Domestic Homicide Review Anne and Martin Action Plan

Contents

Overview Action Plans 2
Individual Agency Recommendations and Action Plans 9

Overview Action Plans

Recommendation 1: Recognising the significance of the role of the carer in the treatment of psychosis and paranoia						
The desired outcome from the recommendation Ensure that carers know the available support/information and are offered carer's assessment.						
REF	**Action (SMART)**	**Scope**	**Lead**	**Key milestones**	**Target date**	**Completion Date and Outcome**
1.1a	To identify carers and ensure they can participate in a carers assessment.	Local	Adult Social Care (ASC) and Health	A straightforward inpatient social care process is in place, and all social care staff working on the wards are fully informed of changes.	Completed	In place. Completed 06.12.23
1.1b	All clients are to be seen within 48 hours; social care screening will include carers' needs and ensuring carers are offered a carers assessment.	Local	Adult Social Care and Health	Social care screening questions include carers' needs and direct contact with carer(s) to ensure they are offered an assessment of their needs. The Community Plan of Care (CPOC) has a section for carers' needs and onward referrals made. The Care Act Assessment template will contain prompts for the carer's views, needs and onward referral. The template has been reviewed across ASC, including Adult Mental Health (AMH), with a meeting scheduled for February 2024.	Completed June 2023 April 2024	In place. Recorded in SystmOne (electronic Patient Record). Completed 06.12.23. It is already in place as part of the ward social care assessment.

1.1c	To offer carers and families literature and resources to help them become more aware of and understand how to support a family member or friend experiencing poor mental health.	Local	Solent Mental Health			
1.1d	With the service user's consent, ensure that carers/family/friends are included in risk assessment and management.	Local	Solent Mental Health	The risk module is to be amended, removing risk stratification and including evidence of involvement of carers/family/friends. The risk assessment audit tool will be amended to capture evidence of involvement and non-compliance included in skills slots.	Completed December 2023	This is already in policy and risk training. Add the date of completion.
1.1ep	To ensure that, in cases where consent has been revoked, the adult's ability is assessed to confirm that they have the mental capacity to withdraw consent. In addition, the individual(s) who previously were involved are told of the request to revoke consent.	Local	Solent Mental Health	Review the existing template on SystmOne and consider adjustments if required. Implement use in MCA training. When consent is withdrawn, carers links will inform carers.	October 2023 TBC, pending the outcome of the previous action. ongoing	

Recommendation 2: Referral to Mental Health/Early Intervention Services/Psychological Therapies						
The desired outcome from the recommendation To support robust and timely access to services.						
REF	**Action (SMART)**	**Scope**	**Lead**	**Key milestones**	**Target date**	**Completion Date and Outcome**
2.1a	To review the NHS England publication for implementing the early intervention in psychosis access and waiting time standard[1] and confirm that Solent NHS Trust complies, and age is not a barrier to receiving support or advice from the early intervention service.	Local	Mental Health Commissioners/ Integrated Care Board (ICB)	This standard is reported quarterly by NHS Solent. Quarterly data submitted by NHS Solent indicates that NHS Solent complies with this standard, referencing the access target for a maximum wait of two weeks from referral to the start of treatment. This data also forms part of the national Mental Health data set, which is reported nationally to NHS Digital, and failure to report is monitored by ICB. The long-term plan specifies all areas that should be commissioning early intervention and psychosis services in line with NICE guidance from 14 years to 65 years.	Completed	The Chief Executive chairs an established mental health partnership board for local community mental health services providers, attended by the ICB, health providers, GP representation and public health. Add the date of completion.

[1] https://www.england.nhs.uk/wp-content/uploads/2023/03/B1954-implementing-the-early-intervention-in-psychosis-access-and-waiting-time-standard.pdf

				ICB to seek assurance that protocols are in place for those patients aged between 60 and 65 years to encourage Multi-Disciplinary Team (MDT) discussions to identify the most clinically appropriate pathway for the patient Audit of notes for those aged between 60 and 65 years to seek assurance that MDT discussions have taken place in line with agreed protocol. Learning from the DHR is to be shared with the Mental Health Partnership Board, ICB safeguarding designated education forum and the health sub-group of the Hampshire Domestic Abuse Partnership board, ICB Portsmouth Place Health and Care Quality group.		
2.1b	The long-term plan specifies all areas that should be commissioning early intervention and psychosis services in line with NICE guidance from 14 years to 65 years.	National	ICB	ICB commissions mental health providers to provide this service in line with NICE guidance for those from 14 to 65 years old.	Completed	Add the date of completion.

2.1c	ICB will seek assurance that protocols are in place for patients between 60 and 65 years to encourage MDT discussions to identify the most clinically appropriate pathway.	Local	ICB		March 2024	
2.1d	Learning from the DHR is to be shared with the Mental Health Partnership Board, ICB safeguarding designated education forum and the health sub-group of the Hampshire Domestic Abuse Partnership Board ICB Portsmouth Place Health and Care Quality Group.	Local	ICB		March 2024	
2.1e	Audit of notes for those aged between 60 and 65 years to seek assurance that MDT discussions have taken place in line with agreed protocol.	Local	ICB/Mental Health Providers		March 2024	
2.1f	To ensure that mitigation measures, including concerns regarding medication compliance, are in place to assist service users on waiting lists for psychological therapy. This must be considered concurrently with	Local	Solent Mental Health	Weekly calls for patients on the Crisis Resolution Home Treatment Team (CRHTT) caseload waiting for transfer between teams and to start therapy.	Ongoing	

	the recommendation for therapy and included within the community care plans.					
2.1g	Admission: To ensure that care plans are developed with the service user and their family/friends (with their consent) to identify treatment options, risks, and risk management during admission. These care plans must be reviewed per local policies, highlighting where changes have occurred and what support is required.	Local	Solent Mental Health	The service carries out IPOC audits of inpatient care plans and currently plans to use skills slots to reflect on practice and enable compliance. Auditors must be asked to capture examples of poor record keeping and use them to aid reflection in skills slots. Sessions to commence with the next audit.	In Place November 2023	IPOC audit is already in place. Add the date of completion.
2.1h	Discharge Planning must be explicitly established upon admission or, when practicable, with the service user and family (depending on the service user's consent). The plan must specify what is required for discharge and what might be expected once discharged. The discharge process must include a detailed risk assessment and management plan developed in partnership with the service user and their family and friends with consent.	Local	Solent Mental Health	Inpatient Ward Review templates currently capture this information Audit to be implemented to ensure compliance with the use and quality of the recording. Auditors to feedback in appropriate Mental Health Governance Meetings, highlighting where recording practice of Ward Review needs to improve.	November 2023	

2.1i	Portsmouth University Hospital NHS Trust will review pathways for detained patients to identify any barriers to swift transfer.	Local	Portsmouth Hospital NHS Trust			

Recommendation 3: Routine Enquiry and Domestic Abuse						
The desired outcome from the recommendation To allow service users/clients to know where to get support and for safety planning to occur as necessary.						
REF	**Action (SMART)**	**Scope**	**Lead**	**Key milestones**	**Target date**	**Completion Date and Outcome**
3.1	Services must ensure that their practitioners know their responsibility to enquire about domestic abuse.	Local	Adult Social Care and Health	The Inpatient Social Care Process is under review, and social care screening is to include enquiry regarding domestic abuse. Social care screening questions to include enquiry regarding domestic abuse. A straightforward inpatient social care process is in place, and all social care staff working on the wards are fully informed of changes. Practitioner responsibility and confidence have been discussed in a workshop re: domestic abuse, asking	November 2023 November 2023	Domestic abuse training is available via the Portsmouth Safeguarding Adults Board for Adult Social Care and Adult Mental Health practitioners to attend. All staff have monthly supervision where Domestic Abuse concerns can be discussed, and managers are available daily. AMH Community Plan of Care and IPOC Inpatient Plan of Care have a section for recording relationships and domestic abuse.

				the questions and what to do next when Domestic Abuse is identified. Domestic Abuse training is to be added to staff induction and disseminated regularly. Training will be considered if this should be made mandatory for AMH staff. AMH staff should know their responsibilities to inquire about DA and what to do next.	November 2023	AMH risk assessment contains identification and management of DA risk/needs. Still to be completed. March 24. Staff are aware of their responsibility to enquire and support those experiencing DA. This could be strengthened further, and we plan to revisit it on Feb 24 in a Senior Leadership Meeting with Solent NHS Trust to identify a whole AMH system approach.

Recommendation 4: Gun Licence Process						
The desired outcome from the recommendation Multi-agency working to ensure protocols are followed.						
REF	**Action (SMART)**	**Scope**	**Lead**	**Key milestones**	**Target date**	**Completion Date and Outcome**
4.1	Processes for firearms management has been reviewed	Local	ICB	To ensure the processes of dealing with Firearms Report requests from the Police, the following information is now always logged- date of	Completed	The GP surgery has amended its current firearms report management.

	The ICB, named GP for Safeguarding Adults for Portsmouth Primary Care, is developing a one-minute guide for primary care regarding their responsibilities under firearms legislation when a person's mental health has declined, and they are owners of firearms. This information will be shared across the ICB footprint (Hampshire, IOW, Southampton, and Portsmouth).			receipt, which GP is sent the request, date returned to the Police	**TBC**	

Individual Agency Recommendations and Action Plans

Queen Alexandra Hospital – Portsmouth University Hospital (PUH)

Recommendation 1: To raise awareness of the lessons learned from the DHR to implement best practices around domestic abuse and mental health support for patients and their families						
The desired outcome from the recommendation –						
REF	**Action (SMART)**	**Scope**	**Lead**	**Key milestones**	**Target date**	**Completion Date and Outcome**

1.1	To share the DHR published report across PHU via trust-wide communications. This includes email communications and sharing on a trust-wide intranet.	Local	Queen Alexandra Hospital – Portsmouth University Hospital		Within one month of the publication date	
1.2	To present the DHR published report as a case study at PHU NHST Safeguarding Committee.	Local	Queen Alexandra Hospital – Portsmouth University Hospital		Within one month of the publication date	
1.3	To use the DHR published report as a case study with adult and children safeguarding training.	Local	Queen Alexandra Hospital – Portsmouth University Hospital	The yearly review of the training will be undertaken in Q4 and prepared for delivery from Q1.	By the next quarterly Safeguarding Committee meeting/within four months after publication	

Recommendation 2:
To roll out a DASH/ Domestic Violence and Abuse training program across PHU NHST Trust to increase knowledge of domestic abuse, identify signs of abuse within the hospital environment and increase confidence in asking the question of whether patients are experiencing domestic abuse.

The desired outcome from the recommendation –

REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
1.1	Review Domestic Abuse training offered in-house and externally	Local	Queen Alexandra Hospital –		October 2024	

	to ensure a robust offer to all staff.		Portsmouth University Hospital			
1.2	To offer this training delivery within the identified departments and wards within the DHR. i.e. ED Department, Fracture Clinic, Rheumatology Department, AMU ward D3.	Local	Queen Alexandra Hospital – Portsmouth University Hospital		October 2024	

Solent Mental Health NHS Trust

Recommendation 1: The significance of the complexity of mental illness with psychosis and disguised compliance should be considered as part of the decision-making to de-escalate home treatment.						
The desired outcome from the recommendation –						
REF	**Action (SMART)**	**Scope**	**Lead**	**Key milestones**	**Target date**	**Completion Date and Outcome**
1.1	CRHTT SOP to be amended to include considerations to amend engagement with patients presenting with psychosis will be discussed in the CRHTT Multi-disciplinary Meeting to agree on a plan of care and frequency/mode of engagement. The plan will be	Local	Solent Mental Health Trust	Weekly meetings will be held to review the Standard Operating Procedure (SOP) and MDT Template to ensure decision-making. To be presented at the MHS Clinical Governance Meeting in November for sign-off.	October 2023	

	reviewed and agreed upon with the patient and carers.					

Recommendation 2: To raise the importance of precise, accurate care planning with details of how this will be monitored. To be made transparent and accessible to all staff in SystmOne electronic records with clear scrutiny pathways developed with a formal escalation pathway for staff to follow.						
The desired outcome from the recommendation –						
REF	**Action (SMART)**	**Scope**	**Lead**	**Key milestones**	**Target date**	**Completion Date and Outcome**
2.1	CRHTT have implemented prescribed care pathways to guide care based on patient needs. This is documented in CPOC.	Local	Solent Mental Health Trust	CRHT Care Prescribing/Treatment Pathways already implemented.	May 2023	
2.2	Every month, a quality audit will be undertaken for 5 cases to ensure the pathway is followed and any amendments to the plan are discussed in MDT and with carers/patients.	Local	Solent Mental Health Trust	Quality audits are to be implemented regularly every month by the Team Manager. Audit results are to be included in the CRHTT Governance Report every quarter.	October 2023	

Recommendation 3: The Outlier must be audited and adapted accordingly to mitigate risk and the challenge of risk assessment when patients are nursed in a ward different from where the clinical and risk management team are based.						
The desired outcome from the recommendation –						
REF	**Action (SMART)**	**Scope**	**Lead**	**Key milestones**	**Target date**	**Completion Date and Outcome**

3.1	Practice in Solent has changed, and there are no longer AMH outliers to Older Person Mental Health wards.	Local	Solent Mental Health Trust		June 2023	

Recommendation 4:
Ensuring that the well-being of carers is included in the patient's care planning and monitoring and that their voices are heard is in line with Trust Policy.

The desired outcome from the recommendation –

REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
4.1	CPOC amended to ensure carers' needs are considered at assessment and care planning review.	Local	Solent Mental Health Trust	CPOC template amended.	July 2023	
4.2	Carers Lead to be implemented in CRHTT, with dedicated time for engagement with carers.	Local	Solent Mental Health Trust	Carers Lead to be implemented, with dedicated time for engagement with carers. Carers Leads across the Trust will come together for Community of Practice every month, and Terms of Reference will be written.	October 2023 October 2023	

Recommendation 5:
To update and develop staff expertise in risk assessment, mandatory risk training, which reflects current evidence and includes the consideration of the safety of others for all staff in AMH, should be increased in frequency to yearly and domestic abuse questions embedded into risk assessment according to Trust policy and procedure.

The desired outcome from the recommendation –

REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
5.1	The service is moving from risk stratification, in line with NICE guidance, and implementing new risk assessment forms on S1. Once complete, risk assessment training is to be executed, which includes violence and Domestic Abuse and completion of risk assessment.	Local	Solent Mental Health Trust	Clinical Practice Educator linking with Southern Health NHS Foundation Trust colleagues to develop Risk to Others training.	December 2023	
5.2	Annual training on risk assessment is to be undertaken in a reflective style with all teams, led by Clinical Practice Educators and Quality Matron**.**	Local	Solent Mental Health Trust	The risk assessment module is to be redeveloped, removing risk stratification. Risk-reflective learning sessions will be developed, acknowledging the risk types in differing teams.	December 2023	

Recommendation 6:
Patients cared for under Care Program Approach (CPA) need an allocated care coordinator with a Trust Policy to reflect the importance of this crucial role in aiding communication, collaboration, and oversight of care.

The desired outcome from the recommendation –

REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
6.1	CPA is no longer used in Mental Health Services but in a lead professional role. All patients	Local	Solent Mental Health Trust	CPA has already been removed from the models of care, and all patients	N/A	

	are allocated a Lead Professional except for ICM and CRHT, which operate a team approach.			are allocated a Lead Professional (except ICM & CRHT). One policy per week is being reviewed to remove CPA.	April 2024	

Recommendation 7: To emphasise the significance of the clear, accurate documentation of comprehensive, holistic information to enable robust risk assessment and care Planning.						
The desired outcome from the recommendation –						
REF	**Action (SMART)**	**Scope**	**Lead**	**Key milestones**	**Target date**	**Completion Date and Outcome**
7.1	Skills slots will be developed and delivered in CRHTT and inpatient teams, with case examples from audits to aid reflection.	Local	Solent Mental Health Trust	Auditors must be asked to capture examples of poor record keeping and use them to aid reflection in skills slots. Sessions to commence with the next audit.	November 2023	