that reflect Fit for the Future priorities and delivery.		July 2013	risk/downside scenarios). Commissioner convergence process agreed via LATs in principle with NTDA
42. Obj. 13 F&P	**Compliance with Data Protection Legislation** Trust commissioned expert legal opinion from a solicitor specialising in Data Protection to consider the letter from Sue Sutherland and two sets of Rio records which the Trust believe contain potentially inaccurate entries. Reported to the SHA - 31st August 2012. Trust formal investigation into 3 cases of alleged breach provided by Sue Sutherland following on from this - with no breaches identified. Other parts of the action plan address changes to the performance framework and RiO client record system to support staff in what is being asked of them with regard to record keeping via Trust reporting systems	Data Protection act is not breached demonstrated by - solicitor's opinion was that he did not consider that there is any evidence of a significant breach of the DPA by the Trust. - Trusts investigation of cases provided by the independent review showed no breach of the Data Protection Act - and this was further assured as the case by the SHA.	Director of Finance & Commerce	August 2012	**GREEN** AWP has demonstrated compliance with this objective. No further action is required at this stage.
43. Obj 13 F&P	**Third Party Consent - Data Protection** The Trust's solicitor notes that there is no requirement to take consent from a third party (for example, a carer) where the information is relevant to the care being provided to a service user. The DPA also requires the Trust to process information fairly. This does not extend to require the Trust to actively contact all third parties whose	The Trust, as Data Controller, is required to ensure that any personal data is processed in accordance with the provisions of the DPA. It is accepted that the name and contact detail's are classed as personal data and accordingly in order for the Trust to be able to lawfully process this information (i.e	Director of Finance & Commerce	August 2012	**GREEN** AWP has demonstrated compliance as Data Controller, for Condition 6 (1) set out in the provisions of the DPA and will continue as

	data is recorded by the Trust to take their consent. The Trust sought advice from the Information Commissioner's office in relation to third party consent, in specific, the recording of carer's details without consent. The advice, given in a telephone call, was that this was not a breach of the DPA.	make note of it in the records) The Trust is required to satisfy a condition contained within Schedule 2 of the DPA. The Trust believes that it is able to satisfy Condition 6 (1), which relates to the legitimate interests pursued by the Data Controller.			required.
44. Obj 14 F&P	**Review Health and Social Care Records Policy** Complete a review to ensure the current policy is fit for purpose and approved by the relevant management group/committee	A clear policy that is supported by updated and unambiguous procedures to be found in the RiO Clinical Wiki only.	Director of Finance & Commerce	Jan 2013	**GREEN** Policy review completed 26th November and approved by Trust Quality and Safety committee on the 4th December 2012. Review in line with the RiO Clinical Wiki, CNST Level 2 and policy on a page.
45. Obj 14 F&P	**Information Governance Policies** A review of all other Information Governance policies is to be undertaken in accordance with the Information Governance Document Management Framework Matrix or when new legislation/guidance is released	All Information Governance polices are clearly written and fit for purpose and up to date	Director of Finance & Commerce	Sept 2013	**GREEN** 10 of 11 Info Gov policies have been reviewed and approved by the relevant committee, Last policy approved by F&P on 18.3.2013 Policies are CNST level 2 compliant. have policy on a page as standard.

					Policy dissemination via electronic library and policy alert system.
46. Obj 14 F&P	**All Policies** Introduce a 'policy on a page' approach starting with all relevant CNST polices Extend to all policies and ensure they are disseminated through - the electronic Trust policy alert system - placed within the Trust Board policy library on the intranet - cross referenced to the Information Governance, Health & Social Care Records, Information Security pages of the Trust intranet	Policies are simple and understandable - with a policy on the page summary for staff. Policies are accessible to all staff 24 hours a day 7 days a week support safe, effective care	Director of Finance & Commerce	Sept 2013 - or as per review date for other policies	**GREEN** 8 CNST policies agreed by December Quality & Safety Board and each month thereafter with 'policy on a page' structure. Same for ESE & F&P Committees – all policies and committees delivering to outcome ahead of plan.
47. Obj. 15 F&P	**Mobile Lap Tops** To pilot and implement the use of mobile laptops using 3G and Citrix technologies to access all Trusts systems remotely and "on the move" - specifically to be able to access and update the clinical record in RiO using smartcards. Review RiO data entry requirements across the different service settings and assess the balance of clinician / admin data entry that delivers the most efficient inputting .with mobile technology in mind. Overseen by the Clinical Systems Management	Improved links of quality and safety to performance Demonstrated by implementation of robust mobile working for all appropriate staff to improve efficiency , increasing clinical time through easier to use and more flexible data entry requirements.	Director of Finance & Commerce	June 2013	**GREEN** 3 month pilot successfully concluded in 3 service areas (PCLS, CARS and CJIT). The Trust is now accelerating deployment of mobile technology in 2012/13 and 2013/14. Trust's capital programme supporting this

	Group (CSMG)				with 230 laptops ordered from for PCLS, CARS,CJIT and IAPT staff for roll out in April £1m allocated 13-14 to replace PCs with laptops - should be sufficient to provide laptops to all community clinical staff.
48. Obj. 15 F&P	**RiO training and computer literacy** IT literacy is a core competency for all staff. Ensure all staff required to enter data into RiO have had the appropriate level of training to ensure that they 'know what they're doing' in the various parts of RiO - (both in general terms and also in terms of typing skills), The more skilled staff are, the quicker they will navigate around the system, entering required data. Ensure 'how to' guidance is easily accessible to staff via the intranet and is easy to read, informative and covers the full range of RiO usage. Overseen by the Clinical Systems Management Group (CSMG)	Data Errors will be reduced and assurance can be given to accurate performance indicators measuring both performance and activity. Ongoing delivery of training to existing staff and new starters. And updating of staff guidance	Director NCAS	Sept 2013	**PENDING** CSMG work plan incorporates work to simplify clinical processes supported by RiO e.g. CPA resulting in revised advice, guidance and training to reinforce these changes. RiO guidance has been reconciled to Training Materials and the Clinical Wiki and processes have been clarified and disseminated. A new RiO Clinical Lead has started in post. Decision to implement paperless Board

					within 6 months agreed Jan 2013. Board system to be paperless. F&P Ctte seeking additional assurance report for Feb meeting.
49. Obj. 15 F&P	**Links to Performance**: Balance of reporting from RiO is proportionate and that indicators/metrics 'fall out' of standard data recording by ensuring Information comes from data warehouse systems and not via 3rd party databases, systems, and spread sheets.	Trust staff are not required to enter information just 'for performance' Performance is demonstrated in line with contract performance requirements and business needs.	Int Dir Bus Dev	Sept 2013	**PENDING** Review all clinical KPI's underway. Quality Info System & Assurance Framework agreed only national indicators for commissioning contract & local service standards in each service specification for monitoring with commissioners. Based on clinical activity captured Clinical Information system (RiO) and available to the data warehouse. It is not good practice to capture clinical performance information outside of RiO. See update on 33. Performance

					Strategy.
50. Obj. 16 Q&S	**Appoint a Head of Social Care** Appoint a Head of Social Care with the same level of support as other professions within AWP. Head of Social Care has a full place in the Trust's Professional Council and works Trust-wide	Decisions relating to the Social Care agenda are driven by the Head of Profession. Demonstrated by professional lead in post and active in the Professional Council - alongside other lead clinicians in the Trust advising Executive Team and Trust Board.	Dir of NCAS	April 2013	**GREEN** Interim Head of Social Care appointed and in place. Appointment to be aligned with Heads of Professions and Practice appointments by 31st March 2013.