

## **Domestic Homicide Review**

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**BDHR2012/13-03**

**Action Plan**

Domestic Homicide Review Action Plan in Respect of Case BDHR2012/13-04										
Birmingham & Solihull Mental Health Trust										
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
<b>Recommendation 7.1 : Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) Care Coordinators must ensure (as part of their organisation of care) that all carers are advised of their right to a carer's assessment. The offer must be clearly documented. If the offer is not accepted the reasons should also be clearly documented and a date set to revisit this with the carer.</b>										
	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 - Care Programme Approach (CPA) and Carer's Lead. Lead Clinicians. Assistant Director of recovery and carer and service user experience.	Apr-14	All carers are offered a carer's assessment, understand what a carer's assessment is and how it might benefit them.	CPA continuous audit of records and Care Quality Innovative Framework (CQUIN)	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. Governance - Risk and Safety documents provided; CPA Quality Report, Carer's assessments (audit),		
	Carers team to do a desk top impact assessment of current clinical policies to ensure no adverse impact for this group and identify a plan of action as necessary.	BSMHFT - Carers team	Jan-14	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. All policies require an Equality Impact Assessment as per Trust policy	Policy approval at Clinical Governance Committee	Impact assessments are carried out for all Service users	Documented Policy Impact Assessments - Governance - Risk and Safety document provided; Policy Development and Management		
	The Trust should put arrangements in place for the routine monitoring and reporting to ensure that carers are routinely advised of their entitlement to a carer's assessment	CPA lead or Assistant Director PPI	Apr-13	All carers are offered a carer's assessment, understand what carer's assessment is and how it might benefit them.	CPA Role in audit of records reported via BSMHFT Safeguarding Committee to BCSP (bi-annually over one year)	Carers CQUIN	CQUIN achieved: Trust has committed to the triangle of care assessment process this year to further strengthen support for carers.	CPA Audit and Carer's CQUIN		
	The Trust should review its supporting information for carers to ensure this entitlement is explicit. Undertake CQUIN carers assessment	CPA lead	Apr-13	All carers are offered a carer's assessment.		Carers CQUIN	CQUIN achieved: Trust had committed to the triangle of care assessment process this year to further strengthen support for carers.	AS per CQUIN monitoring information.		

<b>Recommendation 7.2</b> <b>Birmingham and Solihull Mental Health Foundation Trust to ensure that its staff recognise poor compliance with medication as an indicator of risk and that non-compliance is incorporated into the Risk Management Plan of Care Programme Approach.</b>									
	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 - Director of Pharmacy/Medical Director	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.	CPA audits/ case supervision/ protocol for management of longterm use of anti psychotic medication	6 month review to assess if actions are sufficient to meet the recommendation	This is reinforced through risk assessment process and training. Risk assessment material previously sent.	CPA Audit . Briefing note. Governance - Risk and Safety document provided; CPA Quality Audit. Learning lessons bulletin issued to staff.	
	The Trust should review its medication management policy (and related guidance to ensure that poor/non-compliance with prescribed treatment) are highlighted early and trigger / inform discussions on risk.	Clinical Director and Director of Pharmacy	Mar-13						
<b>Recommendation 7.3: Birmingham and Solihull Mental Health Foundation Trust to ensure that teams are complying with the BSMHFT transfer and transition policy and there is a detailed handover meeting for a service user transferring to another team for longer term care, it should involve relevant agencies and engage with as wide a range of family members as reasonable.</b>									
	Policy author to review policy implementation and monitoring arrangements	BSMHFT - Policy author and CPA lead	Review Feb-14	All service users who are transferred have a comprehensive multi-disciplinary team meeting to review and discuss current care/history and future plans taking account of all relevant others.	Review policy compliance via CPA rolling audit reported via BSMHFT Safeguarding Committee and Clinical Governance Committee to BCSP (bi-annually over one year)	Compliance with policy and CPA standards Develop an action plan to demonstrate improvement (Jan-14) This is a continuing work stream which is difficult to demonstrate but can be seen within the lessons learnt reviews are undertaken and published	Transition and transfer arrangements are kept under review and due to be audited for the year ahead. Arrangements for detail of handover meeting are subject to individual cases and such a meeting would normally only apply for a complex case where a significant	Lessons Learnt Publications. Governance - Risk and Safety document provided; Learning Lessons together	
	The Trust should review its CPA policy to ensure this requirement is made explicit in policy	BSMHFT Policy author and CPA Lead	Feb-14	All service users who are transferred have comprehensive MDT meeting to review and discuss current care/history and future plans take in account of all relevant others	Review policy and compliance via CPA rolling Audit reported via BSMHFT Safeguarding Committee and Clinical Governance Committed to BCSP (bi-annually over one year)	Compliance with policy and CPA standards, develop an action plan to demonstrate improvement	handover of care is occurring. Usually the handover relates to one team / clinician.	CPA policy	
	Practice direction should be issued to all Care Coordinators and lead clinicians thereafter	B&SMHFT Policy author and CPA Lead	Feb-14	Staff understand requirements of CPA policy.	Review policy and compliance via CPA rolling Audit reported via BSMHFT Safeguarding Committee and Clinical Governance Committed to BCSP (bi-annually over one year)	Compliance with policy and CPA standards, develop an action plan to demonstrate improvement	Issued as part of learning lessons bulletin to all staff.	Learning lessons bulletin.	

To be verified by Commissioners

<b>Recommendation 7.4: Each mental health assessment needs to include all relevant information from family, friends, carers and others but must include meaningful contact with the patient in order to establish their mental state and degree of risk before being considered complete.</b>									
	Circulate guidance to all Section 12 approved doctors in the Trust stating that all MHA assessments must include all relevant information from third parties and include a mental state examination and risk assessment of sufficient scope and quality as to allow reassurance that all relevant information has been considered	Medical Director / Deputy Medical Director	Jan-14	Comprehensive mental health assessment including all information from relevant parties	Audit of mental health assessments via CPA role in audit	Findings of CPA Audit	On going audit and improvement with teams.	Governance - Risk and Safety document provided; CPA Quality Report	
<b>Recommendation 7.5: Birmingham and Solihull Mental Health Foundation Trust to ensure that all staff are complying with clinical and management supervision policies ensuring that the management of clinical risk is embedded in multi-disciplinary meetings, with emphasis on the role of the carer and family members.</b>									
	Policy author to review implementation and monitoring arrangements. Risk is an agenda item in management supervision	BSMHFT - Policy author. Management Supervision	Jan-14	Clinical risk is part the discussion at all care reviews and this takes account of the service user, carers and relevant others situation/relationship and views and concerns.	Management Supervision is offered through "Working Better Together" programme which is monitored by Human resources using a trafficlight system re compliance.	Compliance with "Working Better Together"	Work Better together - policy and implementation to strengthen management supervision practice.	Governance - Risk and Safety document provided; Employee Appraisal and Development Policy - Working Better together	
	The Trust should articulate and issue standards and process for case load management supervision	Clinical Director/Deputy Director for Nursing and Quality and Clinical risk coordinator	Mar-13	Clinical risk is part of the discussion at all care reviews and this takes account of the service user carers and relevant others situation/relationship and views and concerns	Audit of supervision will be reported via BSMHFT Safeguarding Committee (bi-annually over one year)	Compliance with policy	Case load management arrangements	CPA policy	
	The Trust should review its Clinical Risk Management training programme to ensure robust formulation of clinical risk		Mar-13		Quality audits on risk assessments.	Improvements in assessment of clinical risk	Staff meeting core competencies for clinical risk assessment training.	Clinical Risk Management training	
<b>Recommendation 7.7 Birmingham and Solihull Mental Health Trust to assure the Birmingham Community Safety Partnership that the bed management policy is sufficiently robust, understood by clinicians and senior managers and its implementation is understood by clinicians and senior managers in a way that keeps people safe</b>									
	Ensure that the Bed Management Policy is robust and applied correctly by all staff in terms of bed prioritisation	BSMHFT -Bed Management Policy Lead	Jan-14	The policy is understood by Clinicians and Managers to ensure that safety is paramount	Audit of Bed Management Records reporting to Clinical Governance Committee (6 monthly)	All admissions managed in line with requirements of policy. Bed Prioritisation is managed on the basis of clinical need.	Communication to all clinicians highlighting process.	Governance - Risk and Safety document provided; Learning Lessons Together	
	Review the existing bed management policy to ensure the process detailed within it are fit for purpose	Director of Operat	Apr-13		Audit of bed management reported to Clinical Governance Committee	Appropriate escalation process in place for beds		Daily reporting arrangements to Director of Operations	
	Ensure that those accountable for the safe management of admission beds are au fait with their responsibilities and processes to follow	Director of Operat	Apr-13	The policy is understood by clinicians and managers to ensure that safety is paramount	Daily monitoring of beds	Appropriate escalation process in place for beds	Bed management pressures are managed effectively ensuring that urgent requirements are met.		

<b>(Individual Agency) - Birmingham South Central Clinical Commissioning Group and Relevant GP Practice</b>									
<b>Ref</b>	<b>Action</b>	<b>Lead Officer and Agency</b>	<b>Target Date for Completion</b>	<b>Desired Outcome</b>	<b>Monitoring Arrangements</b>	<b>How will Success be Measured</b>	<b>Written Evidence/ Location</b>	<b>Status (RAG)</b>	<b>Quality Assured by DHR Steering</b>
<b>CCG-BSC 7i1</b>	Ensure that a domestic abuse policy is implemented and that all staff are aware of its existence	Lead GP - named surgery	01/12/2012	Confirmed domestic abuse policy implemented			Birmingham South Central CCG		
<b>CCG-BSC 7i2</b>	Arrange training for staff on domestic abuse	Lead GP - named surgery	01/02/2013	Confirmed that all staff have received DV training			Birmingham South Central CCG		
<b>CCG-BSC 7i3</b>	Disseminate findings and recommendations from this domestic homicide review to all GP practices through a CCG members briefing	Birmingham South Central Clinical Commissioning Groups Safeguarding Adults Lead Nurse	One month following publication of domestic homicide review						

Birmingham City Council - Neighbourhood Advice and Information Service										
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<b>Recommendation NAIS 1: Review the homeless referral pathway for young people</b>										
BCC 7i.1.1	To include a strengthened follow-up process for 18-21 year olds within new commissioning specifications for the Youthhub, to bring it in line with the current response to 16-17 year olds	Housing policy and commissioning	31/05/2013	Ensure that the drop-out rate for 18-21 year olds referred through the young people's homeless pathway reflects their housing need.	Complete	Inclusion of drop out rate into the commissioning specification for future contract compliance	Commissioning specification updated 20/5/13	Specification advertised 31/5/13		
BCC 7i.1.2	Arrange attendance of NAIS manager from homeless CSC at meetings	Senior Service Manager	15/11/2012	Representation by NAIS at St Basil's steering group meetings (NAIS homeless development worker)	Minutes issued	Attendance, improved referral mechanisms and working relationships	NAIS representative attending meetings, feeding into improving referral mechanisms between NAIS and St Basils	St Basils hold original minutes		
BCC 7i.1.3	Procedures to be reiterated to managers for dissemination to staff	Senior Service Manager	05/12/2012	Procedures updated in CRM	Standard process for monitoring operational procedure changes i.e. CRM updates are completed by CSKnowledge following communication with service area. CSK actively request service areas review the process every 3 months as well as dealing with changes brought to them on an ad hoc basis.	safeguarding procedures now listed in CRM	CRM updated	Within CRM itself		
<b>Recommendation 2: Strengthen adult safeguarding procedures</b>										
BCC 7i.2.1	Managers to brief staff on safeguarding and processes to be used that are held in CRM	All NAIS managers	01/12/2012	Staff are competent in dealing with safeguarding issues	There are standard case file review/quality checks for all NAIS advisors. Managers also have data on all activities recorded as Safeguarding issues and are discussed with team members	Include as item on future managers meeting	Briefing sessions in respect of adults safeguarding were run for all managers in January 2013. Managers meetings continuing and extending to all management levels	Standard case file review procedures and weekly reports issued to all managers. 31.10.13 Birmingham Safeguarding Board Annual Safeguarding Assessment		

<b>BCC 7i.2.2</b>	Set up reports to advise managers of safeguarding issues raised by staff	Senior Service Manager	01/12/2012	Managers can monitor all recorded safeguarding activities	Weekly safeguarding report e-mailed to managers	Central report to be e-mailed to managers of both adult and child safeguarding on a weekly basis.	run from dec 2012	Reports e-mailed weekly		
<b>Recommendation 3: Clarify securing process for DHR notes and develop procedure</b>										
<b>BCC 7i.3.1</b>	Develop/write process for CRM and other data storage locations used by NAIS with guidance from Legal Services	Senior Service Manager	31/01/2013	Clear, available process	Testing of understanding of process. All involved parties to be involved in draft.	Understading and correct usage of process	Process in draft form 16/5/13. Archiving used from 29/11/12	process to be held centrally as CustomerServices procedure.		
<b>BCC 7i.3.2</b>	Feed into wider data protection policies	Senior Service Manager	31/01/2013	Improved corporate process	Corporate	Corporate	Process dicussed with data analyst responsible for customer records.			
<b>Recommendation 4: Enhance information available to staff through CRM</b>										
<b>BCC 7i.4.1</b>	Increase clarity of Health and Safety process (This relates to issues where staff in NAIS identify a health and safety risk to St Basils' staff that has not been identified in the risk assessment undertaken by St Basil's staff by 'phone) in respect of St Basils referrals	NAIS	02/11/2012	Effective referral route for raising H+S risks to St Basils staff.	Via monthly St Basil's steering group meetings	Identification of H+S risks by BCC staff effectively referred to St Basils	Changes to CRM to display process implemented on 2/11/12.	CRM knowledge pane		
<b>BCC 7i.4.2</b>	Include links to contact information for CYPF	NAIS	02/11/2012	Knowledge of CYPF to appear in CRM and staff to have effective knowledge of CYPF contact process	Management meetings	Understading and correct usage of process	Changes to CRM to display process implemented on 2/11/12. Briefing at management meeting 20/6/13	CRM knowledge pane		

West Midlands Police										
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<b>Recommendation 7.5: West Midlands Police to provide practice guidance for mental health practitioners about police officers power of entry and search of premises without a warrant, to save life and limb or prevent serious damage to property as per Section 17 Police and Criminal Evidence Act 1984</b>										
7.6.1	Public Protection Headquarters to draft an agreed guidance document, which could be used as the basis of a circulation to mental health staff reminding them of police powers of entry to save life and limb.	West Midlands Police	Feb-13	That mental health practitioners have access to clear guidance as to when section 17 Police and Criminal Evidence Act (PACE) powers to protect life and limb can be used by police in a mental health context	This practice direction was delivered to the chair during the panel stage of the DHR process. West Midlands Police have therefore put in place monitoring arrangements for this recommendation	Receipt of the guidance document by the DHR panel.	A practice note regarding the use of police powers of entry was submitted to the DHR panel and approved for circulation. It is also due to be circulated to police officers via a team briefing process.	Practice note and Teamtalk circulated		



Birmingham City Council - Adults Social Care									Quality Assured by DHR Steering Group	
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<b>Recommendation 7.8 : Birmingham City Council Adults and Communities Directorate to ensure that the new service to be introduced regarding Approved Mental Health Professionals be implemented as soon as possible and enshrined in training and policy with guidance</b>										
7.8.1	Develop Approved Mental Health Practitioner back up rota and clear guidelines to follow in cases where competing priorities on high risk cases	Birmingham City Council Adults & Communities	Sep-13	Availability of Approved Mental Health Practitioners assured	Commissioning of new service completed	Policy implemented	New service in place from November 2013 - team core hours till 19:00 hours, then an emergency duty service/team support service users from 19:00 hours onwards. Evaluation ongoing through Audit. Action ongoing.	Audit to be provided September/October 2014		To be verified
<b>Individual Agency Recommendations</b>										
A&C 7i.1.1	Clarify process for service users not engaging with services between referral, transition and planning between Home Treatment Team and Early Intervention Services.	BCC- Adults and Communities: Head of Safeguarding	Jan-13	Service users/patients are better engaged in transfers of staff with better continuity of care	Make sure reviewing arrangements are in place	Auditing of files against protocols for dealing with vulnerable people who self-neglect	Community Mental Health Teams work closely with the Home Treatment Teams to monitor clients with complex needs to ensure continuity of the care plan. Evaluation and audit to be conducted September/October 2014. Action ongoing.	Audit to be provided September/October 2014.		
A&C 7i.1.2	Information regarding the need to 'record with care' to be disseminated to all practitioners.Alert Birmingham Care Development Agency to the need for 'recording with care training' for social work staff including Safeguarding and risk management in this area.	BCC- Adults and Communities: Head of Safeguarding	1st Quarter 2013	Improved recording	When auditing the cases, make sure recording is of a good standard	Information on record with care disseminated. Training undertaken	Mandatory briefing sessions around the implications of poor recording and data quality. 10.5 day session plus 2 further mop up sessions. All Team Manager, Senior Practitioner Delivery, Senior Practitioner Workforce Social Worker, and SCC. Also included reps from			
A&C 7i.1.3	Mental health teams are advised of the expectations to provide holistic assessment including tocarsers and significant others	BCC- Adults and Communities: Head of Safeguarding	Jan-13	People with caring responsibilities are protected from harm and receive better support	Evidence of information provided to all Mental Health Teams	Article in Safeguarding Newsletter	Bulletin distributed to all staff January 2013. Action ongoing.	Written copy provided to BCSP 1/5/13		