

SINGLE AGENCY RECOMMENDATIONS FOR ACTION

1. SIGNPOST FOR YOUNG CARERS

Name of Agency: Signpost Stockport Young Carers	IMR Report Writer: P J, K F
Dates as given in Terms of Reference: 1st September 2011 to 20th November 2012	
Name(s) (or initials) of Victim(s):	MV

N^o:	Recommendation	Key Actions	Evidence	Key Outcomes	Lead Officer	Date
	As they are written in the report	<p>Indicate the actions or series of actions to be taken to achieve the expected outcomes; these must be Specific, Measureable, Achievable, Realistic and Timely</p> <p>Examples might be: delivery of training, develop new policy, introduce new standard, review working practices</p>	<p>Describe the evidence you will provide to the Board to show the actions are being undertaken or achieved.</p> <p>These might include correspondence, minutes of meetings, new policy, training materials etc.</p>	<p>What improvements in service should result from actions</p> <p>e.g.: increased awareness of multi-agency referrals, quicker access to services</p>	Designation of lead officer charged with implementing the actions	<p>dd/mm/yy</p> <p>Date by which actions will be completed</p>
1.	Request a CAF if one in place, to ensure that we have all family information that may not be on the referral form.	Change Signpost Stockport Referral Form to add question if a CAF is in place and if yes referee sends a copy.	Referral Form	More information on the needs of the family	K F	15/4/13
2.	Refresh Domestic Abuse Training	Book training for all staff to attend	Participation of staff and feedback.	Refresh of domestic abuse training, staff feel more confident to recognize domestic abuse.	K F	15/8/13

2. STOCKPORT FOUNDATION TRUST

Name of Agency: Stockport Foundation Trust	IMR Report Writer: J P and C W
Dates as given in Terms of Reference: 1 st September 2011 to 20 th November 2012	
Name(s) (or initials) of Victim(s):	MV

N ^o :	Recommendation	Key Actions	Evidence	Key Outcomes	Lead Officer	Date for review
	As they are written in the report	<p>Indicate the actions or series of actions to be taken to achieve the expected outcomes; these must be Specific, Measureable, Achievable, Realistic and Timely</p> <p>Examples might be: delivery of training, develop new policy, introduce new standard, review working practices</p>	<p>Describe the evidence you will provide to the Board to show the actions are being undertaken or achieved.</p> <p>These might include correspondence, minutes of meetings, new policy, training materials etc.</p>	<p>What improvements in service should result from actions</p> <p>e.g.: increased awareness of multi-agency referrals, quicker access to services</p>	Designation of lead officer charged with implementing the actions	dd/mm/yy Date by which actions will be completed
1.	There is a need for lead specialist nurse practitioners within health to have access a model of supervision which provides high challenge and high support	<p>Review the supervision framework .</p> <p>Voice of the child to be included in the supervision framework – Sept 14</p>	<p>Supervision notes</p> <p>Notes from the away day</p> <p>Progress – Caseload supervision is in place with specialist nurse</p> <p>November 13 – specialist supervision training to health supervision champions</p>	Increased professional awareness of all the factors which potentially impact on children’s well being including adult behaviours	J P C W	Action completed and subject to ongoing audit Review July 2014
2.	When TAC is in place there should be a	Include as a briefing item on staff development	Briefing presentations	Evidence in the child’s notes that an analysis has	J P C W	July 2014

	consideration of how to include the issues affecting a parent when they are working with adult mental health services	<p>days/team meetings Meet with Safeguarding leads in Pennine to discuss</p> <p>Consider and source what specific training is required by the health lead practitioner in order to manage the TAC process</p>	<p>Progress March 14 - All relevant staff signposted to CAF e-earning programme and classroom full day session from May 14 – 2 experienced HV's will be on this training pool and have received the trainer for trainers programme</p>	been made around the impact of adult behaviour on the child		
3.	Where there are concerns around neglect; Lead Health professionals should be able to show evidence of this in their assessments	<p>Launch the neglect tool kit (available since March 2013)</p> <p>Supervisors to consider the promotion of such tools ie Graded Care profile in their supervision with the lead health practitioner Use the chronologies as a tool to map engagement with health services</p> <p>Named Nurse to participate in forthcoming Multiagency learning review for this family in June 2014</p>	<p>Complete assessments and chronologies naming neglect</p> <p>Oct 13 - Progress – supervisors supporting practitioners to evidence neglect – use of graded care profiles in health has increased and used to escalate concerns where necessary</p> <p>Feb 14 - Small SSCB supervision audit around neglect demonstrated good evidence of increased assessment of neglect /use of graded care profiles with some more work/training required in some areas</p>	The impact of neglect through omission is evidence in the child's notes and escalation made where necessary	J P C W	July 2014

3. PENNINE CARE NHS FOUNDATION TRUST

Name of Agency: Pennine Care NHS Foundation Trust	IMR Report Writer: A S
Dates as given in Terms of Reference: 1 st September 2011 to 20 th November 2012	
Name(s) (or initials) of Victim(s):	MV/MVP

N ^o :	Recommendation	Key Actions	Evidence	Key Outcomes	Lead Officer	Date
	As they are written in the report	<p>Indicate the actions or series of actions to be taken to achieve the expected outcomes; these must be Specific, Measureable, Achievable, Realistic and Timely</p> <p>Examples might be: delivery of training, develop new policy, introduce new standard, review working practices</p>	<p>Describe the evidence you will provide to the Board to show the actions are being undertaken or achieved.</p> <p>These might include correspondence, minutes of meetings, new policy, training materials etc.</p>	<p>What improvements in service should result from actions</p> <p>e.g.: increased awareness of multi-agency referrals, quicker access to services</p>	Designation of lead officer charged with implementing the actions	<p>dd/mm/yy</p> <p>Date by which actions will be completed</p>
1.	1) Appointment cancelled by the hospital due to SHO being on night duty.	The process when clinics are cancelled has been reviewed with Dr SS (Lead Consultant). When a clinic is cancelled the clinic list will be sent to the sector Consultant by the Medical Records staff. The sector Consultant can review the list and can review the appropriate time frame for when patients need to have another appointment	<p>Team meeting minutes.</p> <p>Consultant Meeting minutes.</p>		MR (Business Support Manager)	14/01/13

		<p>made.</p> <p>This process will be discussed at the Consultants meeting and with the Medical Records staff.</p>				
2.	<p>2) Follow up appointment for MVP was not made after she cancelled her appointment arranged for the 09/05/12</p>	<p>MR to review the outpatient process regarding appointments. The medical secretaries will now check that actions from clinic, such as an outpatient appointment, have been completed when they are typing the summary letter. Consultants will check the clinic list before they leave the clinic to ensure that they have documented all required actions.</p> <p>MR to discuss the process at the Consultants meeting. She will also discuss this with the outpatient staff to ensure that all staff are aware of the importance of following the process and potential patient safety risks if they do not do so.</p>	<p>Updated Outpatient Process Document.</p> <p>Memo to outpatient staff.</p> <p>Consultant Meeting Minutes.</p>		MR (Business Support Manager)	24/12/2012

3.	<p>Child Safeguarding Assessments that took place with MVP on the 17/11/11 and 11/04/12 and with MV on the 06/11/12 document that there were 3 children with Cystic Fibrosis and social services were involved. However this was not followed up and discussed with the social worker involved. AS (Trust Child Safeguarding Lead) has commented that it would be good practice and expected that liaison would take place and mental health involvement discussed.</p>	<p>Performance issue to be discussed with individual staff members via supervision.</p> <p>Ensure mandatory Child Safeguarding training is up to date.</p> <p>Access/RAID team has reviewed staff supervision practices in regard to Child Safeguarding.</p> <p>HTT has reviewed staff supervision practices in regard to Child Safeguarding.</p> <p>Trust Child Safeguarding Lead to develop face to face training to be delivered to Consultants, Access and RAID teams. This will be scenario based training.</p>	<p>Supervision records</p> <p>Training records</p> <p>Training records</p>		<p>CM (HTT Manager)</p> <p>JD (PT/PC Service Manager)</p> <p>Dr SS (Lead Consultant)</p> <p>AS (Trust Child Safeguarding Lead)</p>	<p>Completed 20/12/2012</p> <p>31/03/2013</p>
4.	<p>MVP was not offered an assessment of her mental Health when the police shared information with the Access Team regarding MVP on the</p>	<p>Access Team Operational Policy to be updated to ensure that there is detail around triage of Police information sharing.</p>			<p>JD (PT/PC Service Manager)</p>	<p>31/12/12</p>

	<p>06/10/11. This was sent on to her GP.</p>	<p>The update to include that home visits should be offered to people if there are children under the age of 5 living with service users.</p> <p>The updated Operational Policy to be disseminated to all staff with memo advising of the amendments.</p> <p>To ensure that bank staff receive an induction and are given a copy of the Operational Policy.</p> <p>The updated Operational Policy to be discussed in the team meeting.</p>	<p>Updated Policy available.</p> <p>Memo to staff regarding changes to Operational Policy.</p> <p>Bank staff induction forms.</p> <p>Team meeting minutes.</p> <p>Supervision notes</p>			
5.	<p>Completion of the PAD and Mental Health Review Documents:-</p> <p>PAD completed for MVP by the Access Team on the 17/11/11.</p> <p>PAD completed for MV by the RAID on the 06/11/12.</p> <p>Mental Health Review for MV completed by the HTT</p>	<p>Expected standards when a PAD is completed to be discussed with the individual practitioner in supervision:-</p> <p>17/11/11 PAD for MVP - JD to discuss this with the individual practitioner in supervision.</p> <p>06/11/12 PAD document for MV - JD to discuss this with the individual</p>	<p>Supervision notes.</p>		<p>JD (PC/PT Service Manager)</p> <p>CM (HTT Manager)</p>	<p>JD - 31/12/12</p> <p>CM - Completed</p>

	on the 13/11/12.	practitioner in supervision. 13/11/12 Mental Health Review for MV - CM to discuss this with the individual practitioner in supervision.				20/12/12
6.	<p>Documentation standards:-</p> <p>Documents do not consistently include all of the required patient information such as case note number, NHS number, name, date of birth.</p> <p>On the 06/11/12 Dr A (SHO) did not document the conversation with MV regarding a knife after a query from LH (Social Worker). She has recognized that this should have happened. She has stated that she will discuss this with Dr JM (Consultant Psychiatrist) in supervision.</p>	<p>Nursing, Medical, Access, and HTT staff to be reminded that they should ensure that all patient documents have the appropriate patient information documented.</p> <p>Dr A has discussed the documentation issue with her supervisor, Dr JM. In supervision.</p>	<p>Documentation Audits.</p> <p>Team meeting/handover minutes.</p> <p>Supervision notes.</p> <p>Consultant Meeting Minutes.</p>		<p>LL (A W Manager)</p> <p>CM (HTT Manager)</p> <p>SMcD (Access + RAID Manager)</p> <p>Dr SS (Lead Consultant)</p> <p>Dr JM (Consultant Psychiatrist)</p>	31/01/2013

7	Mental Health Review template has 'diabetic diet' saved error on the document template on the HTT g-drive.	CM to amend template saved on g-drive so that diabetic diet is removed.	Amended template.		CM (HTT Manager)	Completed 20/12/12
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4. GREATER MANCHESTER POLICE

Name of Agency: Greater Manchester Police	IMR Report Writer: D P
Dates as given in Terms of Reference:	1st September 2011 to 20th November 2012
Name of victim(s):	MV

N ^o :	Recommendation	Key Actions	Evidence	Key Outcomes	Lead Officer	Date
	As they are written in the report	Indicate the actions or series of actions to be taken to achieve the expected outcomes; these must be Specific, Measureable, Achievable, Realistic and Timely Examples might be: delivery of training, develop new policy, introduce new standard, review working practices	Describe the evidence you will provide to the Board to show the actions are being undertaken or achieved. These might include correspondence, minutes of meetings, new policy, training materials etc.	What improvements in service should result from actions e.g.: increased awareness of multi-agency referrals, quicker access to services	Designation of lead officer charged with implementing the actions	dd/mm/yy Date by which actions will be completed
1.	The Chief Superintendent, GMP Operational Communications Branch re-issues guidance to GMP radio operators to ensure that correct	Publication of guidance to OCB radio operators via Chief Constables Orders and internal OCB newsletters. Dip sampling of relevant	Timed/dated publication of guidance for OCB radio operators. The results of dip sampling analysis	Improved supervisory awareness of and input into graded incident response particularly those incidents involving vulnerability issues.	Chief Superintendent Operational Communications Branch	01/09/13

	operating protocols are applied to FWINS in line with GMP Graded response policy For example supervisors must be informed when officers are unable to respond to grade 2 FWINS within the appropriate time scale.	graded response FWINS to measure implementation, understanding and compliance.				
2.	The Chief Superintendent, Public Protection Branch and the Chief Superintendent Operational Communications Branch devise and implement a protocol to ensure that vulnerability risk assessments are undertaken in circumstances where FWINS are closed with a vulnerability closing code but where response officers have been unable to complete the relevant 1-8 vulnerability risk assessment. For example when officers are despatched to a potential vulnerability incident but for	<p>Documented evidence of a consultation process involving representatives of the two departmental heads.</p> <p>Drafting and final agreement of a protocol to address this issue.</p> <p>Publication and embedding of a protocol in GMP operating protocols and policy.</p> <p>Dip sampling of relevant FWINS to measure implementation, understanding and compliance.</p>	<p>Timed/dated publication of an agreed protocol between the head of OCB and the head of PPD.</p> <p>The results of dip sampling analysis to measure implementation, understanding and compliance.</p>	Recording of relevant vulnerability issues on all appropriately coded FWINS	<p>Chief Superintendent, Public Protection Branch</p> <p>Chief Superintendent Operational Communications Branch</p>	01/09/13

	whatever reason do not attend.					
3	The Chief Superintendent Public Protection Branch considers drafting guidance for publication on Chief Constables Orders to remind response officers of their responsibility to investigate domestic incidents, to take positive action where appropriate, including correctly identifying victims and perpetrators, to complete initial DASH risk assessments, to update FWIN's, to undertake appropriate DASH risk assessments and to assess and implement appropriate safeguarding considerations where appropriate.	Drafting and publication of guidance to GMP response officers	Timed/dated publication on CC Orders of guidance to response officers on their responsibilities at domestic incidents	Clarity for response staff around responsibilities at domestic incidents	Chief Superintendent, Public Protection Branch	01/09/13
4	The Chief Superintendent, Professional Standards Branch, should identify and disseminate any relevant learning arising	Conduct an assessment of the key findings of the IPCC investigation and identify and disseminate any relevant learning.	Produce a summary of key learning issues and disseminate to GMP training and via appropriate GMP channels.	Ensure that any relevant learning identified during an IPCC independent investigation is captured and disseminated.	The Chief Superintendent, Professional Standards Branch,	31/12/13 Or sooner

	out of the IPCC investigation into the appropriateness of the police response to the domestic incident at address 2 on 15 th November 2012.					
5	The Chief Superintendent, Public Protection Division should clarify policy and procedure for the completion of enhanced risk assessments by PPIU staff in relation to domestic abuse stalking and harassment incidents (DASH) where the initial level of risk is assessed as 'standard'.	<p>Assess all relevant options in relation to conducting enhanced risk assessment on standard initial DASH risk assessments.</p> <p>Clarify GMP policy in relation to conducting enhanced risk assessment on standard initial DASH risk assessments.</p> <p>Ensure any revisions to current GMP policy are disseminated to PPIU officers across GMP.</p> <p>Initiate a process to ensure that revisions to GMP policy are successfully embedded.</p>	Revisions to GMP policy are documented and disseminated appropriately	Ensure clarity across GMP on the current procedure for conducting enhanced risk assessments on standard DASH risk assessments	The Chief Superintendent, Public Protection Division	01/09/13

5. GENERAL PRACTITIONER

Name of Agency: GP practice	IMR Report Writer: Dr J W
Dates as given in Terms of Reference: 1 st September 2011 to 20 th November 2012	
Name(s) (or initials) of Victim(s):	MV, MVP, MVD1, MDV2, MVD3

No:	Recommendation	Key Actions	Evidence	Key Outcomes	Lead Officer	Date
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1	Maintain high quality primary care for the family				Medical Practice	<p>CQC registered</p> <p>Monthly meetings with Health Visitor and safeguarding lead for Practice continue.</p> <p>Domestic violence notifications coded and</p>

						alerts set on the notes of all children at the home address.
2.	Formal review outcome DVHR	To compliment meetings that practice where this serious case has already been discussed	Minutes of the meeting	Increase practice awareness of multiagency outcomes and in particular recommendations for our practice	Safeguarding lead- Dr J W	Feedback to Practice Team – Completed Feedback to Stockport Safeguarding leads 5/2/14
3.	Respect toolkit	Increased awareness domestic violence Posters already displayed in waiting areas	As above	Increased awareness of male victims of domestic violence as part of the ongoing safeguarding training within the practice	As above	Educational meeting 24/6/13

6. CHILDREN'S SOCIAL CARE

Name of Agency: Children's Social Care	IMR Report Writer: S D
Dates as given in Terms of Reference:	
Name(s) (or initials) of Victim(s):MV and MVP	Ethnic Origin: White UK

N ^o :	Recommendation	Key Actions	Evidence	Key Outcomes	Lead Officer	Date
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		Specific, Measureable, Achievable, Realistic and Timely Examples might be: delivery of training, develop new policy, introduce new standard, review working practices	These might include correspondence, minutes of meetings, new policy, training materials etc.	of multi-agency referrals, quicker access to services		
1.	At point of referral at the Contact Centre consideration is given if the referral does not relate to a child in the same household	Discussion with Senior Management colleagues including Disability Service and the Contact Centre	Meeting minutes	Agreed process in place for such situations	S D	July 2013
2.	SD to meet with LH, NH, HR and respective managers to go through the learning in this case	Meeting to be convened	Minutes taken and recorded	Practitioners and managers having the benefit of reflecting and learning about the issues in this case for future practice	S D	July 2013
5	Disseminate learning to Social Care practitioners	Service Development Seminar	Minutes available	Ensure practitioners understand the complexity of domestic abuse and alcohol issues. Staff development to attend and consider wider staff training needs	S D	July 2013
6	Disseminate learning with Senior Social Care Managers	Senior Management Meeting	Minutes available	Consider learning and implications for practice	S D	July 2013

7. NORTH WEST AMBULANCE SERVICE (Nwas)

Name of Agency: Nwas	IMR Report Writer: V.F
Dates as given in Terms of Reference:	
Name(s) (or initials) of Victim(s):MV and MVP	Ethnic Origin: White UK

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1.	North West Ambulance Service to complete review of Safeguarding Policy for both children and adults in light of findings from this DHR.	Review Policy and look at identified learning: 1. Mental health and suicide risk assessment.	Report of findings from the review to SSP and Local Safeguarding Boards	Completed Review	Safeguarding Practice Manager	01/04/15

		<p>The recommendation for clinical staff to be aware of the impact of mental ill-health and indicators for suicide risk will be discussed with the 'training team' and mental health project worker within the trust.</p> <p>2. Identifying safeguarding concerns</p> <p>The senior clinician (AP) did identify that a safeguarding alert should have been raised and a reminder of this to all staff as part of the learning lessons will take place within the next three months.</p> <p>2. Flagging Vulnerable addresses</p>				
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		NWAS will work with other agencies to flag addresses (place markers) where there are high risks to vulnerable people/ children. There is currently a procedure in place which is being reviewed.				
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