



**BIRMINGHAM COMMUNITY
SAFETY PARTNERSHIP**

WORKING TOGETHER FOR A SAFER CITY

Domestic Homicide Review

BDHR2011/12-03

Action Plan

NHS - Domestic Homicide Review Action Plan BDHR2011/12-03										
Ref	Action (SMART)	Lead Officer and Agency	Target Date for Completion	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Written Evidence/ Location	Status (RAG)	Quality Assured by BCSP
Key stakeholders, local Clinical Commissioning Group (CCG) and NHS England Area team work jointly to promote best practise in safeguarding and supporting carers.										
3.1.1	Local Commissioners and NHS England to ensure that all healthcare providers have robust policies and procedures in place to safeguard vulnerable adults and children in accordance with NHS contract requirements and to ensure that there are local processes in place for monitoring practise.	NHS Clinical Commissioning Groups, NHS England Birmingham, Solihull and Black Country Area Team	Apr-14	Adults and Children are effectively safeguarded and protected from harm and the quality of safeguarding practice is routinely monitored to ensure that it is robust.	Ongoing assurance processes and visits, Care Quality Commission Audits, monitoring serious incidents and complaints. Additionally safeguarding adults and children and supporting carers included within the Birmingham CrossCity CCG ACE programme for all GP practices.	Joint CCG Safeguarding Business Plan, Section 11 Audits, CQC Annual Report, NHS Commitment to carers Strategy.	in place and being monitored	Evidence to come from the products that are being used to monitor processes such as the Safeguarding Business Plan, Carers Strategy and NHS Standard contract. These are all available in the public domain.		To be verified on final audit
3.1.2	Local commissioned healthcare providers to ensure that existing health education documentation in supporting carer's needs is implemented effectively.	NHS Clinical Commissioning Groups, NHS England Birmingham, Solihull and Black Country Area Team	30/11/2013	Robust practice in supporting safeguarding and supporting carers is in place.	Included in all contracts and pre-registered training and induction syllabus	Local audit and monitoring, friends and family audits.	ongoing implementation and monitoring	Evidence to come from the products that are being used to monitor processes such as Section 11 audits, Carers Strategy and NHS Standard contract. These are all available in the public domain.		

Birmingham & Solihull Mental Health Foundation Trust (BSMHFT) Domestic Homicide Review Action Plan BDHR2011/12-03											
Ref	Action	Lead Officer and Agency	Target Date for Completion	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Written Evidence/ Location	Status (RAG)	Quality Assured by BCSP	
3.2.3	BSMFHT will (i) record details of carers and significant others (ii) offer a carer's assessment and record if accepted or refused (iii) The offer will be detailed to inform carers and significant others what is available to them including the risks associated with caring	BSMHFT - CPA and Carer's Lead. Lead Clinicians. Associate director for recovery service user and cares experience and inclusion.	Apr-14	All carers are offered a carer's assessment, understand what a carer's assessment is and how it might benefit them.	CPA audit of records reported via BSMHFT Safeguarding Committee to BCSP (bi-annually over one year)	Carers CQUIN	All carers will be offered a carer's assessment where appropriate. Trust has committed to the triangle of care assessment process this year to further strengthen support for carers. CQUIN achieved	CPA Audit and Carer's CQUIN. Copy of Clinical Audit provided		To be verified by Commissioners	
3.2.4	Carers team to do a desk top impact assessment of current clinical policies to ensure no adverse impact for this group and identify a oplan of action as necessary.	Associate Director for recovery service user and cares experience and inclusion.	Dec-13	To ensure no adverse impact for carers from any clinical policy and develop action plans should this be required to address any identified.	Statement of assurance following the table top review and/or remedial action plans.	Equality Impact assessments undertaken for each policy	Action reflected in the development of the Carers Strategy.	Actions reflected in the development of the Carers Strategy			
Recommendations 5, 7 and 10: Improved record keeping, improved access to multi-agency records and care plans followed											
3.5.1	Undertake quality audit of record keeping and CPA Quality Audit	BSMHFT - CPA Lead	Apr-14	Compliance of CPA standards and guidance	CPA audit of records reported via BSMHFT Safeguarding Committee to BCSP (bi-annually over one year)	Compliance of CPA standards and guidance	Quality audit reports reported monthly	CPA Audit and evidence supplied			
Recommendation 8: BSMHFT ensure that all risk assessments consider whether poor compliance with medication is an indicator of risk and is incorporated into the Risk Identification and Management Plan											
3.8.1	Develop protocol for monitoring medication compliance for people who are considered to require sustained (long-term) treatment with antipsychotic medication.	BSMHFT - Medical Director with support from clinical leads and lead pharmacist	Dec-13	Improved compliance with medication and thus reduction in psychotic episodes. Risk to self, carers and significant others arising from poor medication compliance identified and addressed.	Audit and Review	6 month review to assess if actions are sufficient to meet the recommendations	Contained in Appendix 13 Medicines code	Document provided - Medicine Code Policy and Procedures for Managing Clinical Risks associated with Medicines			
3.8.2	A documented briefing note sent out to all staff that poor compliance with medication is an indicator of risk and must be incorporated into the Risk Identification and Management Plan.	BSMHFT - Investigations manager. Medical Director	Sep-13		CPA audits/ case supervision/ protocol for management of longterm use of anti psychotic medication		This has been reinforced through risk training	Evidence provided			
Recommendation 9: BSMHFT implements a procedure for the transfer of care from one practitioner to another.											
3.9.1	Extend the process for transfer of care to within teams as well as between teams to ensure consideration is given to the impact in all cases and build into CPA audit and feedback process	BSMHFT - CPA lead. Medical Director	Dec-13	Service users/patients are better engaged in transfers of staff with better continuity of care.	CPA audit reported via BSMHFT Safeguarding Committee to BCSP (bi-annually over one year)	CPA audit and feedback process	This is reflected in the Trust Care Management policy	Evidence supplied			

Birmingham City Council Adult Social Care - Domestic Homicide Review Action Plan in Respect of BDHR2011/12-03										
Ref	Action	Lead Officer and Agency	Target Date for Completion	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Written Evidence/ Location	Status (RAG)	Quality Assured by BCSP
3.2.1	Mental health social work teams are advised of the expectations to provide assessment including carers and significant others	BCC- Adult Social Care	Jan-13	People with mental health issues and their carers are protected from harm and receive better support through regular reviews of their needs with their care plans regularly up-dated.	Evidence of information provided to all mental health social work teams	A further independent audit will be undertaken in September 2014.	4 days of mandatory outcome focused assessment training has been commissioned for all social work staff, with a further day arranged for all staff who had missed the training. Mandatory risk workshops for all Senior Practitioner Delivery, Senior Practitioner Workforce, team managers and quality champions have been undertaken. Action ongoing.	A quality assurance programme to assess the quality of assessment plans is in place. A further independent audit will be undertaken in September 2014.		To be verified on final audit
3.2.2	Introduce Carer's Champion function into each mental health team to promote practice in teams and audit outcomes	BCC- Adult Social Care Director	Dec-13		Sample audits at local level reporting into Performance Board for Assessment Support Planning.	A further independent audit will be undertaken in September 2014	The role of a Carer's Champion has now taken place. 3 Champions work across 3 teams, the role and function of the Carers Champion is to provide advice and support to all social workers in ensuring that carers are identified within the assessment process. Action ongoing.	A further independent audit will be undertaken in September 2014.		
Recommendations 5, 7 and 10: Improved record keeping, improved access to multi-agency records and care plans followed										
3.5.2	Enable access of electronic medical records to all adult social care mental health multi-disciplinary teams	BCC- Adults Assistant Director	Apr-14	Information held by both agencies can be easily accessed the the multi agency team supporting the service user, resulting in a joined up service and better continuity.	Team manager sampling. Report to Performance Board for Assessment Support Planning	Numbers of joint assessments between clinical and Assessment Support Planning and quality of records kept.	Access to RIO has now been provided to approved named staff including Team Manager's, Senior Practitioners and Approved Mental Health Practitioners. Action ongoing.			

West Midlands Police - Domestic Homicide Review Action Plan BDHR2011/12-03										
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Recommendation 11: West Midlands Police ensure that on each occasion a mentally vulnerable individual is moved by police to a place of safety under Section 136 Mental Health Act, officers complete a WC392 in line with Force Policy										
3.11.1	'Message of the day' on force intranet site reminding officers of the need to document this use of police powers by submitting police intelligence logs (IMS) .This will coincide with Mental Health Awareness Week in May 2013	West Midlands Police Detective Chief Inspector	Jun-13	Officers are better informed about the person's history, and thus able to make better risk assessments and offer a more responsive service	All s136 detentions are placed onto the generated Oasis (Police system) log and fed into the intelligence system.	Quarterly review of data to ensure medical records match West Midlands Police Data	Progressing and adopted across the Force	Acute Care Forums minutes within local Mental Health Trust and Bi monthly Force leads mental health meeting		To be verified by commissioners
3.11.2	Audit by Partnership Inspectors (Local Policing Unit) to ensure correct use of sec.136 and compliance with the requirement for IMS submissions each time sec 136 powers are exercised	West Midlands Police Detective Chief Inspector	Sep-13		Local monitoring groups have been set up across each local area to ensure s136 detentions are monitored.	Quarterly review of this is data is being conducted and fed into the Force tactical MH meeting.	Progressing and adopted across the Force	Minutes of each Mental Health Trust Strategic Police and Mental Health meeting minutes		