

Nuneaton Domestic Homicide Review (DHR1) Agency Action Plan
 FINAL DOCUMENT ALL ACTIONS COMPLETE – NABSCOP 24th August 2017

Recommendation	Scope of rec i.e. local or regional	Action to take	Evidence of Achievement	Target date	Progress report - Master As at 31 st May 2016
Safer Warwickshire Partnership Board					
1. Safer Warwickshire Partnership Board to develop Domestic Violence and Abuse Procedures that include: <ol style="list-style-type: none"> a. Clear, written policies for all agencies in the county explaining when and how to refer to specialist domestic violence support services e.g. Refuge (for accommodation services) and Stonham Home Group (the organisation now running IDVA and outreach services in the county) to ensure vulnerable victims do not fall between services. b. A process to ensure that feedback is requested and given on the outcome of referrals, especially if no contact can be made or support is declined, so that alternative options can be explored. c. A reminder to officers/agencies investigating or reporting domestic abuse incidents of the importance of recording the full names and home addresses of any children witnessing domestic abuse – this is especially important when they are visiting a parent and are not residing at their usual home address 	Local	Develop a multi-agency domestic abuse referrals protocol of which WCC Commissioned Service Providers must adhere. The process will involve consultation with other providers with the aim of achieving a broad sign up by agencies. Develop an Aide-Memoir for recording information relating to domestic abuse.	Multi-agency protocol and aide-memoir agreed by VAWG Board and published on the Warwickshire Against Domestic Abuse website.	31 st December 2014	Referrals policies, their content and feedback included in service requirements for WCC commissioned domestic violence and abuse services and build into MASH Domestic Abuse Operating Procedures. COMPLETED
2. Safer Warwickshire Partnership Board to direct the MARAC Steering Group to take the following actions to improve the DASH risk assessment process and : <ol style="list-style-type: none"> a. Develop and implement multi-agency training on the use of DASH to assess risks and ensure that risk assessments are <ol style="list-style-type: none"> i. in line with CAADA guidelines ii. use professional judgement in cases where the victim is unable or reluctant to fully disclose information that might highlight the risks more iii. take into account the history and full circumstances of the case iv. repeated when circumstances change – i.e. following a withdrawal of statement, a breach of police bail conditions and when a decision is made not to charge b. Explore the options for developing risk assessments of the risks posed by perpetrators, and linked to this, the identification of serial abusers. 	Local	MARAC directed to take the following actions: <ol style="list-style-type: none"> a) <ul style="list-style-type: none"> • Training needs analysis to be undertaken in relation to understanding and assessing risk in cases of domestic abuse. • Training plan to be developed including the resourcing of training. • Training Programme to be developed as part of wider training package available around domestic abuse. b) Research options for risk assessing perpetrators of DA and identification of serial perpetrators. Present options to MARAC Steering group for consideration 	a) <ul style="list-style-type: none"> • Training needs analysis and plan completed and presented to MARAC Steering Group. • Training programme publicised to relevant agencies • MARAC Performance Management Framework – referring agencies b) MARAC Steering Group papers and minutes	a) TNA completed: October 2014 TNA and plan presented to steering group: December 14 Training Programme in place March 2015 b) December 2014	a) Multi-Agency Learning Needs Analysis completed. COMPLETED Training programme live and publicised via WADA Distribution List. Identifying, assessing and responding to risk attended by 80 professionals 2015-16. Same being delivered in 2016-17. COMPLETED b) SafeLives Aide Memoir on assessing perpetrator risk utilised at MARAC. COMPLETED
3. Safer Warwickshire Partnership Board delivers a public awareness campaign (e.g. production of information leaflets / posters which can be distributed throughout agencies) that addresses the myths about stereotypical victims of abuse.	Local	Myths and stereotypes to be discussed with focus groups as a possible phase in the planning stages of the next WADA campaign.	Record of focus groups If focus groups are encouraging then campaign materials to be developed.	31 st March 2015	Communications company being recruited to undertake research with service users, professionals and public and then to develop a new campaign and web-based tool e.g. website, app as per the outcome of the research. Budget has been allocated and the project is being co-ordinated for WCC. Outcome of focus groups was that the campaign should focus on awareness of Clare's Law New website built and being populated, will include addressing myths and stereo types.

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<p>4. Safer Warwickshire Partnership Board develops an Information Sharing Protocol, with accompanying guidance, for all partner agencies regarding sharing information within DHRs. This should include guidance on collecting information in a timely way so that any information that cannot be shared with the Panel pre-trial has been secured internally, thus avoiding the difficulty caused by staff moving on or forgetting detail.</p>	Local	<p>Develop required guidance as an appendix to the Community Safety Information Sharing Protocol which is a tier 2 agreement and should be taken in conjunction with the tier 1 Warwickshire Information Sharing Charter.</p>	<p>Guidance agreed and included as appendix to the Community Safety Information Sharing Protocol</p>	31 st March 2015	<p>DHR information sharing will be picked up within the new single information sharing agreement that is being developed to replace the Community Safety Information Sharing Protocol. This will be in place by May 2016. Further guidance in terms of the mechanisms of sharing the information will be set out within the DHR protocol which is due to be finalised by June 2016. COMPLETED</p>
<p>5. The Chair of the Safer Warwickshire Partnership Board raises with the Home Office and with CAADA the following national concerns:</p> <ol style="list-style-type: none"> The lack of sanctions available to police regarding breaches of police bail. The need for CAADA to revise the guidance on the definition of repeat incidents, to include incidents where bail conditions have been breached 	National	<p>Correspondence raising both concerns written and sent to both CAADA and Home Office</p>	<p>Letter sent to CAADA from Chair of SWPB Email sent to Home Office from WCC Group Manager Community Safety and Substance Misuse</p>	Action completed	<p>Conversation had and follow up email sent to Home Office. No response received to date. Letter sent to CAADA No response received to date. Reminders have been sent requesting responses to letters to Home Office; CAADA and CPS. No response to date. Letter received from CAADA, to be discussed at NABSCOP on 4th August 2015. Escalated to the County wide DHR theme group. Quality assurance elements are also being explored by this group to provide reassurance that a recommendation has been delivered. COMPLETED</p>
<p>6. The Chair of the Safer Warwickshire Partnership Board raises with the CPS the following national concern: that the CPS explores whether there are opportunities to speed up the process for progressing charges to reduce the risks of withdrawal or retraction</p>	National	<p>Correspondence raising the concern sent to CPS</p>	<p>Letter sent from Chair of SWPB</p>	Action completed	<p>Letter sent to CPS No response received to date. Reminders have been sent requesting responses to letters to Home Office; CAADA and CPS. Letter received from the CPS, to be discussed at NABSCOP on 4th August 2015. Escalated to the County wide DHR theme group. Quality assurance elements are also being explored by this group to provide reassurance that a recommendation has been delivered. COMPLETED</p>

Warwickshire County Council – Community Safety and Substance Misuse

<p>7. Warwickshire County Council, as the commissioner of domestic abuse services, completes a review of the IDVA service to ensure that resources are maximised and deployed effectively to adequately support high risk victims across the County. This should include exploring alternative, flexible models of multi-agency support. The findings of the review should be reported to the Safer Warwickshire Partnership Board and identify the strategy for managing workload within the context of diminishing resources.</p>	local	<ul style="list-style-type: none"> Undertake review of DA services which includes recommendations for ensuring resources are deployed effectively to support high risk victims. Review to be reported to SWPB 	<ul style="list-style-type: none"> Review published SWPB minutes 	April 2012	<p>COMPLETED</p> <ul style="list-style-type: none"> Since this case occurred an independent strategic review was completed into DA support services in Warwickshire. SWPB were the accountable body for the review and the resulting proposed new service model. Following a public consultation a new model of service delivery was implemented from 01/04/2012 which addresses these issues.
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MARAC Steering Group

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<p>8. The MARAC steering group develops and ensures implementation of an induction programme for new MARAC agencies and representatives to support them in understanding their roles and the requirements of MARAC agencies.</p>	Local	Develop and implement local MARAC Induction Programme	<ul style="list-style-type: none"> • MARAC Induction Guide Produced. • Record of induction meetings held. • MARAC Performance Management Framework – referral source, repeat cases, attendance, referral quality, actions completed 	October 2014	COMPLETED
<p>9. The MARAC steering group implements the following improvements to MARAC processes and procedures, ensuring that these are all compliant with CAADA guidance and checklists:</p> <ol style="list-style-type: none"> Completes and circulates the revision of the MARAC Operating Protocol Completes and circulates the MARAC Information Sharing Protocol Improves and re-formats the MARAC minutes template to ensure that it includes: <ol style="list-style-type: none"> Whether the victim is aware of the referral The contribution of each agency Detail of the discussion of the case The rationale of why actions were not pursued The risks identified, how these risks will be addressed, by whom and by when Identification of the support agency for the victim to feedback the outcome of the MARAC to the victim That clear SMART action points are included in MARAC minutes following all MARAC meetings to prevent ambiguity.(refuge) Clearly defines the role of the IDVA in relation to the MARAC, including the requirement to contact the victim prior to the meeting and to ensure that there is clarity about ongoing contact Makes a formal decision regarding the flagging of files, and inform all agencies of the outcome and the procedure for doing so Reminds all agencies of their responsibilities relating to attendance, including sending deputies and/or written notes in the absence of the usual representative In view of the high number of cases referred to the North MARAC, to split the monthly meeting into 2 (if less than 20 cases referred, the second meeting can be cancelled). Completes a feasibility study as to whether a multi-agency web-based database for MARAC cases (e.g. Paloma's MODUS database) would be beneficial. 	Local	<ol style="list-style-type: none"> Revise MOP in line with CAADA guidelines Complete and ensure agency sign up to MARAC ISP (in line with CAADA guidelines) MARAC Minutes template to be revised to include: <ul style="list-style-type: none"> • Whether the victim is aware of the referral • The contribution of each agency • Detail of the discussion of the case • The rationale of why actions were agreed or not pursued • The risks identified, how these risks will be addressed, by whom and by when • Identification of the support agency for the victim Role of the IDVA in relation to MARAC included in MOP, to include clarification of requirements around victim contact prior to MARAC meeting. Ongoing contact to be agreed at each MARAC. Item to be tabled for discussion at MARAC Steering Group. MOP to be amended if required. Annual reminder to be issued by MARAC Steering Group Chair Steering Group to consider options for managing the volume of cases heard at each MARAC meeting – in line with CAADA guidance Feasibility Study undertaken and reported to MARAC steering group 	<p>a) New MOP completed and published on the MARAC page on www.talk2someone.org.uk MARAC Steering Group as feedback shows some areas require strengthening. Agency sign up to be further reviewed</p> <p>b) MARAC ISP approved by MARAC Steering Group and recorded in Steering Group minutes MARAC ISP published on MARAC webpage as part of MARAC Resource Pack Record of agencies that have signed ISP</p> <p>c) Revised Minutes template agreed by steering group then: <ul style="list-style-type: none"> • published on MARAC web page • included in MARAC Resource pack Utilised each month </p> <p>d) Revised MOP. MARAC minutes</p> <p>e) MARAC Steering Group minutes Revised MOP – if amendments required. MARAC Performance Management Framework – repeat cases</p> <p>f) Reminder letter/ email sent MARAC Performance Management Framework – agency attendance</p> <p>g) MARAC Steering Group minutes MARAC Performance Management Framework – cases per month and meetings held</p>	<p>a) October 2012</p> <p>b) December 2014</p> <p>c) October 2014</p> <p>d) NA</p> <p>e) March 2015</p> <p>f) Reminder to be sent April each year</p> <p>g) October 2014</p>	<p>a) COMPLETED</p> <p>b) MARAC ISP to be included within new County Info Sharing Protocol as per 4 above. COMPLETED</p> <p>c) Revised template from January 2013 in line with CAADA guidelines and includes: <ul style="list-style-type: none"> • Whether the victim is aware of the referral • The contribution of each agency • Detail of the discussion of the case • The risks identified, how these risks will be addressed, by whom and by when • Identification of the support agency for the victim Only item outstanding: The rationale of why actions were agreed or not pursued c) COMPLETED</p> <p>d) COMPLETED</p> <p>e) Item remains on MARAC Steering Group Agenda</p> <p>f) COMPLETED</p> <p>g) North MARAC to become fortnightly from Feb 2016 COMPLETED</p> <p>h) MASH solution finalised April 2016 and now not able to incorporate MARAC Requirements. Steering Group making decision November 2016 COMPLETED</p>

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			h) Feasibility Study presented to MARAC Steering Group	h) March 2015	
10. The MARAC steering group develops a robust process for identification of MARAC repeat cases from other agencies along with subsequent MARAC referral, as part of the MARAC Improvement Plan.	Local	<ul style="list-style-type: none"> • Include relevant CAADA guidelines in MOP and MARAC Action Plan. • Include section on repeat cases in MARAC induction sessions/ guide for agencies. • Include identifying and responding to repeats in MARAC training. 	<ul style="list-style-type: none"> • MOP • MARAC Action Plan • Induction guide • MARAC Performance Management Framework (repeats) 	<p>Action plan developed as above</p> <p>Induction guide developed as above</p> <p>Training Programme begins as above</p>	<p>Discussed at MARAC Steering Group Development Day November 2014.</p> <p>Will be included in MARAC Action Plan 2015.</p> <p>Repeats are included for discussion in MARAC Induction meetings.</p> <p style="text-align: right;">COMPLETED</p>
11. The MARAC steering group ensures that all recommendations of the CAADA Quality Assurance assessment have been implemented.		Develop MARAC action plan incorporating outstanding recommendations from CAADA QA report	Action plan completed including outstanding recommendations.	Develop MARAC action plan incorporating outstanding recommendations from CAADA QA report	<p>MARAC Co-Ordinator Developing Action Plan following on from latest MARAC Quality Assurance Self-Assessment process (replaces previous CAADA QA report against updated guidelines - reports received November 2014). Action Plan being discussed at Steering Group meeting 27 January 2015.</p> <p>Action Plan agreed by Steering Group November 2015. Outstanding actions included, or rationale recorded as to why not including.</p> <p style="text-align: right;">COMPLETED</p>
Warwickshire Police					
12. Warwickshire Police review the investigative decision-making process relating to 'high risk' domestic abuse incidents, to ensure that the appropriate level of skill and type of resources and supervision is allocated to each specific Domestic Abuse investigation.	Local	Set out a clear policy on who will investigate and supervise the investigation of 'high-risk' DA crimes, outlining the types of cases to be retained by Local Policing/CID and those that will be undertaken by PVP (i.e. as a consequence of needing the involvement of a specialist DA investigator)	A clear policy on who will investigate and supervise the investigation of 'high-risk' DA crimes	August 2014 (to allow for final recruiting of staff)	<p>The alliance operating manual states that DA is investigated by the most appropriate resource, Depending on level of risk, this may be SNT, Patrol or LBCID or PVP. High Risk DA will be discussed at DMM and attract tasking to support the resource allocation.</p> <p>All High-Risk Domestic Abuse will attract Detective oversight. All High-Risk DA will be assessed by a dedicated Domestic Abuse Risk Assessor, who are responsible for referrals and risk mitigation work with the injured party</p> <p style="text-align: right;">COMPLETED</p>
13. Warwickshire Police ensure that the findings of the review of the police Referrals & Assessment Unit (RAU), which identified the need for better levels of supervision and processes to facilitate more efficient management of caseloads of staff, has been fully implemented, including:	Local	<p>a) Development of a policy that identifies acceptable levels of inputting backlogs dependant on risk level, and that includes a mechanism for reporting when the levels are exceeded.</p> <p>b) Embedding the new process that has already been introduced to actively manage and triage any backlog to identify any case that relates to either a pre-existing or subsequent 'high risk'</p>	Inputting Policy in Place Triage process in place that has been reviewed and is effective Supervisors in place in the PVP East HAU (i.e. RAU)		COMPLETED

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<p>identify any case that relates to either a pre-existing or subsequent 'high risk' incident is working effectively</p> <p>c. That the business case to introduce a new structure within the RAU with dedicated supervisory roles has been fully implemented. (This was accepted as part of the new joint policing arrangements between Warwickshire Police and West Mercia Police with new posts to be in place by December 2013.)</p>		<p>incident is working effectively</p> <p>cThat the business case to introduce a new structure within the RAU with dedicated supervisory roles has been fully implemented.</p>			
<p>14. Warwickshire Police share the learning points from the IMR and the DHR as a whole with all police officers and staff using DASH to ensure that the risk assessments are applied with consideration of all available information.</p>	Local	<p>Share learning points from Police IMR and the DHR in general with Police Officers and Staff who undertake of review DASH risk assessments. To be progressed as part of the new DA Delivery Plan, which will include Key Stakeholder meetings and a Marketing Strategy that includes the issuing of 'icards' (an e-learning tool) and a new intranet site</p>	Learning points shared appropriately	July 2015	<p>Our I-cards and I-Pics are in development specifically around DASH & accountability.</p> <p>There is multi-agency training being delivered to all front line supervisors by Police and Stonham/ Womens Aid. This is 1 day training which will cover the dynamics of DA, risk assessments & recognising risk indicators. This Supports and captures learning from DHR and SCR, particularly capturing children's details and sharing information.</p> <p>Wider messages re staff considering all information available to them, when attending incidents, even if not specifically DA or child abuse, will be covered in the 13 strands of Public Protection Training being delivered to all West Mercia & Warwickshire front line staff, their supervisors and specialists during 2015.</p> <p style="text-align: center;">COMPLETED</p>
<p>15. Warwickshire police ensure that they take positive action to:</p> <p>a. Arrest perpetrators of all alleged crimes relating to domestic violence when the opportunity arises</p> <p>b. Collect all available evidence including at initial call-out to increase chance of prosecution (always assume the victim will not support the prosecution.)</p>	Local	<p>To be progressed as part of the new DA Delivery Plan. This includes promotion of the new Service Level Agreement (SLA) with CPS for DA matters. This SLA gives clear guidance on securing evidence and victimless prosecutions.</p>	Positive action reinforced		<p>All staff have now been updated according to the DA Strategic Lead, via the SLA. There was initial misunderstanding that all DV cases go to Cps, which is not the case, But where there is further evidence to assist prosecution these case do go to Cps. What this means is every case that meets the threshold test will be supported by supervision for positive action against the perpetrator. There are no longer any Restorative Justice outcomes, and if a case is thought to warrant a sanction of a caution then this must be presented to the Detective Chief Inspector within PVP who will make the decisions on it's merits.</p> <p>Supervisors are now instructed to ensure all instances of DV there is a stronger push to secure secondary evidence to assist and secure a prosecution.. There is also further multi-agency training coming on board from Stonham.</p> <p style="text-align: center;">COMPLETED</p>
<p>16. Warwickshire Police to review the DASH "aide memoire" card to include breach of bail conditions as a high risk indicator</p>	Local	<p>DHR highlights that Q26. on the aide memoir (Breach of Bail) is not indicated as high risk, however the 18 questions of the 27 that are shown as 'high risk' indicators are determined by the national DASH model. Therefore local variation would be contrary to the national guidance. This issue needs to be raised nationally with CAADA.</p>	Issue raised nationally with CAADA for consideration		<p>The national DASH risk assessment is currently under review by HMIC/CoP and academics. Although the breach of bail is not in bold supervisors are encouraged (and this has been shared again with all staff that will deal with a domestic incident in Warwickshire) to use their professional judgement.</p> <p><u>What is professional judgement?</u> You may have serious concerns about a victim's situation even if they are not 'visibly high risk'. Where the particular context of a case gives rise to serious concerns, even if the victim has been unable to disclose the information that might highlight their risk more clearly, you may still categorise the case as High Risk. Such situations may occur when (this list is not exhaustive)</p> <ul style="list-style-type: none"> • there are extreme levels of fear; • there are cultural barriers to disclose such information ie: HBV; • there are extreme levels of control and/or isolation; • there is obsessive stalking behaviour;

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					<ul style="list-style-type: none"> where the perpetrator is abusing more than one partner; you feel using experience and instinct that something is very wrong and the risk is high. <p>Make sure you clearly state your reasons on the DASH</p> <p style="text-align: right;">COMPLETED</p>
Local Criminal Justice Board					
<p>17. The local Criminal Justice Board to improve the process for completing inter-agency checks by:</p> <p>a. Considering prioritising resource allocation to the information exchange process</p> <p>b. Liaising with the HMCTS/sentencers to tolerate adjournments for this to take place where it is recommended by the Probation Court Duty Officer</p>	Local	Executive Summary and recommendation to go to LCJB and to Clerk to the Justices.	<p>a)LSCB agenda and notes</p> <p>b)Amended Court Reports protocol between NPS and HMCTS</p>	<p>June 2014</p> <p>October 2014</p> <p>April 2015</p>	<p>a) In response to this recommendation Warwickshire Police, supported by the LCJB and Office of the Police and Crime Commissioner have invested in additional administrative resource to undertake domestic abuse checks at the point of sentence.</p> <p>a) COMPLETED</p> <p>b) The Court reports protocol between the National Probation Service and Courts Service was updated, as recommended, to identify when adjournments are required. A further refinement of how the protocol operates in relation to index domestic abuse offences in the Domestic Abuse Court will be agreed between the Courts Service, the Police and the National Probation Service in the context of the new Transforming Summary Justice initiative.</p> <p style="text-align: right;">COMPLETED</p>
Warwickshire Probation Trust					
<p>18. The Probation Trust ensures that the actions, set out below, that were agreed in relation to the Serious Further Offence (SFO) investigation have been fully implemented in line with agreed timescales:</p> <p>a. Previous convictions must be used to inform every Pre-Sentence Report risk screening or their absence should be noted and corrected as soon as possible:</p> <ol style="list-style-type: none"> i. All court duty staff to be reminded of this core practice expectation ii. Take appropriate internal action in relation to the conduct of officers not following procedures iii. Area Office Administrators to review court administrative practice to ensure pre cons are collected and passed to Unpaid Work immediately post sentence iv. Unpaid Work operational managers to be reminded that previous convictions must be checked before risk screenings are signed. Also that in signing risk screenings they are confirming they are satisfied themselves that the information is accurate <p>b. Address the potential for inconsistency and inappropriate judgements in relation to enforcement when offender reporting illness or death of significant others: the Unpaid Work manager to circulate guidance to all operational managers on decision making in relation to this issue.</p>	Local	<p>a)Role specific refresher guidance issued to all staff.</p> <p>b)The Unpaid Work manager to circulate guidance to all operational managers on decision making in relation to this issue</p> <p>c)DHR recommendations to be included in formal handover arrangements to the new CRC</p>	<p>Team Meeting Minutes.</p> <p>Amended Codes of Practice.</p> <p>Supervision notes</p> <p>Formal handover notes</p>	<p>a) Completed</p> <p>b)Completed</p> <p>c)31/05/14</p>	<p>a) COMPLETED</p> <p>b) COMPLETED</p> <p>d) Handover meeting scheduled. CRC DHR and CSP representation confirmed.</p> <p style="text-align: right;">COMPLETED</p>

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c. Ensure that these requirements are incorporated into new contracts/SLAs with the new Community Rehabilitation Company.					
19. That information provided by friends and family is shared with the Offender Manager who is preparing post-sentence assessments as this will be of significant help in developing the perpetrator's profile.	Local	Relevant information to be shared with offender manager and included in risk assessment and sentence plan	Case record	April 2014	Information shared with Warwickshire Probation Trust. Information has been shared with the Offender Manager. COMPLETED
George Eliot Hospital					
20. George Eliot Hospital develops and implements a Domestic Abuse Policy and seeks multi-agency validation via members of the Review Panel to ensure that the policy is fit for purpose and reflects best practice.	Local	Develop GEH Domestic Abuse Policy. Submit draft policy for external scrutiny by members of Review Panel.	Appointment of a Lead for DA – March 2014.	June 2014 April 2015	GEH Domestic Abuse Policy compiled by Trust Safeguarding Children Nurse – awaiting final ratification. Policy completed and on Trust Intranet. ACTIONS COMPLETED
21. George Eliot Hospital targets front line staff in A&E with specific domestic abuse training to enable them to identify people at risk and initiate appropriate supportive and preventative actions.	Local	Training to be delivered to A&E staff. Training to be delivered to all other staff Policy to incorporate Trust-wide proactive intervention	Consideration of identifying levels of DA training on similar lines to child protection ie awareness through to intervention. Creation of dedicated page on Trust intranet as repository of information.	June 2014 April 2015 July 2014	Training has been delivered from National Domestic Violence Centre and from local MARAC Co-ordinator. Policy incorporates intervention and information regarding intervention placed on Trust intranet. Domestic Abuse Information page created on Trust Intranet providing 24/7 access to information regarding referral procedures and options. Briefing circulated within A&E via Matron. ACTIONS COMPLETED
22. George Eliot Hospital put in place appropriate training for senior managers and ensures that there is effective leadership to support cultural change within the organisation to improve practice in domestic abuse cases.	Local	Appointment of DA Lead. Identification of governance pathway re DA Delivery of training re DA to senior management.	Lead appointed. Governance pathway in place. Training delivered	Achieved May 2014 April 2015	DA Lead appointed – Manager of SARC Governance Pathway agreed , senior responsible officer is Director of Nursing. Briefing to be delivered on DA to Trust Management Board ON 12 th June 2015. ACTIONS COMPLETED
23. George Eliot Hospital puts in place procedures to ensure that correspondence from A&E to GPs is legible and forwarded without delay following presentation of a patient with serious issues such as self-harm, a suicide attempt or abuse.	Local	Incorporate in Trust DA Policy. Incorporate in DA training. Incorporate in dedicated Trust intranet DA page. Dip sample compliance	DA Policy in place. Training in place. Included on Trust intranet DA Page. Sample (audit) completed.	June 2014 April 2015 July 2014	DA Policy in place. To be incorporated in DA Training. COMPLETED To be incorporated in dedicated intranet section on DA. COMPLETED The Clinical Director of GEH has been conducting an audit of documentation and in particular legibility of records, this is shared in the clinical business unit and will continue to be

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					reviewed for learning opportunities. COMPLETED
24. George Eliot Hospital to either explore the possibility of an IDVA being based on site, or to put in place a procedure by which A & E staff can contact the on call IDVA.	Local	Liaise with service providers Incorporate in Trust DA Policy Incorporate in Trust DA training Incorporate in dedicated DA intranet page	Procedure in place or IDVA on-site	June 2014	On going discussion with IDVA service providers as to benefits of options to incorporate IDVA at Trust or to ensure adequate referral pathways to IDVA. Liaison with local IDVA service providers confirms that no current proposal to embed IDVA in A&E, nor is there an on-call IDVA. Continue to be explored, escalation to senior management. <i>The IDVA service is not resourced to the site, although clear pathways are in place. The DON and executive lead will initiate some awareness rising of DV and IDVA roles in A&E and will plan to complete this by August 2016.</i> An Independent Domestic Violence Advisor (IDVA) role has been funded by WCC, through STONAM. GEH are working with STONAM to optimise this resource within A&E. COMPLETED Referral procedures placed prominently (front page) of Trust Intranet and in briefing provided to A&E Matron to cascade within the department. COMPLETED
ALL AGENCIES including Warwickshire Police, Probation Trust, Coventry & Warwickshire Partnership Trust, George Eliot Hospital, West Midlands Ambulance Service, South Warwickshire NHS Foundation Trust, Harmoni, Warwickshire County Council, Nuneaton & Bedworth Council, And Children's Services					
25. All agencies disseminate the learning from this DHR and review the recommendations to identify any changes that need to be made to their internal practice or procedures	Local	POLICE: Review all DHR recommendations (not just Police) to identify any necessary Police-related changes to practice or procedures required	POLICE: DHR rec's reviewed and additional Police changes (if any) identified		This DHR has been reviewed alongside all DHR, SCR, SAR, MAPPA SCR & Local reviews to ensure thematic issues arising for the Warwickshire & West Mercia Policing alliance are considered together. Public Protection Training being delivered in 2015 incorporates key messages from this DHR, as well as forming part of the alliance DA Delivery Plan. COMPLETED
	Local	CWPT: CWPT to disseminate the learning from this DHR and review the recommendations. The trust to review their Domestic abuse policy and to identify any changes that need to be made to their internal practice or procedures through reviewing CWPT domestic abuse policy. The trust to review their Domestic abuse training.	CWPT: Domestic abuse policy reviewed and amended to ensure the Trust practice and procedures are amended following lessons learnt from this DHR. Domestic Abuse Training for the Trust has been reviewed and there is now two new initiatives; All staff who receives level 2 safeguarding for both children and adults training also have DASH training.	June 2014	Domestic abuse policy ratified by the Trust Policy and Procedures Group. DASH Training is in the level 2 safeguarding training programme. The Trust has a 1 day training course (SCARS) which is delivered on a monthly basis. COMPLETED
	Local	GEH: Learning to be disseminated via dedicated intranet page on DA, incorporated into policy document and into training packages for staff	GEH: DHR findings disseminated to Trust Lead Director with action plan attached	July 2014	COMPLETED
	Local	NBBC: NBBC will circulate the Domestic Homicide review to	NBBC: Management Team minutes Quarterly Section 17 Group	March 2014	COMPLETED

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		Corporate Management Team. NBBC will circulate the Domestic Homicide review to Corporate Community Safety Champions in the Section 17 group to oversee and develop associated actions	minutes	24 th April 2014, July 2014, September 2014, December 2014	
	Regional	WMAS: Through the WMAS Learning and Review group which feeds the training and needs analysis	WMAS: Minutes of meetings	March 2015	WMAS Update Jan 2015: The learning was shared at our Learning Review Group (LRG) due to the nature of this group minutes are not available for release. COMPLETED
	Local	PROBATION: Key learning points from Executive Summary to be shared with teams in NPS and CRC. Risk Code of Practice to be reviewed in light of findings.	Probation: Team Meeting Notes Amended Code of Practice.	September 2014	COMPLETED
	Local	HARMONI: Report Shared at Monthly Quality Assurance Meeting; Shared Learning to be disseminated via Clinical Newsletter	Harmoni: QA Minutes/Clinical News	May 2014	New Service Manager has been identified. Email dated 20 th January 2016 requested outstanding information by the 11 th February 2016. No response received. Follow up email issued 16 th February 2016. Quality Assurance meeting minutes dated 13 th March 2012 has been provided, where this Homicide Review was discussed and the Impact of Mental health Patients to be included in next clinician newsletter. COMPLETED
	Local	SWFT: Learning from DHR disseminated to staff, and policy and procedures to be reviewed and changed if necessary to reflect learning and recommendations.	<ul style="list-style-type: none"> DHR discussed at Safeguarding operational meetings and action plan disseminated to managers. Policy and procedures reviewed and updated. Learning points disseminated through awareness raising channels (e.g. Safeguarding Newsletter) 	July 2014	COMPLETED
	Local	Children's Services: To be shared and reinforced as detailed in actions 36 & 37	Email sent	August 2014	Information gathered and to be shared including this update COMPLETED
26. All agencies ensure that all 'client facing' staff, particularly those undertaking assessment, complete training regarding Domestic Violence and Abuse (DVA) awareness that is in line with the NICE Guidance (Feb 2014), proportionate and relevant to their role. This needs to include: a) Understanding of indicators of domestic abuse from the	Regional	POLICE: Review current/future training in relation to DA and assess learning outcomes against those listed A-C. Consider any changes to training and implement as required	Training reviews, changes (if any) identified and implemented.	Dec 2014	Items A-C have been shared with our Learning & Development Team to ensure inclusion of these messages in Public Protection training to front-line staff, supervisors & specialists during 2015. In addition as part of the DA Delivery Plan, there is to be training delivered by Stonham & Police, to front-line staff & supervisors re DA indicators & DASH specifically. Also use of I-Pics to be sent to all staff re relevance of DASH.

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<p>perspective of perpetrators and / or victims, and the impact upon victims, particularly children.</p> <p>b) Responding to disclosures of domestic abuse including knowledge around specific assessment tools such as DASH, support services available and professional responsibilities.</p> <p>c) Explicitly highlighting domestic abuse issues in the current safeguarding sessions delivered within induction to all staff, and including awareness of how to access specialist advice and support that is available both within and external to the agency.</p>	Local	<p>CWPT: The trust to review their Domestic abuse training.</p> <p>a) To Identify domestic abuse training so staff can gain an understanding of indicators of domestic abuse from the perspective of perpetrators and / or victims, and the impact upon victims, particularly children</p> <p>b) The Trust to deliver DASH Training in the level 2 safeguarding training programme.</p> <p>c) To amend induction training to ensure staff know how to access with external agencies</p>	<p>CWPT: Domestic Abuse Training for the Trust has been reviewed and there is now two new initiatives;</p> <p>DASH Training is in the level 2 safeguarding training programme. The Trust has a 1 day training course (SCARS) which is delivered on a monthly basis.</p> <p>Induction training already includes access specialist advice and support that is available both within the Trust.</p>	<p>March 2014</p> <p>April 2014</p>	<p>Ongoing through 2015. COMPLETED</p> <p>DASH Training is in the level 2 safeguarding training programme.</p> <p>The Trust has a 1 day training course (SCARS) which is delivered on a monthly basis.</p> <p>Induction training already includes access specialist advice and support that is available both within the Trust.</p> <p>COMPLETED</p>
	Local	<p>GEH: covered in Action 21</p>			
	Local	<p>NBBC: Mandatory Safeguarding Training to front line employees (those who are currently required to attend MECC training) on children and vulnerable adults that encompasses domestic abuse awareness</p> <p>General awareness raising for all employees on Domestic Abuse and associated issues</p>	<p>NBBC: Annual figures provided of the number of people entered into training</p> <p>Quarterly Section 17 Group minutes</p>	<p>March 2015</p>	<p>COMPLETED</p>
	Local	<p>WMAS: Train WMASFT Staff in Domestic Abuse and Violence</p>	<p>WMAS: In the 2014-2015 Mandatory update training programme for all WMASFT clinical staff all staff will receive Domestic Abuse and Violence awareness training.</p>	<p>March 2015</p>	<p>WMAS Update Jan 2015: 99.97% of front line staff received Domestic Abuse training through the 2014-2015 Mandatory Training Program.</p> <p>COMPLETED</p>
	Regional	<p>PROBATION: Review Training Plan for 2014/15</p>	<p>PROBATION: Training Plans x2</p>	<p>September 2014</p>	<p>COMPLETED</p>
		<p>HARMONI: Ensure service compliance against the NICE Guidance - Review Training Programme.</p> <p>Recommend to Care UK/Harmoni Safeguarding Committee that DVA is incorporated in Safeguarding Training Programme.</p> <p>Clinical Lead to complete NICE Audit on DVA compliance</p>	<p>Harmoni: DVA is currently covered in the Care UK safeguarding Policy. Head of Training in liaison with DVA contact to scope OOH's training opportunities</p>	<p>June 2014</p>	<p>New Service Manager has been identified.</p> <p>Email dated 20th January 2016 requested outstanding information by the 11th February 2016. No response received. Follow up email issued 16th February 2016.</p> <p>Care UK have provided a copy of their Safeguarding Adults Policy that includes DVA Dated January 2015, review date January 2017.</p> <p>COMPLETED</p>

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		<p>SWFT: Appropriate training offered to SWFT staff proportionate and relevant to their role, in line with the Intercollegiate Document 2014</p> <p>Children's Services: To be provided as detailed in actions 36 & 37</p> <p>Frontline staff to also be given the opportunity to attend the WSCB Multi agency training with regard to Domestic Abuse A half day "Domestic Abuse Awareness" Objectives: To examine what is meant by Domestic Abuse To explore how Domestic Abuse is experienced and consider it's impact on children To consider the action we need to take when we suspect possible harm to a child To consider how we may best seek out help and support for ourselves and colleagues Followed by a 1 day course on Domestic Abuse and Child Protection Impact of domestic abuse on children and adults Links between domestic abuse and child protection within a framework of diversity Consider strategies for working with children and families where domestic abuse is an issue To develop understanding of the roles of different professionals and services they offer</p> <p>A 2 day Domestic Abuse Risk Assessment Training</p>	<p>Attendance at training. Training packages offered address a. b. and c. detailed in recommendation.</p> <p>Increasing attendance figures for these courses and ongoing rolling programme</p>	<p>Ongoing training in place</p> <p>Ongoing</p> <p>July 2015 (this may be sooner in the multi-agency arena)</p>	<p>COMPLETED</p> <p>Training has been revised and dates set to deliver. DASH and MARAC training have not been provided recently and this is being addressed to include young people aged 13 plus who find themselves in abusive relationships</p> <p>Meeting arranged for 27 August 2014</p> <p>COMPLETED</p> <p>October 2016 – Training programmes in all areas have been revised and are being rolled out to social workers and professionals within the multi agency forum.</p>
27. All agencies review administrative procedures and support within front line services to ensure that correspondence to other agencies is completed within an appropriate timescale.	Local	<p>POLICE: Review timescales for information sharing with other agencies to ensure they are appropriate</p>	<p>Information timescales reviewed and are appropriate</p>		<p>Update: Semi- automated referrals to partner agencies out of Domestic Incidents is now in place, ensuring more robust referral process.</p> <p>COMPLETED</p>
	Local	<p>CWPT: This will be reviewed as part of the admin redesign for SCMH.</p>	<p>CWPT: SOP in place and audited to ensure compliance</p>	<p>May 2014</p>	<p>Action plan drawn up for the admin redesign.</p> <p>COMPLETED</p>
	Local	<p>GEH: Covered in Action 23</p>			<p>COMPLETED</p> <p>Protocol being developed through NBBC Human Resources</p>

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	Local	<p>NBBC: NBBC will develop an internal protocol for dealing with Domestic Abuse which will include:</p> <ul style="list-style-type: none"> - training - information sharing - referral pathways <p>awareness of service provision</p>	<p>NBBC: Implementation of Domestic Abuse protocol Quarterly Section 17 Group minutes</p>	<p>March 2015</p>	<p>Department with a view to implementation May 2015. Draft Protocol drawn up and circulated for consultation and adoption. COMPLETED</p>
	Regional	<p>WMAS: Review administrative procedures and support within front line services</p>	<p>WMAS: WMASFT has a 24 hour Safeguarding Referral number available to all staff. The referral is then sent to the appropriate services. Contact details are on the referral for further information should it be required.</p>	<p>March 2015</p>	<p>WMAS Update Jan 2015: A review of the Single point of access safeguarding system was undertaken and the system was changed to a cleric system which aligns to the 999 system. This new system went live in Oct 2015. COMPLETED</p>
	Local	<p>PROBATION: NPS and CRC to incorporate into operating processes for the two new organisations</p>	<p>PROBATION: NPS and CRC Heads of Service.</p>	<p>September 2014</p>	<p>COMPLETED</p>
	Local	<p>HARMONI All patient contacts are transmitted to the GP Practice before 08:00am the following morning. These are electronic records and are transferred either by Fax or Email depending on the GP Surgery IT requirements. This is track and reported daily to ensure compliance. Already in place – complete Ensure that there is an adequate Electronic system to allow information to be shared with Out of Hours Colleagues. There is a web-based Special Patient Note system will allows GP's to input information regarding patients at risk. Although this system has been available for some time usage is limited. Out of Hours to work with CCG's to actively engage with GP Practices to encourage better use of this function.</p>	<p>Harmoni: Contractual Requirement set out in the National Quality Requirements (NQR2).</p> <p>Special Patient Note usage shared with CCG's monthly in performance report. Letter cascaded in partnership with CCG's on SPN utilisation.</p>	<p>Already in place</p> <p>April 2014</p>	<p>COMPLETED – will continue to be monitored under monthly contract performance reviews</p>
	Local	<p>SWFT: Review domestic abuse information sharing standards and protocols to ensure that information is shared within appropriate timescales.</p>	<p>Medium' risk domestic abuse incidents where the victim is pregnant and or has children under five years of age in the household shared by e-mail to secure inbox to health visitors. Safeguarding Children Named Nurses for SWFT attend MARAC conferences and share information with health visitors , school nurses and other health professionals if appropriate.</p>	<p>Process and guidelines in place for front line services to ensure that information is shared within appropriate timescales.</p>	<p>COMPLETED</p>
	Local	<p>Children's Services: To be shared and reinforced as detailed in actions 36 & 37</p>	<p>Email to be sent</p>	<p>August 2014</p>	<p>Information gathered and to be shared COMPLETED</p>

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28. All agencies include a link to the Warwickshire Against Domestic Abuse website on their safeguarding website.	Local	POLICE: Review Force, News Portal, SNT and PCC websites for inclusion of a WADA link and if not present arrange for inclusion	WADA link included on all relevant Force websites	April 2014	COMPLETE AS OF APRIL 2014 ON THE WARWICKSHIRE INTERNET SITE & THE PCC. COMPLETED
	Local	CWPT: To put Warwickshire Against Domestic Abuse website on CWPT safeguarding website.	The Warwickshire Against Domestic Abuse website on CWPT safeguarding website.	Feb 2014	COMPLETED – April 2015
	Local	GEH: Link to be created on both GEH Trust website and Sexual Assault Referral Centre website	Link on GEH website	July 2014	COMPLETED
	Local	NBBC: will include the link	Details included on the NBBC website	April 2014	COMPLETED
	Regional	WMAS: Include a link to the Warwickshire Against Domestic Abuse website on their safeguarding website.	WMAS: Currently WMASFT is having a website section build into the intranet site for all staff. Safeguarding will then be included on the external internet site. In the interim Domestic abuse information is on the intranet site which has links to the Department of Health Domestic Violence guidance for employees and employers. A request to add a link to the Warwickshire Against Domestic Abuse website will be made to the WMAS IT department	August 2014	WMAS Update Jan 2015: This was added to the internal WMAS Safeguarding site on 20.07.2015 COMPLETED
	Local	PROBATION: CRC to include in updated website	Website in place	September 2014	COMPLETED
	Local	HARMONI: Upload website to Intranet for easy staff access. Upload Website onto the Connect Site – which automatically links to the Adastra system (OOH's Electronic Operating system)	Connect Web links	April 2014	COMPLETED
	Local	SWFT: Link to the Warwickshire Against Domestic Abuse website to be included on SWFT Safeguarding intranet.	Link in placed on SWFT intranet	May 2014	COMPLETED
	Local	Children's Services: To be shared and reinforced	Email sent	August 2014	Information gathered and to be shared COMPLETED

North Warwickshire Clinical Commissioning Group and Local Area Team

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<p>29. The CCG and Local Area Team, as the commissioner of primary care services, ensure through their contractual arrangements that all GP practices are aware of, and complying with, guidance published by the Royal College of General Practitioners (RCGP), Identification and Referral to Improve Safety (IRIS) and CAADA on responding to domestic violence</p>	<p>Regional – Area Team (Arden, Herefords hire and Worcester shire)</p>	<p>RCGP guidance, IRIS and CAADA sent to all GPs and implementation will be reviewed as part of the Domestic Violence audit.</p>	<p>Audit letter (March 2014) Audit analysis (May 2014)</p>	<p>31st March 2014 21st May 2014</p>	<p>Audit sent to all GP's to be completed by the end of April 2014 DV information was shared with all practices and the audit information shared with the primary care team as part of their performance data for GPs. COMPLETED</p>
<p>30. The CCG considers commissioning the IRIS project, which is a general practice-based domestic violence and abuse training support and referral programme, based on collaboration between primary care and third sector organisations specialising in domestic violence abuse. The CCG should note that the Department of Health is also funding some roll-out of IRIS through its Innovation, Excellence and Strategic Development (IESD) Fund.</p>	<p>Local</p>	<p>Area team to scope whether IRIS project is the appropriate training programme to develop skills around DVA in primary care and make proposal to local GPs</p>	<p>Evidence of scoping and discussion with CCG Acceptance of proposal if benefits identified.</p>	<p>July 2014</p>	<p>DV information was shared with all practices and the audit information shared with the primary care team as part of their performance data for GPs. COMPLETED</p>
<p>31. The CCG and Local Area Team, as the commissioner of primary care services, disseminates the learning from this DHR to all GP practices within the County and request that GP practices implement the following improvements to their administrative procedures:</p> <ol style="list-style-type: none"> When information in relation to correspondence is added to the electronic records a note of the date the information is received must be made in the record. To introduce a flagging system for Domestic Abuse history to be recorded on the electronic record system GP practices to consult their Software producer for the GP practice IT system to identify if an update to the electronic records system can be made to enable the system to make automatic links of registered patients by address Safeguarding and Domestic Abuse training to be completed by all staff at the primary care practice, including awareness of MARAC process. To introduce a system to ensure that unreadable & unclear correspondence received is requested in a legible format from the agency sending correspondence and to escalate concerns if a pattern or theme is spotted with an agency. 	<p>Regional – Area Team (Arden, Herefords hire and Worcester shire)</p>	<p>Learning from SCR/DHR will be disseminated through the Primary care safety newsletter. Current practice will be reviewed as part of the DV audit The named GP will hold sessions through the PLT that address the 5 areas listed.</p>	<p>Monthly newsletter Audit letter (March 2014) Audit analysis (May 2014) Annual level 3 training June 2014</p>	<p>April 2014 31st March 2014 21st may 2014 30th June 2014</p>	<p>Any learning from SCR/DHR is now disseminated through the Primary Care Safety Newsletter. COMPLETED Audit sent to all GP's to be completed by the end of April 2014. Approval to appoint named GP given. DV information was shared with all practices and the audit information shared with the primary care team as part of their performance data for GPs. COMPLETED</p>

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<p>32. The CCG and Local Area Team, as the commissioners of health services, put in place measures to improve the sharing of information between health agencies around domestic abuse and violence, including:</p> <ul style="list-style-type: none"> f. Disseminating the new Code of Practice on Information Sharing within the NHS, when this is issued by the Department of Health g. Focussing specifically on the context of deliberate self-harm and other mental health assessments within A & E. h. Working with NHS providers to improve communication between services to highlight potential at risk individuals and families so these cases can possibly be picked up using early warning signs, including links to any "frequent flyer" programmes. This applies in particular to communication across mental health, A & E, GP and substance misuse services. i. Reducing delays in sending correspondence to GPs especially related to a serious incident such as attempted suicide j. Improved clarity for the respective agencies of follow up arrangements following an attempted suicide with less reliance on the patient to make contact for follow-up k. To ensure that reduced staffing services over Christmas and New Year or other holiday periods do not negatively impact upon communication to other health and social care agencies 	<p>Regional – Area Team (Arden, Herefords hire, Worcester shire) and CCG.</p>	<p>Code of Practice will be sent to all GPs and implementation will be reviewed as part of the DV audit by the Local Area Team</p> <p>CCG will seek assurance from provider organisations that the information sharing pathways are effective.</p> <p>Walk-in centres to put in processes for frequent flyers.</p> <p>Appropriate staffing levels over holiday periods</p>	<p>Audit letter (March 2014) Audit analysis (May 2014)</p> <p>Letter acquiring assurance to be sent to all provider organisations.</p> <p>Process in place (March 2014) Standard letter (date as appropriate)</p>	<p>31st March 2014 21st May 2014</p> <p>30th June 2014</p> <p>31st March 2014</p> <p>Significant holiday dates</p>	<p>Audit sent to all GP's to be completed by the end of April 2014</p> <p>To be discussed with the Walk-in centre managers.</p> <p>A standard reminder letter is sent to all practices and staffing levels monitored.</p> <p>DV information was shared with all practices and the audit information shared with the primary care team as part of their performance data for GPs. COMPLETED</p>
<p>33. That the CCG ensures that all NHS providers have a Domestic Abuse Policy in place as a contractual requirement.</p>	<p>Local - CCG</p>	<p>Coventry and Rugby, Warwickshire North and South Warwickshire CCG contract teams to ensure that Markers of Good practice quality assurance framework for safeguarding are embedded in contract for 2014/2015. This framework specifies a requirement to have in place a policy and procedure for domestic abuse which includes a care pathway which supports staff and is consistent with Domestic abuse / domestic violence and sexual violence strategy, and an audit framework which tests staff knowledge of recognising and responding to DVA.</p>	<p>Evidence of markers of good practice quality assurance framework for safeguarding and DA policy within contracts for GEH CWPT UHCW SWFT</p>	<p>31st March 2014</p>	<p>Contract Teams have been requested to ensure evidence of Markers of Good Practice Quality Assurance Framework and DA policy for Safeguarding are embedded in the contract for 2014/2015 COMPLETED</p>
<p>34. The CCG/Local Area Team circulates information about the MARAC process to all GP practices along with the new CAADA Guidance for GPs.</p>	<p>Regional – Area Team (Arden, Herefords hire and Worcester shire)</p>	<p>MARAC processes and CAADA sent to all GPs and implementation will be reviewed as part of the DV audit.</p>	<p>Audit letter (March 2014) Audit analysis (May 2014)</p>	<p>31st March 2014 21st May 2014</p>	<p>Audit sent to all GP'S to be completed by the end of April 2014</p> <p>DV information was shared with all practices and the audit information shared with the primary care team as part of their performance data for GPs. COMPLETED</p>
<p>35. The CCG, through the Health Panel, takes action to improve awareness of domestic abuse at a senior management level to ensure better leadership and cultural change across organisations. This could be linked to implementing the NICE guidance which is</p>	<p>Regional – Area Team (Arden,</p>	<p>Code of Practice will be sent to all GPs and implementation will be reviewed as part of the DV audit by the Local Area Team</p>	<p>This recommendation has been put forward to the Work Force Development Sub Committee of the Warwickshire Safeguarding Adults</p>	<p>March 2015</p>	<p>To be discussed at the next Work Force Development Sub Committee on 9th April 2014.</p>

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due to be published in February 2014 and should include embedding domestic abuse in the "Making Every Contact Count" approach to addressing health inequalities.	Herefords hire, Worcester shire) and CCG.	CCG will seek assurance from provider organisations that the information sharing pathways are effective. Walk-in centres to put in processes for frequent flyers. Appropriate staffing levels over holiday periods	Board and is now on the agenda. The option of including DA/DV into the 'Making Every Contact Count' agenda was explored with partner agencies. Following discussion it was agreed that this agenda was not appropriate given the complexity of the subject. Attendance at local safeguarding adult board and MASH programme boards.	April 2014 On-going	It was felt that DV agenda is too large to be added into 'making every contact count'. The option was to include IRIS (Identification and Referral to Improve Safety) which is a general practice based DV and abuse training support & referral programme within all protected learning time sessions for GPs. COMPLETED
Warwickshire County Council - Children's Services					
36. Children's Services ensure and reinforce that Children's Teams follow the existing guidance in respect of referrals where children may be at risk of significant harm and the protocol for Domestic Abuse referrals in a timely manner.	Local	Email to all Children's Teams of the existing guidance in respect of referrals where children may be at risk of significant harm and the protocol for responding to Domestic Abuse referrals in a timely manner	Email sent	August 2014	Information gathered to ensure comprehensive sharing with all teams COMPLETED
37. Children's Services to develop guidance/ process for frontline staff to support them in risk assessing victims when domestic abuse is disclosed by clients/ children. This should also extend to when historic abuse is disclosed by a partner who still has contact with the perpetrator due to child access arrangements.	Local	Further guidance to be developed in line with using the DASH in relation to adults and young people in abusive relationships to ensure an accurate risk assessment. This to include additional guidance around child access arrangements with perpetrators and the risks therein to both adult victim and children	Information sharing and guidance provided to all Children's Teams in Warwickshire Training completed with all Children's Teams	July 2014 October 2014- April 2015	Information gathered to ensure comprehensive sharing with all teams COMPLETED Children's Liaison Manager has undertaken further training to develop this process with both Children's Services and in a multi-agency role COMPLETED