CLINICAL AUDIT PROJECT ACTION PLAN

CLINICAL AUDIT RECOMMENDATION	ACTION	IMPROVEMENT AREA	IMPLEMENTATION DEADLINE	PROGRESS UPDATE & IMPLEMENTATION DATE / EVIDENCE
To improve practice and documentation of the monitoring of physical health indicators in line with NICE guidance (S4)	There is a working group which is currently reviewing standards and local working instructions relating to the monitoring of physical health indicators in line with NICE guidance within the Leeds MH care group. There are interim plans in place: • A training plan for November and December 2014 for venepuncture and ECG across the care group • Operational plans to begin physical health monitoring clinics & then clozapine clinics as joint clinics between CMHT & ICS **This working group will develop into a task & finish group to develop and implement a plan to address the delivery of physical health monitoring across the care group.**	*Quality of Care*	1st July 2015	Progress Update: 1st February 2015 Implementation Date: On-going *Evidenced through minutes, feedback and other documentation* Proposed re-audit date: 1st August to 31st October 2015
To improve practice and documentation of the interventions completed in response to findings of monitoring of physical health indicators in line with NICE guidance (S5)	As above, there is a working group which is currently reviewing standards and local working instructions relating to the monitoring of physical health indicators in line with NICE guidance within the Leeds MH care group. **This working group will develop into a task & finish group to develop and implement a plan to address the delivery of physical health monitoring <u>and related interventions</u> across the care group.**	*Quality of Care*	1st July 2015	As for (S4)

Clinical Audit Recommendation	Action	Improvement Area	Implementation Deadline	Progress Update & Implementation Date / Evidence
To improve practice and documentation of anti-psychotic prescribing in line with NICE guidance (S6-13)	The findings of the audit, current practice and NICE guidance to be reviewed in the Adult Mental Health and Older Peoples Services Consultant Forums	*Treatment Effectiveness*	31st January 2015	Progress Update: 1st February 2015 Implementation Date: Oct-Dec 2015 *Evidenced through minutes, feedback and other documentation* Proposed re-audit date: 1st August to 31st October 2015
To improve delivery and documentation of psychological interventions in line with NICE guidance (S14)	The Provision of Psychological Interventions for People with Psychosis paper (Leeds MH Care Group, January 2014) makes clear recommendations for the number of staff required to deliver psychological interventions as well as associated training, supervision and governance needs. This fits with the broader Care Group approach to the delivery of psychological interventions as outlined in the Leeds Mental Health Care Group – Strategic review of psychology and psychotherapy services (PPS) 2013-2014 and proposed new model for service delivery.	*Best Practice*	Phased implementation over the next 5 years with interim objectives and deadlines yet to be agreed	Progress Update: 1st February 2015 Implementation Date: On-going *Evidenced through minutes, feedback and other documentation* Proposed re-audit date: 1st August to 31st October 2015
(R1) - To improve awareness of NICE guidelines and areas of good and poor local performance, leading to greater adherence to expected standards outlined in the national audit of schizophrenia (NAS).	Dissemination of report detailing local performance in NAS 2013 along with the action plan, in full and/or as a plain English summary, and inviting feedback, ideas and suggestions through: 1) Local audit and governance meetings 2) Medical & nursing staff, AHPs, pharmacists & governors 3) Stakeholders including engagement events with service users, carers, GPs and partner organisations	*Best practice*	31st January 2015	Progress report and implementation date 1st February 2015 Evidenced through minutes, feedback and other documentation eg: email and summaries

CLINICAL AUDIT RECOMMENDATION	ACTION	IMPROVEMENT AREA	IMPLEMENTATION DEADLINE	PROGRESS UPDATE & IMPLEMENTATION DATE / EVIDENCE
(R2) - To improve the level of service user and carer involvement in decision-making, supporting choice with a variety of sources of information to inform decisions.	1) Develop a decision aid around choice of medication for psychosis (including up to date information about non-medication options) 2) Offer a variety of sources of information including on-line resources, written information, discussion with medical staff and/or pharmacists and a thinking about medication group. 3) Encourage and support the making of advance directives when appropriate 4) Perform an audit of informed choice	*Quality of care, Service user experience - provision of information, involvement in decisions, carer support*	31st January 2015	Progress report and implementation date 1st February 2015 Audit date to be confirmed. Evidenced through documents, uptake of advance directives and group meetings
(R3) - To improve the practice and documentation for assessing and monitoring physical health indicators in line with NICE guidance and the Lester cardiometabolic resource.	1) Develop and implement an assessment and monitoring checklist to support good practice in initiating antipsychotic medication and monitoring physical parameters, particularly during the first year of treatment. 2) Implement routine prompts to GPs to request monitoring data prior to CPA reviews (already used routinely in some but not all service areas) 3) Develop a service user-held record for physical health monitoring consistent with the Lester resource, involving service users, carers and professionals 4) Ensure that there is adequate equipment to support physical examination, blood requests and printed information in all clinic rooms.	*Patient safety, best practice, Quality of care, Liaison with primary care*	31st January 2015 (1&2) 30th April 2015 (3)	Progress report 1st Feb 2014 Re-audit April 2015 Evidenced through returns from GPs/CPA content Document and evaluation to be completed by April 2015

CLINICAL AUDIT RECOMMENDATION	ACTION	IMPROVEMENT AREA	IMPLEMENTATION DEADLINE	PROGRESS UPDATE & IMPLEMENTATION DATE / EVIDENCE
(R4) To improve the delivery and documentation of interventions to improve the physical health of service-users (including but not exclusively for problems identified through the recommended monitoring).	1) Develop and implement a checklist to prompt appropriate lifestyle interventions for service users who are prescribed antipsychotic medication (as part of R3.1) 2) Implement routine use of "My Physical Health" resource developed by Rethink to follow service users as they move between teams. 3) Audit of integrated recording of physical and mental health medications and diagnoses as per CQUIN 2014/5	*Patient safety, best practice, quality of care, effectiveness, liaison with primary care*	31st January 2015 (1 &2) 31st December 2014 (3)	Progress report 1st Feb 2014 Re-audit(s) April 2015 Evidenced through uptake, developed resources and feedback.