

Parole Board

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
To consider including a mandatory requirement for all high risk prisoners subject to life licence conditions to have to register with a GP and give their consent to release prison health care medical records upon transfer into the community. NATIONAL	Write a letter to the Parole Board informing them of the DHR recommendation.	Community Safety Partnership		July 2015	Improved continuity of health care for prisoners on release.

NHS England (commissioners of GP Services)

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
A review should be undertaken to ensure there is a consistent, robust approach in place for the transfer of medical information from the prison authorities to primary care services when an individual is released from custody. LOCAL	Cumbria and North East NHS England will meet with Health and Justice Commissioning Services to discuss the recommendations of the report. Heath and Justice will investigate the process of record transfer of prisoner health records. Health and Justice Board will consider how all prison health information at the point of the prisoner's release will be shared with the new GP Practice.	Cumbria and North East NHS England		End May 2015 June 2015 July 2015	The new GP will have a complete overview of the health of the patient which will ensure all health needs are met.

NHS England (commissioners of GP Services) continued

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
<p>When it is known that there are other agencies involved, GPs should proactively communicate and work with them to gather and share relevant information to ensure an accurate risk assessment can be made around any complex presentations, including a history of violence, possible ongoing drug misuse, mental health issues and intimate relationships.</p> <p>LOCAL</p>	<p>Lessons learnt GP briefing session will highlight the importance of proactively sharing health information to inform holistic health assessments.</p>	<p>Head of Safeguarding South Tyneside Clinical Commissioning Group</p>		<p>April 2015 completed</p>	<p>There will be a comprehensive overview of patient's health needs to facilitate adequate treatment and risk assessment.</p>
<p>GPs should ensure there are up to date domestic abuse policies and procedures in place within their organisation, and crucially that all staff are fully conversant with, and have the knowledge and skills to adhere to them.</p> <p>LOCAL</p>	<p>A Domestic Abuse policy to be developed and shared with GP practice</p> <p>A letter to be sent to all GP practices to encourage all staff to access Domestic Abuse training.</p>	<p>Head of Safeguarding South Tyneside Clinical Commissioning Group</p> <p>Assistant Medical Director, Cumbria and North East NHS England</p>		<p>June 2015</p> <p>June 2015</p>	<p>All staff will have access to and be conversant with a domestic abuse policy, in order to both recognise and respond to domestic abuse with their patients. All staff will be up to date with domestic abuse training in order to effectively identify and respond to incidents of domestic abuse</p>

NHS England (commissioners of GP Services) continued

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
Lessons learnt from the DHR will be shared with all General Practices within South Tyneside. LOCAL	A Letter to be sent to all GP practices highlighting the lessons learnt from the DHR. A GP briefing session will be delivered to share the lessons learnt from the DHR	Assistant Medical Director, Cumbria and North East NHS England Head of Safeguarding South Tyneside Clinical Commissioning Group		June 2015 May 2015 completed	All clinical staff within GP practices will understand the lessons from the DHR and consider the implications for their Practice

NHS England

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
To implement steps to share learning from this review locally, regionally at the Independent investigation meeting who will share Nationally the themes and trends. LOCAL	Cumbria and North East NHS England to share the action plan at the local safeguarding network Cumbria and North East NHS England to share the DHR action plan at the regional investigation network meeting	Cumbria and North East NHS England		July 2015	General themes from the lessons learnt will be considered at a local and national level, in order to improve patient safety and experience.

NHS England continued.

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
<p>To implement steps to share learning from this review with the commissioners of Health & Justice to seek a solution to the sharing of medical records on prisoners release.</p> <p>LOCAL</p>	<p>Cumbria and North East NHS England will meet with Health and Justice Commissioning Services to discuss the recommendations of the report.</p> <p>Heath and Justice will investigate the process of record transfer of prisoner health records.</p> <p>Health and Justice Board will consider how all prison health information at the point of the prisoner's release will be shared with the new GP Practice.</p>	Cumbria and North East NHS England		<p>End May 2015</p> <p>June 2015</p> <p>July 2015</p>	The new GP will have a complete overview of the health of the patient which will ensure all health needs are met.
<p>To take the findings of the Routine and Selective Enquiry audit to the regional safeguarding forum to determine next steps, this should also include Primary Care Services.</p> <p>LOCAL</p>	<p>Findings from the routine and selective enquiry audit will be discussed at the safeguarding Forum.</p> <p>A plan will be developed with regard to the next steps.</p>	Cumbria and North East NHS England		July 2015	Routine and selective enquiry will become standard practice when contact is made with patients by clinical staff within GP practices

Northumbria Community Rehabilitation Company

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
To undertake an audit to evidence that Offender Managers are routinely liaising with GP's and treatment providers in connection with issues which could have a bearing on people's risk to others, to themselves, or their risk of reoffending, in line with Probation policy and guidance. LOCAL	Implement actions to ensure policies and procedures with regard to GP contact are embedded in practice	Northumbria Community Rehabilitation Company	Report to senior management team on lessons learned from DHR – Re-inforced in LDU management and team meetings	1 st July 2015	Physical and emotional health of offenders improved.
To ensure relevance, proportionality and compliance of license conditions through regular review. LOCAL	To undertake a thematic audit of adherence to license conditions	Northumbria Community Rehabilitation Company		1 st July 2015	Improved quality of resettlement of offenders and community re-integration.
Implement measures to ensure transfers of Offender Managers are handled in line with best practice and Northumbria Probation policy and guidance	Implement Staff training/quality assurance measures to improve quality of transfers and offender management	Northumbria Community Rehabilitation Company	Issues incorporated into the work of the Practice Advisory Group and DRIVE peer learning events, and into planned risk assessment/risk management training.	1 st July 2015	Improved continuity of offender management and care.
To ensure that all practitioners have attended Safeguarding Training LOCAL	Review staff participation in and completion of LSCB multi-agency training	Northumbria Community Rehabilitation Company	All existing and new practitioners are up-to-date with safeguarding training.	31 st Mar 2016	Increase in safeguarding referrals from practitioners.

National Probation Service

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
To ensure Offender Manager's routinely liaise with GP's, treatment providers or other relevant health professionals to address physical, emotional and mental health issues where assessments indicate they are linked with the risk of re-offending or of serious harm. LOCAL	Audit of current case activity using OASYS in supervision meetings. Share learning from DHR with NPS NESLT, LDU meetings and team meetings.	National Probation Service	Re-enforce in Team Meetings and supervision sessions	1 st July 2015	Physical and emotional health of offenders improved.
Ensure compliance with the current 'Probation Instruction regarding Case Transfer's' (07/2014). LOCAL	To undertake a thematic audit	National Probation Service	Audit Completed	April 2015	Improved continuity of offender management and care.
To ensure relevance, proportionality and compliance of license conditions through regular review. LOCAL	Ensure management oversight and routine supervision of staff.	National Probation Service	Re-enforcement in supervision	1 st July 2015	Improved quality of resettlement of offenders and community re-integration.
To ensure consistency of practice amongst NPS and partner agencies in ensuring that those receiving disclosure information sign to confirm they have received it. LOCAL	To undertake a review of disclosure practices.	National Probation Service	Discussion and re-enforcement in team Meeting	1 st June 2015	Precise records of disclosure meetings and evidence that recipients have signed and understood.
To ensure that all practitioners have attended Safeguarding Training LOCAL	Review staff participation in and completion of LSCB multi-agency training	Northumbria Community Rehabilitation Company	All existing and new practitioners are up-to-date	31st Mar 2016	Increase in safeguarding referrals from practitioners.

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HMP Kirklevington

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
To ensure continued learning and development surrounding risk assessment processes through continual review. LOCAL	To implement the new prison service instruction for risk assessments and continued monitoring processes. To monitor progress through monthly senior management meetings.	HMP Kirklevington	The new prison service instruction (PSI) is now issued and the immediate actions have now been implemented. The prison is working through the document and has developed an action plan to ensure all the required changes are made.	Live date February 2015 full implementation 1 st July 2015.	Improved risk assessment and risk management of prisoners.
To ensure a wide ranging membership at Inter Departmental Risk Management Meetings (IDRMM). LOCAL	To review membership of IDRMM.	HMP Kirklevington	Work has already started on this by removing from the group non-essential attendees.	January 2015	Improved inter and intra agency working. Current practices have been confirmed by Her Majesty's Inspectorate of Prisons as the best they had ever seen. Their advice point to visit those prisons which regularly send prisoners to HMP Kirklevington has already been implemented, so that the prisoners have an understanding of what the Prison does before they arrive.

HMP Kirklevington continued.

To monitor the effectiveness of the combined Offender Supervisor/Senior Officer groups. LOCAL	A meeting will be held in Summer 2015 which will involve as many of the SO/OS group as possible and other key stakeholders to discuss progress and what aspects need to be improved.	HMP Kirklevington	Combined groups have been implemented and are working well, 6 of the ten Senior Officers mainly doing Offender Management work and the other 4 continuing with Residential Management and Security work. They cover each other when the shift pattern notes they should.	August 2015	Improved supervision and management oversight of prisoners.
To implement any future recommendations with regard to Release on Temporary Licence as per prison service instructions LOCAL	To develop an action plan and monitor implementation through monthly senior management team meetings.	HMP Kirklevington	Implement any future recommendations with regard to Release on Temporary Licence as per prison service instructions.	The aim is for the PSI to be live from February 2015	The new PSI (Prison Service Instruction) for Risk assessments has been issued in draft format for comment from prisons. This is now being reviewed and feedback will be given.

South Tyneside Council – Public Health

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
As Commissioners to ensure that all substance misuse services are underpinned by robust contract monitoring arrangements. LOCAL	Public Health will work with the Council commissioning team to establish and implement a robust contract monitoring arrangement for all commissioned providers	South Tyneside Council – Public Health	Contract monitoring framework developed Framework implemented and contract meeting in place	June 2015 July 2015	All contracts effectively managed for compliance.

South Tyneside Council – Public Health continued

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
Public Health to undertake an analysis of impact of the FCC referral criteria and referral pathway to monitor effectiveness of implementation. LOCAL	Quarterly meetings arranged to assess impact of arrangements, exception reporting in place with strategic lead	South Tyneside Council – Public Health	Arrangements agreed. Meetings in place	June 2015 June 2015	Effective pathways agreed and in place

South Tyneside NHS Foundation Trust

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
To ensure level 3 targeted training to Accident and Emergency clinical staff is provided on routine and selective enquiry. LOCAL	Bespoke level 3 Routine and Selective Enquiry to be delivered to clinical staff in the STFT.	ST NHS FT	6 bespoke training sessions have been delivered into the STFT A&E department to clinical staff	July 15	A Bespoke level three safeguarding Routine and Selective Enquiry training presentation was developed. Training has been facilitated. Educational impact audit will determine change in practice.
To undertake an analysis of numbers of STFT A&E staff who have completed Routine and Selective Enquiry training. LOCAL	STFT Training and development department will collate numbers of attendees to the bespoke routine and selective enquiry training	ST NHS FT	Training department has been asked to collate this data.	July 15	Data will provide evidence of numbers of STFT A&E department staff who have undertaken the training

South Tyneside NHS Foundation Trust continued.

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
To undertake an educational impact audit to evidence impact on practice following routine and selective enquiry training. LOCAL	An audit will be completed three months after training to determine impact of training on practice.	ST NHS FT	The audit will gain evidence from data and staff feedback regarding the impact of training and change in practice.	July 15	The educational impact audit will provide evidence of impact on practice following facilitation of routine and selective enquiry to STFT A&E clinical staff.

South Tyneside Homes including Home Finder

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
To review what further action can be taken in circumstances when tenants do not respond to attempts to carry out Tenancy Support Visits. (These are carried out as a minimum, every two years and more often should individual circumstances dictate). LOCAL	To review tenancy support visits with a particular focus on “no response to requests to visits” as part of a wider services review.	South Tyneside Homes	Review has commenced.	July 2015	An increase in the number of effective Tenancy Support Visits.
To consider the feasibility of contacting all applicants who have submitted an incomplete Housing Register Application. LOCAL	To discuss and review.	South Tyneside Homes	This action has been considered and is not possible. There are vast numbers of incomplete applications and specifically in view of DV victims, we would consider it a risk to attempt contact an applicant in view of the possibility that we might alert a violent partner to an attempt to flee.	March 2015	N/A

South Tyneside Homes including Home Finder continued.

<p>To implement quality control measures for contact recording. LOCAL</p>	<p>Issue a memo to all staff clarifying expectations and requirements in relation to recording the reason for contacting Housing Applicants and tenants.</p> <p>Number of contacts per member of staff, is reported by managers.</p>	<p>South Tyneside Homes</p>	<p>South Tyneside Homes have issued a reminder to all staff in relation to recording the reason around contacts to and from all customers. In relation to the Homefinder Service specifically, we now have new contact recording system, which is used every time a contact is made. This will be audited monthly via sampling, and the outcomes recorded.</p>	<p>Complete</p>	<p>Improved quality of customer contact records.</p>
<p>To improve information and data sharing. LOCAL</p>	<p>Amalgamate the Homeless and Allocations service common IT and recording mechanisms</p>	<p>Homeless Team, South Tyneside Council</p>	<p>The operational Homeless Service is now working for ST Homes. This is a now a fully integrated service since September 2014.</p>	<p>September 2014</p>	<p>Improved quality of customer information.</p>

Jobcentre Plus

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
<p>To monitor and review implementation of the revised Work Coach intervention delivery model to ensure improved standards of customer care and continuity. LOCAL</p>	<p>Enhance and improve the 1-2-1 relationship between Work Coach and Claimant as well as the overall level of customer service provided by Jobcentre Plus.</p>	<p>Jobcentre Plus</p>	<p>Implementation of revised work coach delivery model, which brings in a requirement for claimants to be seen by dedicated work coaches</p>	<p>September 2015</p>	<p>Improved continuity of customer care.</p>

Changing Lives

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
<p>To ensure all staff and managers receive the new induction programme into the organisation or to re-sit the new induction programme as a refresher course.</p> <p>LOCAL</p>	<p>All new staff to attend a more robust induction programme initially over a period of three days, to continue when in their work place setting.</p> <p>All existing staff to attend a refresher course.</p> <p>Training and development team to undertaken a staff training needs analysis.</p> <p>A new management training programme to be rolled out across the organisation.</p> <p>All referrals are recorded on inform, an internal recording system that collates all relevant information relating to clients.</p>	Changing Lives	<p>Staff have now received the induction or have been booked on to this. New staff team are now in place.</p> <p>New management development programme has been established which will take a year to complete.</p> <p>All referrals, Alerts, risk assessments are logged on to Inform.</p>	This is on going until all 17 staff have completed.	<p>Improved knowledge of staff awareness of importance to gather information, up date recording of alerts, health and safety issues, safeguarding reporting and recording and consistency of all staff receiving training.</p>
<p>To ensure all external and referral sources are informed of potential disengagement of support and they should automatically be informed during each stage of support, should these needs change at any time.</p> <p>LOCAL</p>	<p>To implement multiagency meetings which regular facilitate the regular exchange of information relating to disengagement, change in circumstances, behaviour alerts and progress updates.</p>	Changing Lives	<p>Referral meetings on point of referral and further with referring agency or any other listed on referral form.</p> <p>Weekly risk management meetings with staff and management, HAPPS and Network service meetings attended weekly to assess clients at high risk with multiple complex needs. Multi agency meetings are conducted as and when risk changes happen.</p>		<p>Improved information gathering/ sharing of with appropriate services to identify risk to staff or others.</p>

Changing Lives continued.

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
To undertake an audit to ensure alerts are placed on all high risk service users. LOCAL	To undertake an audit.	Changing Lives	Audit carried out by management and staff up date following Risk management meetings weekly	This takes place following every risk management weekly meeting	Closer monitoring by management and discussions now take place on a regular basis during the weekly meetings.
To ensure all staff have read and understand policies and procedures. LOCAL	To implement a system for staff to sign to confirm that they have read and understood the policies and procedures.	Changing Lives	Policies and procedures discussed in team meetings. New procedures signed off by staff once produced.	Team meetings held bi monthly, staff sign off as and when produced copies kept in staff files.	New system now in place to ensure staff understand new policies and procedures that are issued. This is then discussed in one to ones with staff.
To implementation of weekly risk management meetings. LOCAL	To monitor effectiveness of meetings through review of minutes.	Changing Lives	Minutes taken of all meetings attended by staff and recorded in service user files.	As and when this takes place.	Improved recording of minutes and reviewed at each meeting.

Impact Family Services

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
To update in house policies/procedures to include guidance for staff on the management of third party information and informing the Police in relation to criminal proceedings. LOCAL	To review and update in house policies/procedures to include management of third party information.	Impact Family Services		July 2015	Improved inter and intra-agency communication and information sharing to ensure the protection of service users.

Chair's Recommendations

Recommendation	Action to take	Lead Agency	Key Milestones Achieved	Completion Date	Outcomes
Primary Care Mental Health services should review current procedures and methods of engagement with service users who are "harder to reach" to promote increased take up of interventions. LOCAL	To write a letter to Director of Nursing, South Tyneside NHS Foundation Trust and Executive Director of Nursing, Quality and Safety, South Tyneside CCG to request consideration of DHR recommendation.	DHR Chair		July 2015	Improved take up of Primary Care Mental Health Services and engagement with those individuals who are 'harder to reach'.
Northumberland, Tyne and Wear NHS Foundation Trust review systems and processes for providing advice and guidance to key stakeholders. LOCAL	To write a letter to Director of Nursing, Northumberland Tyne and Wear, NHS Foundation Trust and Executive Director of Nursing, Quality and Safety, South Tyneside CCG request development of a template for NTW for recording advice, guidance and senior base advise.			July 2015	Records are maintained of all advice and guidance provided and a systematic approach in responding managing such calls that are non-referral based.