

2014 National Audit of Schizophrenia Re-audit Trustwide Action Plan

This action plan has been developed in response to the NAS2 findings for Oxleas published in October 2014.

Identified area	Recommendation	Action	Lead	Timescale	Progress
Dissemination	Disseminate finding to all relevant service areas	Feedback to: <ul style="list-style-type: none"> • Trust CEG • AMH CEG • Senior Management Team meeting • Recovery teams • PEG • AMH MAC • AMH and LD Quality Board • Publish in next issue of Quality Newsletter • Poster presentation at 2014 Quality Improvement Showcase • Pamphlet for staff with 'good practice prompts' 	SG JC JH Snr mngrs AA JH SG SG SG	Oct '14 Nov '14 Jan '14 Feb '14 Mar '14 Nov '14 Dec'14 Feb '14 Nov '14 Nov '14	Completed Oct '14 Completed Nov'14 and 19/12/14 Completed Dec '14 Completed Completed 5/12/14 Completed 26/11/14 Completed
Service user feedback	<ul style="list-style-type: none"> • Explore service user and carer experience in greater depth • Improve shared decision making around prescribing 	<ul style="list-style-type: none"> • Consider OPEQ / Experience Based Co-design project / focus groups or • Link with 2014/15 personalised care planning project to improve shared decision making 	DD	2016	
Prescribing practice	Promote documentation for prescribing rationale	Share findings with psychiatrists (MAC) As agreed in the MAC 26/11/14 1) colleagues will go back to their individual teams to look at areas particularly relevant to patients on their caseloads and assist the teams come up with action plans to address areas for improvement.	JH/AA AA	Dec '14	Completed 26/11/14

		2) Present findings at consultant's away day and circulate best practice prompts: When poly-pharmacy or high doses have to be used the rationale must be clearly documented, capacity assessed and if not present, involvement of the family in best interests discussions and possibly seeking a second opinion should be done.	AA		Completed 21/01/15
Physical health	Improve monitoring and interventions offered for physical health conditions, particularly for Diabetes and Hypertension	<ul style="list-style-type: none"> Share findings with commissioners and develop action plan Utilise specialist expertise within the trust to raise awareness and improve confidence Improve links with GPs NAS2 findings and best practice prompts circulated to all staff New discharge summary format integrating physical health to be shared across inpatient units 	RI Physical health Steering group* Sign up to Safety: Assessing and preventing physical deterioration of people with enduring mental illness (led by physical health and wellbeing nurse) Senior managers and team leads	Dec 2014 Ongoing Ongoing February 2015 Aug 2015	Completed November 2014
Improving access to psychological therapies	Increase number of (EI and Recovery) teams offering Multifamily groups Improve recording of family work on RiO	<ul style="list-style-type: none"> Liaise with RiO transformation team about future recording on Oxleas RiO Liaise with FI leads within the trust about current recording practice Actions agreed as follows: <ul style="list-style-type: none"> Roll out Multi Family groups across ALL EI teams initially 	JH JH JH/MM	July 2015 Jul 2015 Oct 2015	Completed Nov 2014 Completed Dec 2014 Completed in Bromley .

		<ul style="list-style-type: none"> • Begin to roll same out in Greenwich Recovery Teams- SU's with Psychosis need to be proactively identified • Recruit an honorary assistant Psych to help Care coordinators identify and engage families and evaluate their experience of multi Family groups • Work with clinicians and influence Open Rio to better record when such family work has taken place 	MM/LH	Spring 2015	Tri-borough MFG supervision begins Feb 2015 for all EI teams
			JH/MM	July 2015	Ongoing discussion with Caroline Cuppitt –Oxleas Rio clinical rep[for AMH

**Physical Health Steering group set up in response to NAS2 and national physical health CQUIN*

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