

Action Plan in Response to the Homicide Investigation and Recommendations (Mr DE)

Date of Publication: Friday 18 th July 2014	SLaM Grade: A	Incident Date :19 November 2011	Commissioning CCG: Lewisham
	NPSA Level 2		

Incident synopsis	Committee/s endorsing report and recommendations	Date endorsed	Manager Responsible for Implementation
DE, a client of the Lewisham Early Intervention Service was arrested on 19 November 2011 in connection with the death of a young woman at	Board Level Inquiry	28 May 2012	Shorayi Nyamupanda, Interim Deputy Director, Complex Care & Early Intervention, Psychosis Clinical Academic
an address in Catford and was later charged with her murder.	Psychosis Community & El SI Panel	29 June 2012	Group
DE pleaded guilty to manslaughter on the grounds of diminished responsibility on 14 January 2013. He was sentenced under s37/41 MHA at the central Criminal Court on 22 Feb 2013.			

Lesson learned (Give details of clinical, administrative, procedural lesson identified by the investigation that the recommendation aims to address)

While accepting that the team was under pressure and the working structures were not ideal, the investigators conclude that the care coordinator's approach to clinical documentation and CPA appeared to be symptomatic of an absence of understanding of its importance. The Trust CPA policy defines the important

role of the care coordinator in CPA. The investigators conclude that these standards were not achieved in this case.

No	Recommendation	Action required	Person	Completion	Comment/action/	Change	Commiss	ioning
			responsible	date	evidence (see below±)	stage 1-5 (see below*)	PCT use of SI review date	•
1	The Lewisham Early Intervention Service management address the absence of understanding of the importance of CPA documentation, risk assessment and	1. An audit of the care coordinator's work is undertaken by the team manager and if poor practice is highlighted it is addressed through performance management.	Clinical service lead and Team Manager	September 2012 Staff member left the Trust 18 December 2013	An audit of the care coordinator's work was undertaken and identified that an improvement in practice was required. The care coordinator was managed under the	3		



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formulation of care plans through performance	Trust's Performance Management Policy with close monitoring by the
management structures	Team Manager and
	targeted training for a period of 6 months from
	February 2012 and a significant Improvement
	in performance was observed.

Lesson learned (Give details of clinical, administrative, procedural lesson identified by the investigation that the recommendation aims to address) It was the judgement of the Board Level Inquiry that there are standards of documentation required by staff and they should be reminded of these standards Recommendation **Action required** Person Completion Comment/action/ **Commissioning PCT** Change responsible date evidence stage use only SI review Sign off (see below±) 1-5 (see Comment date below*) The Board Level Inquiry Blue light Bulletin was 1 Bulletin to be issued Head of October recommended that Patient 2012 circulated across the Safety there is a Blue Light Trust in October 2012 Bulletin outlining the Action additional to original Head of November minimum standards for 2 Complaints 2014 clinical documentation recommendations: The and SIs within the Trust will be Bulletin will be reissued in circulated to senior staff November 2014. for cascade to local services across the Trust.

Lesson learned (Give details of clinical, administrative, procedural lesson identified by the investigation that the recommendation aims to address)								
There	There is a wider problem in the functioning of CPA systems within the Early Intervention Service.							
					Commissioning PCT use only			
			Теоропологе	date	(see below±)	1-5	SI review Sign off	
						(see below*)	date Comment	

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3	The Board Level Inquiry recommended that there is an analysis of the training needs of LEIS team in relation to 'Making CPA Relevant' and 'Clinical Risk	Whole team training to be undertaken in Clinical Risk Assessment and Management	Clinical Service Lead Team Manager Training dept	April 2012.	Team training was undertaken. In addition the Team Manager includes risk assessment skills in annual appraisals	3	
	Assessment and Management'.	Action additional to original recommendations: the team leader arranges an additional team level training course that is tailored to the Early Intervention Model	Team Manager	December 2014			
		2 To ensure team receive training in CPA, either individually or as a team	Clinical Service Lead Team Manager	April 2012	A training needs analysis was done through supervision and staff training was undertaken as required. CPA frequencies are also monitored through supervision and information systems. Data for LEIS on the information systems was reviewed on 17 June 2014 showed 100% of CPA's were in date for the previous three	3	
4	It is recommended that there is a review of the clinical and operational systems within the Early Intervention Service	Review of team meeting structure	Team manager Clinical service lead	May 2012	months. Weekly MDT meetings have been established for clinical review to discuss assessments referrals, and pre-CPA discussion.	3	

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2. To introduce a referrals duty system to ensure swift response to referrals.	Team manager	May 2012	A duty system has been established	3	
3 Team manager to monitor documentation for completion and quality for all team members	Team manager	From December 2011 and on- going	Team manager uses the Trust medical records system during supervision to monitor documentation Team appraisal objectives include standard for clinical		
			documentation.		
4. Team to review zoning			There was a phased		
meetings to ensure more			approach as planned. On		
robust risk management.			1 st May 2014 the LEIS team moved in to one	3	
There will be a phased approach:			base.	3	
1. Weekly zoning meetings initially 2. Change to 3 times per week when team in 2 bases 3. Further review of frequency when in one team base.		May 2012 May 2013 May 2014	Zoning meetings continue to be held 3 times a week and a team development day is planned for 17 th July 2014 which will include a review of zoning procedures and frequency		

Lesson learned (Give details of clinical, administrative, procedural lesson identified by the investigation that the recommendation aims to address)

It is the view of the investigation team that the 'hub and spoke' structure of the team is a key contributory factor in difficulties maintaining and monitoring such systems effectively.

No	Recommendation	Action required	Person responsible	Completion date	Comment/action/ evidence (see below±)	Change stage 1-5	Commissions use only SI review	Sign off
						(see below*)	date	Comment

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	T	1	T		1		
5	The CAG executive	Team to move into one	Clinical	May 2013	Options paper circulated		
	should conduct a review	team base. This will	Service Lead		in August 2012 detailed a	3	
	of the structure of the	happen in stages:			phased approach as LEIS		
	Lewisham Early	Interim move into 2			move into a single was		
	Intervention Service as	bases enabling closer			part of the overall		
	an effective service	team working and a			restructuring of Lewisham		
	model with a view to	more robust zoning			Community Mental Health		
	developing a more	system for management			Services in 2013.		
				1 May 2014	Services III 2013.		
	integrated team in	of risk (3 meetings per		1 May 2014	December 1		
	Lewisham that is	week).			Bases reduced from three	3	
	' ' '	 Eventual move into 1 			to two in May 2013 and		
	ensure fidelity to the	team base, allowing the			the team moved to a		
	Early Intervention	team to become a fully			single location in May		
	model. This should be a	stand alone team.			2014		
	'stand alone' Early						
	Intervention for						
	Psychosis Service in						
	Lewisham to bring it in						
	line with the Early						
	Intervention Team						
	structures in Lambeth,						
	•						
	Croydon and						
<u> </u>	Southwark.						

±Comment/Action/Evidence: Action in progress, changes made, reasons for decision not to action.

* Change stage 1-5:

Ghange stage 1 G.				
1- No action yet taken	2 - Action in progress	3 - Fully implemented	4 - Not actioned (give reason)	5 - Other (please state)