

QIP Delivery Tracker

Date updated 26/06/2015

Project ID	Project Name	Project Description	Executive Sponsor	Project Lead	Overall RAG	Milestones	Finance	KPI	Risks	RAG Explanation
QO001	Ward Managers	Identify and removal of Ligature Risks, Environmental quality including fixtures and fittings, decor and furnishings, availability of Personal Alarms to staff and all who need them, Medical Equipment is in a state of readiness for emergencies, Drug administration policy is fully compliant.	Debbie White, Director of Operations (Norfolk & Waveney)	Veno Sunghuttee	Green	Green	Green	Green	Green	5 key elements all on track except for ligatures. Some Milestones have been moved back slightly (identifying and costing) pending a meeting on 09/06 between JD and Neil Paul.
QO002	Ligature Audit Action Plan	To reduce ligatures in the ward environment. In line with Safe Environment identified ligatures should be removed or mitigated.	Jane Sayer, Director of Nursing, Quality and Patient Safety	Neil Paull	Green	Green	Green	Green	Green	Need to check if this can be combines with QO003 and QAO005
QO003	Line of sight Action Plan	To reduce risks where there are poor lines of sight. To have a robust ligature policy for which the Trust has a measurable way of demonstrating its ongoing application in a systematic and defensible way. T	Jane Sayer, Director of Nursing, Quality and Patient Safety	Neil Paull	Green	Green	Green	Green	Green	0
QO004	Norvic Clinic	Reconfiguration of Drayton & Thorpe wards to address the concerns raised in the CQC report.	Leigh Howlett, Director of Strategy and Resources	Mark Kittle	Green	Green	Green	Green	Green	4 options developed - Ian Young and Karen Clemens meeting took place 29/05. Option 4 £4.5m. Architects working on plans and costs for the remaining 3 options- on track at present
QO005	Mixed Sex Accommodation	To reduce the number of mixed sex accommodation areas across the Trust	Jane Sayer, Director of Nursing, Quality and Patient Safety	Neil Paull	Green	Green	Green	Green	Green	0
QO006	Poppy and Avocet Female Only Plan	Addressing concerns that are no quiet facility at Woodlands on Poppy and Avocet Wards for female patients.	Leigh Howlett, Director of Strategy and Resources	Mark Kittle	Green	Green	Green	Green	Green	2 options sent to managers - Mark has met with Jane Coates (SM) Woodlands - option agreed - architect designing plans and costs to go out to tender - will be managed on site - funds required - have they been approved? On track at present
QO007	Seclusion	To address areas of particular concern, lack of CCTV outside seclusion rooms, not all seclusion suites have en-suite facilities and there were also instances where male and female service users shared an area.	Leigh Howlett, Director of Strategy and Resources	Mark Kittle	Green	Green	Green	Green	Green	PID mentions money available to bring in support - need to know if this has been approved as this will impact on RAG - on track at present
QO008	Seclusion data and governance review	Review of the data and governance review around Seclusion	Jane Sayer, Director of Nursing, Quality and Patient Safety	Sue Barratt	Green	Green	Green	Green	Green	Project is on track and is being monitored on a weekly and monthly basis
QO010	Reducing restrictive interventions	To reduce the number of restrictive interventions that occur across the Trust	Jane Sayer, Director of Nursing, Quality and Patient Safety	Michele Allott	Green	Green	Green	Green	Green	KPIs updated
QO012	Community care	To ensure that there are robust policies and procedures that keep staff and patients safe in the community, with particular regard to management of community based appointments.	Debbie White, Director of Operations (Norfolk & Waveney)	Gary Hazelden	Amber	Amber	Green	Amber	Green	KPI data for April incomplete, missed milestone last week now due for wc 29/6 (compliance with policies Q12a/C93) - GH now back from leave and he is chasing ward managers

EVIDENCE SET 2

QO013	CCG DIST model of care	To establish 24/7 crises / emergency response provision for people with dementia or complexity in later life (DCLL) which includes frail elderly with co-morbid mental illness.	Debbie White, Director of Operations (Norfolk & Waveney)	Marcus Hayward (DIST) Andy Goff (CAMHS)	Green	Green	Green	Green	Green	Now in delivery phase - Need to check with MH that mapping of current ooh services has happened (away until 08/06)
QO014	Safety Incidents - Learning Lessons	The Trust will strengthen the current systems to provide feedback and learning from incidents and complaints by implementing an improved system of cascading and embedding learning.	Jane Sayer, Director of Nursing, Quality and Patient Safety	Michele Allott	Green	Green	Green	Green	Green	KPIs have been reviewed and revised
QO015	Locality Governance	Embed and monitor delivery of quality standards within locality based governance arrangements to achieve parity across the organisation.	Jane Sayer, Director of Nursing, Quality and Patient Safety	Sue Barratt	Green	Green	Green	Green	Green	0
QO016	Safe Staffing	The Trust will ensure that there are sufficient community staff at all times to provide care to meet patients' needs, and ensure that community patients are supported to remain in their own home environment.	Debbie White, Director of Operations (Norfolk & Waveney)	Veno Sunghuttee	Green	Green	Green	Amber	Green	No outstanding milestones – need to chase KPIs
QO017	Service User and Carer Strategy	Service User Carer Strategy was agreed by the Board March 2015. The project will produce an implementation plan for the delivery of the 6 objectives laid out in the strategy.	Jane Sayer, Director of Nursing, Quality and Patient Safety	Lyn Skipper	Green	Green	Green	Green	Green	Project behind schedule as Project Leads could not meet with stakeholders as a group. She is meeting them individually and as such is behind with her milestone. Also she is going on leave w/c 8th June.
QO018	Staff supervision and appraisals	To ensure that all staff receive regular supervision and annual appraisals, and ensure all nursing staff will be revalidated.	Jane Sayer, Director of Nursing, Quality and Patient Safety	Dawn Collins	Green	Green	Green	Green	Amber	On track at present, although discrepancies apparent between operational methods of supervision. Dawn meeting with Consultants 7th July. Risks: 1. Lack of capacity within clinical and corporate teams. 2. Lack of skilled trainers; 3. Implementation of operational model in time frame. Mitigations in place
QO019	Lorenzo implementation	Implementation of the Lorenzo system across the Trust	Leigh Howlett, Director of Strategy and Resources	Dave Huggins	Green	Green	Green	Green	Green	No workbook visible in PMO folder - checking with Project Lead
QO022	Practitioner quality framework	The aim of the project is to coproduce with staff, service users and stakeholders a clinical strategy that practitioners use to support their practice, and that is used as a framework for clinical quality governance processes.	Bohdan Solomka, Medical Director	Bohdan Solomka	0	0	0	0	0	Currently on hold and not included in the 35 QIPs
QO023	Physical healthcare form completion	Redesign and implementation of the physical healthcare forms and ensure completion of forms	Debbie White, Director of Operations (Norfolk & Waveney)	Veno Sunghuttee	Amber	Amber	Green	Amber	Green	KPI data for April still incomplete. 4 milestones moved back a week - unrealistic
QO024	Physical healthcare monitoring	To ensure that every service user has a physical health assessment and appropriate interventions (organised or conducted) annually, but in addition on admission and consistently as directed through their care plan.	Jane Sayer, Director of Nursing, Quality and Patient Safety	Sara Fletcher	Amber	Amber	Amber	Green	Amber	Milestones due this week are about 60% complete (nomination of clinical leads) - to be updated week commencing 08/06. Discussion around new project lead is ongoing. Financial risk of loss of CQUIN monies (amount to be confirmed)
QO029	CYP out of area placement review	This project focusses on reviewing the accessibility of NHSE commissioned CAMHs Tier 4 beds for children and young people in Suffolk and Norfolk.	Alison Armstrong, Director of Operations (Suffolk)	Sue Miller	Green	Green	Green	Green	Green	Steps towards implementation identified

EVIDENCE SET 2

QO030	Additional 5 beds at Carlton Court	Expansion of Carlton Court capacity to include and additional 5 beds	Debbie White, Director of Operations (Norfolk & Waveney)	Andy Goff	Green	Green	Green	Green	Green	No outstanding milestones
QO031	Provision of inpatient beds	Provision of inpatient beds for secured services to ensure that there is sufficient capacity across the Trust.	Debbie White, Director of Operations (Norfolk & Waveney)	Veno Sunghuttee	Amber	Amber	Green	Amber	Green	17 missed milestones however this is because they were unrealistic in the original workbook. JD to discuss with DW to simplify workbook and making realistic . JD and GW to review on 09/06
QO032	Medicines Management	The Trust will ensure that medicines prescribed to patients who use the service are stored, administered, recorded and disposed of safely.	Bohdan Solomka, Medical Director	Esther Johnston	Green	Green	Green	Green	Green	Most of the milestones have been delivered.
QO033	Post-consultation of inpatient bed implementation	15 beds currently provided for acute adults at Waveney Acute Services, Carlton Court are expected to close in October 2015.	Debbie White, Director of Operations (Norfolk & Waveney)	Debbie White/Gill Aspinall	Amber	Red	Green	Green	Green	The workbook for CIP006 covers this QIP scheme. All milestones on track – GM to review KPIs and risks
QO034	Provision of single bedded safety units	Review of the evaluation findings and recommend how many place of safety units are needed based upon evidence regarding the impact of the pilot projects & consider how to resource extensions of the pilot project work.	Debbie White, Director of Operations (Norfolk & Waveney)	Veno Sunghuttee	Green	Amber	Green	Green	Green	No outstanding milestones
QO035	Secured services improvement plan	To coordinate within a single plan the existing and future initiatives to improve the quality of secure services across NSFT.	Debbie White, Director of Operations (Norfolk & Waveney)	Ian Young	Green	Green	Green	Green	Green	0
QO036	Community service - allocated care	Implement the Flexible assertive community treatment (FACT) model to locality to provide more intensive support that is responsive to risk.	Debbie White, Director of Operations (Norfolk & Waveney)	Del Mitchell	Green	Green	Green	Green	Green	No outstanding milestones
QO037	CYP out of hours arrangements	Joint project with other providers to improve out of hours arrangements	Debbie White, Director of Operations (Norfolk & Waveney)	Andy Goff	0	0	0	0	0	Project on hold pending discussions with CCG, Norfol CC. Estimed on hold until Autumn
QO038	Youth Councils	Developing Youth Councils in order to engage CYP	Jane Sayer, Director of Nursing, Quality and Patient Safety	Emma Corlett	Amber	Amber	Amber	Amber	Amber	PID and Workbook drafted. Awaiting feedback from Project Lead and executive Sponsor
QO039	Mult-agency suicide prevention	Establish a multi agency working group to improve suicide prevention across Norfolk and Suffol	Jane Sayer, Director of Nursing, Quality and Patient Safety	Jane Sayer	Green	Green	Green	Green	Green	Multiagency group set up with Jane Sayer and Public Health Doctor as co-chair
QO040	BME community response	To better understand of the diversity of Suffolk communities (beyond the top level census data) with insights into how under-represented groups conceptualise mental health and perceive NSFT. To identify and address barriers to access through practical changes which can be evaluated.	Robert Nesbitt, Trust Secretary	Ravi Seenan	Green	Green	Green	Green	Green	0

QO041	Learning disability and autism strategy	0	Jane Sayer, Director of Nursing, Quality and Patient Safety	Sue Bridges	0	0	0	0	0	Currently on hold and not included in the 35 QIPs
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Workbook Delivery RAGs	Green	Amber	Red
Overall Delivery	All criteria delivering in line with (or better than) plan.	CIP delivery marginally off track but with evidenced plans of mitigation and recovery in place.	CIP not delivering in line with plan, without clear plans to recover trajectory and mitigate slippage. Essential resource not identified or backfilled.
Finance	<ul style="list-style-type: none"> - Actual against planned financials on track. - Financial tracking has been updated to reflect the latest actuals. Any changes required to the forecast due to project changes are appropriately updated. 	<ul style="list-style-type: none"> - Some deviation between planned and actuals. - Financial tracking has been appropriately updated but no effort has been made to adjust forecasts where they no longer appear realistic. 	<ul style="list-style-type: none"> - Progress against plan not on track. - Financial tracking has not been appropriately updated.
Milestones	All project milestones delivered/on track in line with plan.	Non-critical milestones/actions missed, with mitigating controls/plans in place to recover outputs.	ANY critical-path milestones missed.
KPI	All KPI delivering in line with plan.	KPI off track for one month, but with clear justification and plans to bring performance back in line with plan.	Any KPI consistently missing target without plans to correct performance.
Resource	All personnel required to deliver CIP in post, aware of their responsibilities and with sufficient capacity to see through plans.	Gaps in resource requirements to deliver non-critical milestones, but with cross cover arrangements identified to ensure continuity.	Any unconfirmed project lead, or; Any unidentified lead against a critical-path milestone, or; Insufficient resource available to adequately mitigate project risks, or; No backfill for identified leads to afford them the capacity to deliver scheme.
Risk Management	Actions being taken to fully mitigate/manage the identified risks.	Some actions taken to mitigate/manage risks but other risks not appropriately addressed.	No action being taken to mitigate/manage identified risks.
QIA	QIA signed off by MD & ND.	Variation to CIP plan requires QIA to be reassessed.	QIA reassessed following variation to CIP plan and not signed off.

