

Lowestoft DHR Action Plan November 2017

RECOMMENDATION	Scope of Recommendation	Action to be taken	Key milestones to enact recommendations	Target date Lead Agency	Progress indicator	Date of update/completion and outcome
What is the over-arching recommendation?	Local, regional or national level?	How relevant agency will make this recommendation happen? What actions need to occur?			Red Amber Green	
Recommendation 1: Risk Assessments by agencies. Consideration and care should be given to the specific factor of historical risk. It should be convenient for all clinicians and staff to document such risks and for a summary to be electronically 'pulled through' and included in all subsequent risk assessments. Even if the risk not considered to be contemporary, a summary will allow future clinicians and staff ease of access to the information, prompt staff to ask about the risk and not	Local	Affects all agencies undergoing change. Ensure clear and effective processes are in place to ensure that organisations are aware of the risk of historic information not being transferred when recording or assessment systems change.	Future proof of transferable information; ensure this is embedded in policy. Highlight risks mitigating from transfer of paper to electronic records. Share with the Health and Wellbeing Board and the Strong and Safe Communities Group.	All agency's October 2017 CSP Chair Cllr Mary Rudd October 2017	Amber May 2017	Police – local crime reporting system (Athena), paper records are available but a lengthy process. NSFT – Part of organisations policy. Some variation in how clinical teams use risk assessment document within electronic system which are being addressed.

allow staff to omit historical risk once it has been identified.						
Recommendation 2: That organisations ensure it is a key role of supervision to ensure the discipline of documenting regular case reviews is maintained.	Local	Affects all agencies whether that be care plans, investigation notes, medical reviews etc.	To be part of internal safeguarding processes when undertaking a case management review.	All Agencies ongoing	Amber May 2017	Police – DA team carryout directive detailed daily management through secondary assessments. NSFT – structures such as MDT team meetings, CPA reviews and individual supervision.
Recommendation 3: Risk assessment training – should emphasise the importance of historical risk assessment, in the Timescale; This should be considered as part of the next review of the Trust’s risk assessment training programme or within 3 months. Specific inclusion of the importance of assessing dynamic risks in risk assessment training.	Local	Current risk assessments should pay particular attention to historic risk assessments.	To be included in training	Norfolk & Suffolk NHS Foundation Trust Michael Lozano January 2018	Amber May 2017	Police – DASH, high risk IDVA, second risk assessment review based on national decision. NSFT – Use a range of training sessions around risk management; 1 day for all attendees, 2 day external course and 1 day suicide awareness. These use the principles of gathering and examine past risks as a guide/indicator for future risks. Relies on individual clinician to register need.
Recommendation 4: That a clear County-wide partnership governance	Local	Identify and gain agreement of key organisation required to develop a county wide	For all domestic abuse forums to be more aligned.	Suffolk County Council Chris	Amber May 2017	SCC - Agreement made by all HWB members in September 2016 for them to take the strategic responsibility for DA in Suffolk and for the SSCG to be

<p>structure be established for the strategic leadership of domestic abuse within Suffolk</p>		<p>strategic leadership approach</p> <p>Develop a governance arrangement for strategic leadership for domestic abuse across Suffolk</p> <p>Identify leads for domestic abuse within each organisation</p> <p>Develop clear terms of reference for strategic roles to enable each organisation to understand their role and function within the county in preventing and reducing harm caused by domestic abuse</p>		<p>Woods. January 2018</p>	<p>responsible for the implementation following the Suffolk Domestic Abuse Interim Review. The Suffolk Domestic Abuse Partnership (SDAP) will be the consultative/co-design partnership.</p> <p>The organisations/services which form the statutory membership of the HWB all have specific DA leads or lead officers with responsibility for safeguarding, which includes DA.</p> <p>The Health and Wellbeing Board and the Safer Stronger Communities Group all have clear terms of reference which are available on request</p>
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Action Plan signed off by the Community Safety Partnership in December 2018.
July 2020 Multi Agency Review; any outstanding recommendations taken forward by individual agencies.