

| DHR ACTION PLAN Linda and Richard | | | | | | | |
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| Recommendation | Scope of recommendation i.e. local or regional | Action to take | Lead Agency | Key milestones in enacting the recommendation | Target Date | Date of Completion and Outcome | RAG Rating |
| GLOUCESTERSHIRE MULTI-AGENCY RECOMMENDATIONS | | | | | | | |
| The Gloucestershire Domestic Abuse Local Partnership Board should ensure that the conclusions of this review, particularly those about Child-to-Parent Abuse, are considered when they assess the local training pathway. This will ensure that professional training to raise understanding of familial abuse is considered in any training commissioning activity, allowing agencies to recognise familial abuse and respond more effectively. | Local | -Training pathway review to include provision of training on CPA -DA LPB to consider commissioning options for delivery of the DA training pathway | DA LPB SG | As per 'action to take' | Training pathway: April 2023 Commissioning consideration for training: TBC | <i>Training pathway revised and signed off by the DA LPB. Commissioning considerations underway.</i> <i>CPA to be a specific project for the DASV Programme assistant in 2023/24 to consider the county approach needed.</i> | |
| The Gloucestershire Domestic Abuse Local Partnership Board must ensure that the findings of this evaluation about adult child-on-parent abuse are incorporated into their ongoing efforts to examine best practices and build local approaches to familial abuse. | Local | -Research into best practice approaches to CPA -Review of local approach into responding to CPA -DA LPB to consider recommendations from research and consider any commissioning opportunities | DA LPB SG | As per 'action to take' | March 2024 | Research into CPA tasked to the DASV Programme Assistant | |

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| The Gloucestershire Domestic Abuse Local Partnership Board to review available risk assessment tools when responding to familial domestic abuse and circulate best practice approaches to the wider partnership. This should include the Think Family Safeguarding approach to consider additional family members who may also be victims and the "main" victim. The risk assessment also incorporates the risk variables outlined by Standing Together: mental health, substance abuse, caring relationships, aggression towards partners and other family members, and further instability characteristics. | Local | -Review into risk assessment tools available -Task group established to review approaches required to respond to familial abuse -Local guidance developed | DASV Strategic Coordinator (reporting in to DA LPB SG) | As per 'action to take' | March 2024 | Research into CPA tasked to the DASV Programme Assistant and will include consideration of risk assessments | |

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| For the Safer Glos to review the brief (The Gloucestershire Safeguarding Children Executive has published a professional curiosity-related practice brief) and extend this to strengthen and cultivate professional curiosity around their practice with adults. | Local | -To review the existing brief and explore the approach for extending practice to adults -To re-develop the brief and circulate to partners for comment -To circulate revised brief and request partner agencies to roll out across their organisations | Safer Gloucestershire | As per 'action to take' | TBC by Safer Glos | | |
| The brief (The Gloucestershire Safeguarding Children Executive has published a professional curiosity-related practice brief.) must be evaluated, and measures put in place to assess its impact, including feedback from staff and service users on its utilisation. | Local | -Develop an evaluation approach to the revised brief -Review feedback from the evaluation and amend brief as necessary -Agree ongoing approach to overseeing the role of professional curiosity | Safer Gloucestershire | As per 'action to take' | TBC by Safer Glos | | |
| GLOUCESTERSHIRE HEALTH AND CARE NHS TRUST | | | | | | | |
| Charlton Lane Centre (CLC), CMHT and all clinical trust staff must be reminded of our Consultant Nurse in Dual Diagnosis role and referral protocol to CGL where substance misuse is linked with an SMI. | | CLC Matron and Team Manager for CMHT to cascade to unit/team members. | GHC BW and LC | Matron has disseminated to CLC staff | 13.03.23 | CLC Completed 14.03.23 | |
| | | Safeguarding Team to cascade Trust wide through Safeguarding Group | GHC AT and BS | Learning briefing will be disseminated Trust wide through safeguarding | 31.03.23 | | |
| | | Safeguarding Team to work | GHC AT | | | | |

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| | | with DD Lead Nurse to highlight deficit of use of role in CLC. | | group, safeguarding champions and Trust substance misuse working group after publication. | | | |
| CLC, CMHT and all clinical trust staff to be reminded of our Veteran's Pathway, GHC Veteran experts and signposting options. | | <p>CLC Matron and Team Manager for CMHT to cascade to unit/team members.</p> <p>Safeguarding Team to cascade Trust wide through Safeguarding Group</p> <p>Safeguarding Team to work with Veterans Lead to highlight deficit of use of veterans resources in CLC and CMHT</p> | <p>GHC BW and LC</p> <p>GHC AT and BS</p> <p>GHC BS</p> | <p>Matron has disseminated to CLC staff</p> <p>Learning briefing will be disseminated Trust wide through safeguarding group, safeguarding champions and Trust substance misuse working group after publication.</p> | 30.04.23 | CLC Completed 14.03.23 | |

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| GHC, where possible, to consider timely information sharing of deaths and serious incidents with still involved staff. | | Named Lead for Safeguarding to work with Head of Patient Safety to ensure processes are implemented regarding timely disclosure of death in homicide. | GHC AT | Lead contacted 03.03.23 | 30.04.23 | Serious incident process has been under major review. Staff involvement and support has been focus in the new process. | |
| <p>Responding to domestic abuse is the responsibility of everyone. To enable agencies to fulfil their duties effectively, all staff must acquire the training to identify victims/survivors and ensure they receive the appropriate support.</p> <p>This would entail adopting procedures for information sharing and effective methods for recording and referring victims/survivors to the proper services. Agencies must be capable of extracting the required data to ensure compliance with this requirement. (I am not confident that this would be achievable across health systems – we have 6 in GHC)</p> | | <p>-All staff at Wotton Lawn Hospital will receive specific domestic abuse training – <i>recognising and responding to domestic abuse</i> delivered by the MHIDVAs</p> <p>- Domestic Abuse Specific training will be offered to FPCC staff <i>recognising and responding to domestic abuse</i> delivered by the MHIDVAs</p> <p>-Record to be kept of attendees by MHIDVAs and provided to the Matron</p> <p>-Team managers are responsible for ensuring staff attend training as indicated</p> <p>-Safeguarding team to work with FPCC lead to develop practice of routine enquiry,</p> | <p>GHC/GDASS MHIDVAs</p> <p>MHIDVAs</p> <p>Team managers</p> <p>GHC AT/FPCC lead</p> | <p>MHIDVAs have met with Matron for Wotton Lawn to agree training. Training for some staff has been completed. Sessions will be booked on a regular basis to enable staff groups to be captured.</p> <p>Meeting being scheduled</p> | | <p>17.05.23 – to present Training sessions for recognising and responding to domestic abuse and completing a DASH have been provided on a rolling programme approach for WLH staff by the MHIDVAs. Staff training profiles are updated with attendances and ward managers are responsible for ensuring compliance of their staff. This programme will continue to capture new staff.</p> <p>Safeguarding and domestic abuse</p> | |

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| | | <p>recognising domestic abuse and providing a response with call handlers</p> <p>-Safeguarding champions network to be developed and supported across GHC to enable teams to have in situ advice and guidance on responding to and recognising domestic abuse.</p> | | <p>Champions have been recruited and are receiving training from the MHIDVAs. This is inclusive of WLH and FPCC.</p> | | <p>champions network is now in place.</p> <p>Work continues to support FPCC staff.</p> | |
| <p>The NICE Quality Standard (QS116) is included in health service policies and procedures. Therefore, the staff should be able to enquire about and respond to disclosures of domestic abuse.</p> | | <p>GHC Domestic Abuse Policy includes routine enquiry, indicators of domestic abuse, high risk indicators, 5 minute guide to practitioners notice, ask, validate, assess and action.</p> <p>The policy includes a section on where consent is not obtained and overriding consent.</p> <p>Action – promote use of policy with WLH and FPCC and Trust wide through Trust</p> | GHC AT | <p>5 minute guide to be sent out.</p> | <p>31.03.23</p> <p>30.04.23</p> | <p>This is part of GHC DA policy (routine enquiry and how to ask the questions). Asking about a history of abuse is a question in the core assessment in mental health settings. The risk assessment on RiO (electronic recording system for mental health and learning disability services) specifically has a</p> | |

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| | | Safeguarding Group. 5 minute guide to be sent out for notice boards (for people who are not using electronic media frequently) | GHC BS | | | domestic abuse question/check box. | |
| For agencies to ensure they have an easily accessible system for practitioners to refer domestic abuse victims to resources and a process to provide, the domestic abuse discussion is documented. | | Resources are readily available on the intranet on the safeguarding/domestic abuse button. Domestic Abuse policy includes links to recourses/services MHIDVAs are available to support Trust safeguarding advice line is available to all staff Monday-Friday 9-5. DASH forms are being finalised to be integral to RiO (only relevant if patient is being referred not relative as will be stored on the patient record) | | | | 11.07.23 Intranet updated – <i>Domestic Abuse and Safeguarding</i> . Provides details for support services, DASH forms and guidance, MHIDVA referral information, spotlights for hard to engage populations, GHC DA policy. | |

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| Agencies must ensure that the Caldicott Guardian Decision-Making Template is included in their information-sharing protocols. | | Liaison with Caldicott Guardian and Information Governance Lead to establish best use of template. | GHC AT | Leads contacted 03.03.23. Some concerns about introducing another layer for staff to navigate. | 30.04.22 | | |
| Agencies should review their present training on information governance and ensure that all staff are required to attend, as well as be aware of the instances in which they can overturn consent. In addition, they should have procedures to assist practitioners in doing so following GDPR article six ¹ . | | <p>Information Governance training is compulsory for all GHC staff and includes matters of consent.</p> <p>Caldicott Guardian is available for consultation Trust wide and there is an Information Governance Lead.</p> <p>Action – to promote the use of the Caldicott Guardian when matters of consent are creating a potential barrier to supporting people at risk of domestic abuse (WLH and FPCC and trust wide through safeguarding group)</p> | GHC AT | <p>Information sharing is discussed through use of advice line, is in safeguarding training and use of Caldicott Guardian is suggested through advice line.</p> <p>Briefing will go out Trust wide with publication through safeguarding group, safeguarding champions and through intranet.</p> | <p>13.03.23</p> <p>30.04.22</p> | IG training is mandated for all staff and compliance is monitored. | |

¹ <https://gdpr.eu/article-6-how-to-process-personal-data-legally/>

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| | | Briefing for learning from this review to be sent out Trust wide and used in Safeguarding supervision sessions to promote practice development. | | | | | Yellow |
| Services to assess current technology to facilitate routine enquiry | | <ul style="list-style-type: none"> -Assess points of contact where routine enquiry can be asked at point of referral or at point of contact -Assess other opportunity for routine enquiry at points of contact in the Trust (e.g. FPCC) -Liaise with Quality Improvement and Information Technology departments to assess opportunity to employ technology to facilitate routine enquiry. | GHC AT | | 30.09.23 | | Red |

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| GLOUCESTERSHIRE INTEGRATED CARE BOARD/GP SURGERY | | | | | | | |
| <p>Responding to domestic abuse is the responsibility of everyone. To enable agencies to fulfil their duties effectively, all staff must acquire the training to identify victims/survivors and ensure they receive the appropriate support. This would entail adopting procedures for information sharing and effective methods for recording and referring victims/survivors to the proper services. Agencies must be capable of extracting the required data to ensure compliance with this requirement.</p> <p>1)</p> | Local | <ol style="list-style-type: none"> 1) ICB SG team to share information regarding DA training with all GP practices for staff 2) Update selves re GISPA 3) ICB SG team to remind all GPs the process of referring to DA agencies /promote GDASS Health champions programme in all surgeries. 4) Need clarification on what this means by data extraction | ICB | <p>Discussed at GP Forum in November 21 and November 22</p> <p>2) requested Data Protection Officer to come and speak at forum re :GISPA</p> <p>3) take to forum</p> | <p>11/10/23</p> <p>17/05/23</p> | <p>This is actually 4 recommendations:</p> <ol style="list-style-type: none"> 1) Training – can't mandate, can only recommend 2) Info sharing – All partners are signed up to the Gloucestershire Information Sharing Partnership Agreement (GISPA). 3) Recording and referrals- to highlight importance of referrals to services such as GDASS is done, also question why patients haven't self- | |

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| | | | | | | referred if said they would. Data extraction – Issue with data extraction by ICB PCCAG due to small nos per practice) | |
| The NICE Quality Standard (QS116) is included in health service policies and procedures. Therefore, the staff should be able to enquire about and respond to disclosures of domestic abuse. | Local | ICB to request practices put the NICE guidance into their DA policies and follow its recommendations: | ICB | Take to next PM and SGA forum | 13/09/23 17/05/23 | | |
| For agencies to ensure they have an easily accessible system for practitioners to refer domestic abuse victims to resources and a process to provide, the domestic abuse discussion is documented. | Local | GDASS to come to forum to talk to SG leads. | ICB | Take to next SGA forum | 17/05/23 | | |

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| Agencies must ensure that the Caldicott Guardian Decision-Making Template is included in their information-sharing protocols. | Local | ICB to contact all GP PMs to recommend that the Caldecott Guardian Decision – Making template is included in their information sharing protocols. Need to await response from the primary care DPO | ICB | Awaiting info from the DPO but will take to forum. | TBC | | |
| Agencies should review their present training on information governance and ensure that all staff are required to attend, as well as be aware of the instances in which they can overturn consent. In addition, they should have procedures to assist practitioners in doing so following GDPR article six ² . | Local | We can only recommend that all agencies undertake (not attend) IG training. | ICB | SGA/PM forum | For discussion at forum. | 13/09/23 17/05/23 | |
| The practice to develop DA Champions and Safe Spaces by engaging with the GDASS Health Champions programme. GDASS encourages all surgeries to sign up for our Safe Space scheme – this means the surgery has been trained in Recognising and | Local | The Practice to develop DA Champions and Safe Spaces by engaging with the GDASS Health Champions programme | ICB | Take to SGA/PM forum | GDASS to come to GP forum to discuss programme. | 13/09/23 17/05/23 | |

² <https://gdpr.eu/article-6-how-to-process-personal-data-legally/>

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| Responding to DA, has an active champion, and actively displays information on DA – including GDASS posters and leaflets. | | | | | | | |
| GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST | | | | | | | |
| Responding to domestic abuse is the responsibility of everyone. To enable agencies to fulfil their duties effectively, all staff must acquire the training to identify victims/survivors and ensure they receive the appropriate support. This would entail adopting procedures for information sharing and effective methods for recording and referring victims/survivors to the proper services. Agencies must be capable of extracting the required data to ensure compliance with this requirement. | | | | | | We already include DA in our Safeguarding screening assessments in maternity, in Unscheduled Care and then on admission. DASH risk assessment forms are easily available 24/7 along with guidance on what referrals to offer in which circumstances. We are GISPA and MARAC ISP signatories and have collected the data indicated on a comprehensive basis for the last two full years. Prior to that our data is | |

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| | | | | | | less easy to analyse but available. | |
| The NICE Quality Standard (QS116) is included in health service policies and procedures. Therefore, the staff should be able to enquire about and respond to disclosures of domestic abuse. | | | | | | This is already covered by our DA policy and training | |
| For agencies to ensure they have an easily accessible system for practitioners to refer domestic abuse victims to resources and a process to provide, the domestic abuse discussion is documented. | | | | | | This is in place and has been for 10+ years. We have 2 HIDVAs embedded with our Safeguarding team and easy access to DA advice and guidance on the intranet for use out-of-hours. ED and maternity staff have additional bespoke DA training to ensure that they are able to respond to | |

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| | | | | | | disclosures and refer in the absence of quick access to specialist advice. | |
| Agencies must ensure that the Caldicott Guardian Decision-Making Template is included in their information-sharing protocols. | | | | | | This is in place and monitored by our Information Governance officer | |
| Agencies should review their present training on information governance and ensure that all staff are required to attend, as well as be aware of the instances in which they can overturn consent. In addition, they should have procedures to assist practitioners in doing so following GDPR article six ³ . | | | | | August 2024 | We are 2 years into a 3-year Safeguarding training programme. By the end of this all patient-facing staff will have received either 1 or 2 hours of domestic abuse training (dependent on role). All non-patient facing staff will have received Level | |

³ <https://gdpr.eu/article-6-how-to-process-personal-data-legally/>

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| | | | | | | 1 safeguarding training which includes DA. | |
| Responding to domestic abuse is the responsibility of everyone. To enable agencies to fulfil their duties effectively, all staff must acquire the training to identify victims/survivors and ensure they receive the appropriate support. This would entail adopting procedures for information sharing and effective methods for recording and referring victims/survivors to the proper services. Agencies must be capable of extracting the required data to ensure compliance with this requirement. | | | | | | We already include DA in our Safeguarding screening assessments in maternity, in Unscheduled Care and then on admission. DASH risk assessment forms are easily available 24/7 along with guidance on what referrals to offer in which circumstances. We are GISPA and MARAC ISP signatories and have collected the data indicated on a comprehensive basis for the last two full years. Prior to that our data is less easy to analyse but available. | |

