



North East Lincolnshire Community Safety Partnership Domestic Homicide Review

Action Plan in Respect of the Death of '*Edie*'

Independent Chair and Author of Report: *Peter Maddocks*

Date: *February 2025*

No.	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead agency	Key milestones achieved in enacting recommendation	Target date	Completion date and outcome
1	<p>The Domestic Abuse Strategy Delivery Group should explore national best practices regarding the provision that could be put in place to focus on repeat victims of domestic abuse along with perpetrator interventions and breaking the cycle and put forward recommendations as relevant.</p> <p><i>(Note: The DASDG has been replaced by new governance arrangements and any</i></p>	Local	<p>Commission new DA service provision informed by outcomes of the Local Area Needs Assessment and based on proven models of provision that demonstrate regional / national best practice.</p> <p>Instruct SafeLives to undertake an audit / assessment of MARAC and wider DA arrangements in</p>	North East Lincolnshire Council	<p>Complete annual refresh of current NEL Needs Assessment for 2024.</p> <p>Undertake commissioning process – contracts awarded,</p> <p>All contracts to be subject to monitoring / assessment throughout duration of contract.</p> <p>Instruct SafeLives (funding already secured).</p>	<p>January 2024</p> <p>June 2024</p> <p>Ongoing, with quarterly contract monitoring meetings and annual review.</p> <p>June 2024</p>	<p>Completed June 2024</p> <p>Increased provision for victims of DA across all levels of risk. Outcome will be that overall support available to DA victims (including repeat victims) is strengthened in terms of quality and availability.</p> <p>A better understanding of reasons behind / triggers for repeats, allowing local service providers / wider agencies to tailor provision for</p>

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	<i>decisions around commissioning / funding are subject to relevant sign off as per those arrangements)</i>		<p>NEL and implement recommendations arising from it. Identify 'Repeat cases' as a key theme to be considered.</p> <p>Commissioning sustainable, universal non-convicted perpetrator provision in NEL, including wrap-around support for the victim and child(ren). An evaluation will be built into years 1 & 2 to assess impact and</p>		<p>Complete audit / assessment as per project plan. Recommendations to be presented at relevant Groups / Boards and action plan developed for implementation. Secure funding on a sustainable basis.</p> <p>Commission and mobilise new service provision. Evaluate provision at end of years 1 & 2 to inform ongoing delivery.</p>	The requirement for sustainable, effective, perpetrator interventions is being considered on a longer term basis and this	<p>repeat victims, leading to better outcomes for them.</p> <p>Will close gap in current provision for perpetrators and improve support for repeat victims of domestic abuse. Will contribute to an overall reduction in repeat domestic abuse incidents.</p> <p>Evaluation and ongoing monitoring will ensure the provision is achieving best possible impact / outcomes.</p>

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			inform ongoing delivery.		Continue regular monitoring of contract.	requirement will be incorporated into the local DA Strategy.	
2	CCG to work with GPs on using flags and codes on patient records of high-risk markers of self-harm and that patient summaries include this information.	Local	<p>Named GPs to scope the use of flagging with colleagues across the North East and Yorkshire region.</p> <p>Local consultation with Safeguarding Lead GPs at the next GP Forum to encourage consistency.</p> <p>The importance of “flagging records” to be included within CCG safeguarding training and Quarterly safeguarding briefings.</p>	CCG	<p>Scoping exercise</p> <p>Discussion at safeguarding GP forum</p> <p>Rollout of updated level three safeguarding training</p>	<p>Three to six months</p> <p>21 June 2022</p> <p>September 2022</p>	<p>Completed September 2022.</p> <p>Consultation completed and flagging used discretely and consistently across the local area. This has also been raised across the region and nationally and continues to be discussed. However as this is now out of our ability to influence the action has been</p>

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							<p>marked as completed.</p> <p>Level three safeguarding training instigated and continues on a rolling programme.</p> <p>Patients at high risk of self-harm are identified at all relevant points of contact to ensure appropriate support can be provided.</p>
3	The prison review and ensure that domestic abuse training is provided to staff working in prisons and	Local	Provide an appropriate level of domestic abuse training to all staff working in prisons.	Serco – HMP Doncaster	Roll out of two levels of training.	June 2022	<p>Completed May 2022.</p> <p>All staff are trained in dealing with individuals arriving into</p>

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	ensure that staff completing reception and health screening processes with prisoners have enhanced levels of training and awareness about checking for evidence of domestic abuse whether or not it is associated with offences relating to the prisoner arriving at the prison.		Provide enhanced domestic abuse training to staff who complete reception and health screening, to include an understanding that this should be explored whether or not it is associated with the current offences.				custody who may have DV markers on their files. All contacts of a DV perpetrator are contacted to ensure they are happy for contact to go ahead and they can also phone the prison directly and remove their number if they feel they do not want to be contacted further by the individual in question.
4	The prison should provide a summary of learning for the reception and health care team	Local	Introduce a second check to ensure all risk markers are captured.	Serco – HMP Doncaster	Introduce day two check Ensure alerts are recorded	May 2022 May 2022	Completed May 2022. We have introduced a day two check to ensure we are

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	and review operational guidance on checking for risk flags on community-based data systems.		<p>Ensure alerts are uploaded to the system.</p> <p>A summary of the learning from this review is to be shared with the reception and health care team.</p>		Learning to be shared	When the overview report is finalised.	capturing all risk markers when prisoners are arriving into custody. This enables a thorough check of all documents that they arrive with and for the alerts to be uploaded onto the systems allowing for the correct process to be followed.
5	The police and probation services should ensure that information about a prisoner having a history of domestic abuse is included and	Local	Probation service to ensure that the domestic abuse flag is recorded in all relevant cases and court staff / sentence management staff communicate risks to the prison offender	Humberside Police / Probation	Instruction to be given to all probation staff	May 2022	<p>Completed May 2022.</p> <p>Information is shared between Police and Probation on any history of domestic abuse to ensure risk is</p>

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	forwarded with the prisoner to the prison.		management unit (OMU).				identified and prison staff can take appropriate safeguarding action. There is a project underway to enhance this further by providing Probation with direct access for Police checks.
6	Ensure each GP practice has a mechanism by which vulnerable patients and / or safeguarding issues are discussed in-house, inviting multi-disciplinary colleagues as necessary.	Local	Introduction of Primary Care Safeguarding Nurses. CCG safeguarding team to hold weekly safeguarding drop-ins for Primary Care.	CCG	Introduction of Primary Care Safeguarding Nurses Safeguarding drop-ins established	First appointee due in post July 2022. December 2022	Completed December 2022 Two posts have been now recruited to. This provides consistency of application of safeguarding mechanisms. Weekly safeguarding drop ins are now

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							running and provide support and advice to Primary Care staff.
7	Each GP practice should have appropriate arrangements in place to ensure robust follow up arrangements where patients do not attend appointments. This should include a relevant “did not attend / was not brought” policy and consideration of wider vulnerability factors which inform any risk	Local	<p>Primary Care Safeguarding Lead Nurses will be recruited to and established across Primary Care.</p> <p>A “was not brought” policy for both vulnerable adults and children will be developed.</p> <p>Focussed awareness sessions related to the policy and wider vulnerability factors will be rolled out across Primary Care.</p>	CCG	<p>Develop “was not brought” policy.</p> <p>Deliver awareness raising sessions.</p>	<p>September 2023</p> <p>December 2023</p>	<p>Completed February 2025</p> <p>A “was not brought” policy for both children and vulnerable adults will ensure appropriate follow up for all patients. This was delayed due to the transfer from CCGs to ICBs. However it has now been developed and shared with GP practices.</p>

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	assessment and escalation processes.						
8	Where adults at risk are under services, to have recorded contact details of professionals involved in the patient's care; such as the details of an IDVA or social worker. This can be recorded in the safeguarding template on the computer system so is hidden from online access.	Local	Awareness raising across Primary Care to encourage contacts to be added to electronic records. Primary Care Lead Nurses can support this once in post. Ensure this is included in all training delivered across Primary Care.	CCG	Awareness raising Discussion at Safeguarding GP forum Rollout of updated level three safeguarding training	Dec 2022 21 June 2022 September 2022	Completed December 2022. Information has been shared via email, during safeguarding training, and at the GP forum. This will ensure that information is shared and relevant enquiries can be made as appropriate.
9	Ensure the Prison service has contact	Regional	Review existing arrangements in	Humberside Police	Completion of review	August 2022	Completed January 2023

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							This procedure prevents contact between victim and abuser which safeguards both parties.
10	Appropriate completion of DASH RIC, utilising professional curiosity to ensure sufficient information is captured.	Local	<p>Refresher training and ongoing awareness with all practitioners to ensure that DASH RIC is undertaken when aware of new abusive relationship.</p> <p>Managers to DIP sample current caseload to review practice.</p>	The Blue Door	<p>Refresher training held.</p> <p>DIP sample conducted.</p>	<p>Ongoing in quarterly team meetings</p> <p>Ongoing DIP samples in 30-day supervision</p>	<p>Ongoing.</p> <p>Practitioners have the confidence and practical skills needed to appropriately respond to victims of domestic abuse, and to complete the DASH RIC giving consideration to repeat incidents to ensure risk is assessed accurately. This</p>

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							will ensure the victim receives the right specialist support.
11	Provide feedback to staff team regarding the impact and importance of ensuring the service recognises and responds appropriately to changing circumstances that may affect risk.	Local	<p>Provide feedback and coaching session to current staff team.</p> <p>Incorporate session into a rolling programme of practice review sessions for all Recovery Workers held at service level.</p> <p>Feedback to be given to With You learning and development department so consideration can be given to inclusion in organisational training and practice review sessions.</p>	We Are With You	<p>Feedback and coaching sessions</p> <p>Introduce rolling programme of practice review sessions.</p> <p>Feedback shared with learning and development department for inclusion in future training and practice review sessions.</p>	<p>July 2022</p> <p>September 2022</p> <p>June 2022</p>	<p>Completed October 2022.</p> <p>Training sessions completed in September and October with the full team around key areas of practice and risk assessment. There will be ongoing coaching sessions to ensure that this knowledge is regularly and routinely updated. All</p>

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							<p>recovery workers at WithYou are also receiving face to face training sessions from our Learning and Development team between now and March 2023 to "reboot" skills and knowledge on the essential skills needed for their role, again risk assessment is included.</p> <p>Staff are provided with guidance and instruction in order to undertake assessments of changes in</p>

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							relationship status or family make up and will be better equipped to explore these areas at assessment and review.