

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

Date of Publication: Friday 18 th July 2014	SLaM Grade: A NPSA Level 2	Incident Date : 19 November 2011	Commissioning CCG: Lewisham
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Incident synopsis	Committee/s endorsing report and recommendations	Date endorsed	Manager Responsible for Implementation
<p>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 an address in Catford and was later charged with her murder.</p> <p>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.</p>	<p>Board Level Inquiry</p> <p>Psychosis Community & EI SI Panel</p>	<p>28 May 2012</p> <p>29 June 2012</p>	<p>Shorayi Nyamupanda, Interim Deputy Director, Complex Care & Early Intervention, Psychosis Clinical Academic Group</p>

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 responsible	Completion date	Comment/action/evidence (see below±)	Change stage 1-5 (see below*)	Commissioning PCT use only SI review Sign off date Comment	
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	1 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		

	formulation of care plans through performance management structures				Trust's Performance Management Policy with close monitoring by the Team Manager and targeted training for a period of 6 months from February 2012 and a significant Improvement in performance was observed.			
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Lesson learned <i>(Give details of clinical, administrative, procedural lesson identified by the investigation that the recommendation aims to address)</i>								
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								
No	Recommendation	Action required	Person responsible	Completion date	Comment/action/evidence (see below±)	Change stage 1-5 (see below*)	Commissioning PCT use only SI review date Sign off Comment	
2	The Board Level Inquiry recommended that there is a Blue Light Bulletin outlining the minimum standards for clinical documentation within the Trust will be circulated to senior staff for cascade to local services across the Trust.	1 Bulletin to be issued	Head of Patient Safety	October 2012	Blue light Bulletin was circulated across the Trust in October 2012	3		
		Action additional to original recommendations: The Bulletin will be reissued in November 2014.	Head of Complaints and SIs	November 2014		2		

Lesson learned <i>(Give details of clinical, administrative, procedural lesson identified by the investigation that the recommendation aims to address)</i>								
There is a wider problem in the functioning of CPA systems within the Early Intervention Service.								
No	Recommendation	Action required	Person responsible	Completion date	Comment/action/evidence (see below±)	Change stage 1-5 (see below*)	Commissioning PCT use only SI review date Sign off Comment	

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 Assessment and Management'.	1. 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		
		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 months.	3		
4	It is recommended that there is a review of the clinical and operational systems within the Early Intervention Service	1. Review of team meeting structure	Team manager Clinical service lead	May 2012	Weekly MDT meetings have been established for clinical review to discuss assessments referrals, and pre-CPA discussion.	3		

5	<p>The CAG executive should conduct a review of the structure of the Lewisham Early Intervention Service as an effective service model with a view to developing a more integrated team in Lewisham that is properly resourced to ensure fidelity to the Early Intervention model. This should be a 'stand alone' Early Intervention for Psychosis Service in Lewisham to bring it in line with the Early Intervention Team structures in Lambeth, Croydon and Southwark.</p>	<p>1. Team to move into one team base. This will happen in stages:</p> <ul style="list-style-type: none"> • Interim move into 2 bases enabling closer team working and a more robust zoning system for management of risk (3 meetings per week). • Eventual move into 1 team base, allowing the team to become a fully stand alone team. 	<p>Clinical Service Lead</p>	<p>May 2013</p> <p>1 May 2014</p>	<p>Options paper circulated in August 2012 detailed a phased approach as LEIS move into a single was part of the overall restructuring of Lewisham Community Mental Health Services in 2013.</p> <p>Bases reduced from three to two in May 2013 and the team moved to a single location in May 2014</p>	<p>3</p> <p>3</p>		
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±Comment/Action/Evidence: Action in progress, changes made, reasons for decision not to action.

* Change stage 1-5:

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