Overview report

North Herts CSP

A Domestic Homicide Review (DHR) concerning the death of Nancy (pseudonym)

(January 2022)

Author – Jackie Dadd

Date completed – August 2025

Family tribute

Nancy was a wonderful vivacious lady with a wicked sense of humour. She was very talented and creative (and modest with it) with many interests in classical music and the arts. She practised botanical painting, calligraphy, the piano and later the ukelele. She worked with the church, where she had lots of friends, flower-arranging and writing calligraphy in the memorial books. She also loved nature with a passion for songbirds and loved her dogs, and horses in earlier life. She also loved her garden. There was a suggestion to go travelling for a few months when the children had left home, her response was "but darling, what about the greenhouse." She would dance and sing about the kitchen and would host amazing dinner parties for friends and family. She had bright, dancing and smiling eyes and was always engaged with those around her. She was a dedicated Mum and Granny, she was warm, loving and always offered encouragement.

Robin

Mum was a kind and thoughtful person. She had a bubbly personality with a quirky sense of humour. She was incredibly caring and adored her grandchildren. The feeling was mutual! There were so many fun holidays and family get-togethers where Mum was a central part with her love of music, particularly Adam Faith, who she'd loved for as long as I can remember. She could be self-deprecating and didn't realise the impact she had on all those around her, bringing her fun nature and kindness with her. Mum was a huge support to me throughout my life and we very regularly chatted on the phone, finding so many things to laugh about. She has left a huge hole in my life, and the lives of my children who miss their grandmother so much.

Caroline

The Domestic Homicide Review Panel and the members of the North Herts Community Safety Partnership would like to offer their sincere condolences to the family of Nancy, who have lost their loved one in tragic circumstances.

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Preface

The key purpose of any Domestic Homicide Review (DHR) is to examine agency responses and support given to a victim of domestic abuse prior to their death and to enable lessons to be learnt where there may be links with domestic abuse. For these lessons to be learnt as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each death, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future. The victim's death in this case met the criteria for conducting a DHR according to Statutory Guidance1 under Section 9 (3)(1) of the Domestic Violence, Crime, and Victims Act 2004. The Act states that there should be a "review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by-

(a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or

(b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death".

The Domestic Abuse Act 2021 and the Home Office define Domestic Abuse as:

Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if—

(a) A and B are each aged 16 or over and are personally connected to each other, and

(b) the behaviour is abusive.

Behaviour is "abusive" if it consists of any of the following—

(a) Physical or sexual abuse

(b) Violent or threatening behaviour

(c) Controlling or coercive behaviour

(d) Economic abuse

(e) Psychological, emotional or other abuse

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

"Economic abuse" means any behaviour that has a substantial adverse effect on B's ability to—

(a) Acquire, use or maintain money or other property, or

(b) Obtain goods or services.

For the purposes of this Act A's behaviour may be behaviour "towards" B despite the fact that it consists of conduct directed at another person (for example, B's child).

Controlling behaviour is:

A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is:

An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. The term domestic abuse will be used throughout this review as it reflects the range of behaviours encapsulated within the above definition and avoids the inclination to view domestic abuse in terms of physical assault only.

Recommendations will be made at the end of this report, however, there has been an ongoing action plan introduced by the panel, parallel to this review to ensure that the areas that can be immediately addressed have not incurred unnecessary delay.

Glossary

ASC – Adult Social Care

CPR – Cardiopulmonary Resuscitation

CUH – Cambridge University Hospitals

DHR – Domestic Homicide Review

FLO – Family Liaison Officer

GP – General Practitioner (Doctor)

HCC – Hertfordshire County Council

NHS – National Health Service

SAR – Safeguarding Adult Review

Section 1 - Introduction

1.1 The commissioning of the review

1.1.1 This review examines agencies responses, provisions and support available or provided to Nancy, a 78-year-old female, suffering from dementia. She was living in North Hertfordshire in January 2022 when she was found in her home, having been hit over the head with a frying pan by her husband, Ronald, who then placed materials into her mouth before contacting their GP Surgery to inform them he thought he had killed his wife.

1.1.2 Following a lengthy Judicial process, having pleaded not guilty to murder, Ronald pleaded guilty to manslaughter by reason of diminished responsibility and was sentenced at St Albans Crown Court to 1 year and 8 months imprisonment, suspended for 2 years.

1.1.3 Hertfordshire Police made a referral to the Hertfordshire Domestic Abuse Board who oversee Domestic Homicide Reviews for the County, due to the circumstances of the death. The Domestic Abuse Partnership Board convened and made a decision to undertake a Domestic Homicide Review (DHR) as the definition in section 9 of the Domestic Violence Crime and Victims Act (2004) had been met.

1.1.4 Contributors to the review

Agency	Contribution
Cambridgeshire University Hospitals	Panel member, IMR
Hertfordshire Adult Social Care	Panel member, IMR
GP Surgery (Nancy & Ronald)	Scoping, IMR
Melbourne Springs Care Home	Scoping, chronology
Hertfordshire Police	Panel member, IMR
Hertfordshire Community NHS Trust	Panel member, IMR
North Herts District Council	Scoping, Panel member
Herts and West Essex Integrated Care Board (ICB)	Chronology, Panel member
Caring Together	Summary report, Panel member
Carers in Herts	Summary report, Panel member
Hertfordshire Partnership University NHS Foundation Trust	Provides specialism – Dementia, Panel member
Cambridgeshire and Peterborough Foundation Trust (CPFT)	Scoping
Refuge	Panel member, scoping
Hertfordshire County Council	Oversight of DHR, Panel member
Hertfordshire Probation Service	Scoping
Spectrum drug service (CPFT Service)	Scoping

Review Panel

1.1.5 The following agencies/organisations/voluntary bodies have contributed to the Domestic Homicide Review by the provision of reports and chronology. Individual Management Reviews (IMRs) have been requested and supplied:

1.1.6 The panel comprised of the following:

Name	Area of responsibility	Organisation
Ildiko Cseri	Commissioning and Development Officer	Hertfordshire County Council (HCC)
Carol Harwood	Business Support Officer	Hertfordshire County Council (HCC)
Vicki Symonds	Service Manager	Refuge
Carole Whittle	Health and Wellbeing Manager	Carers in Herts
Anita Roberts	Safeguarding Adults Specialist Nurse	Herts Community NHS Trust
Miriam Martin	Chief Executive	Caring Together
Dr Genevieve Holt	Dementia Specialist	Hertfordshire Partnership University NHS Foundation Trust
Mary Emsom	Deputy Director	Herts and West Essex Integrated Care Board (ICB)
Keith Dodd	Head of Adult Safeguarding	Adult Social Care - HCC
Jo Doggett	Director	North Herts District Council
Donna Norris	Inspector – DHR team	Hertfordshire Police
Jim Luxon	Inspector – DHR team	Hertfordshire Police
Tracy Brown	Adult Safeguarding Lead	Addenbrookes Hospital
Sam Hunt	Associate Director of Nursing for Safeguarding	Cambridgeshire and Peterborough Foundation Trust

1.1.7 All members of the panel and authors of the IMRs have complete independence from any subject in this review. The Review Chair and Panel gave due consideration for the content of the DHR and it was agreed that reports, chronologies, IMRs and other supplementary details would form the basis of the information provided. Thanks go to all who have assisted and contributed to this review with their valued time and cooperation.

1.1.8 Due to the complexities of Dementia and the illness being at the core of the Judicial proceedings, the panel requested a specialist in this area to assist with context, knowledge and guidance in their findings.

1.1.9 Due to issues and concerns that the family had raised when interviewed by the Author, considerable effort was made to have a representative on the panel with contact made through the Police, CPS and direct but this was unsuccessful.

Author of the Overview report

1.1.10 The chair of the review panel and author of this report is Mrs Jackie Dadd, an independent consultant who is independent of the organisation and agencies contributing to this report. She has no knowledge or association with any of the subjects in this report prior to the commissioning of this review. She is a retired Detective Chief Inspector with Bedfordshire Police with vast experience of safeguarding and domestic abuse related issues, having been the Force Lead for domestic abuse, stalking and harassment and serious sexual offences and has been involved in the DHR process since its inception in 2011.

1.1.11 She has completed several training courses including the Home Office online training, the Continuous Professional Development accredited AAFDA DHR Chair training, the domestic Abuse and suicide accredited course, and is a member of the AAFDA DHR network, regularly attending the monthly forums for CPD and discussion. Mrs Dadd has obtained the accredited Home Office qualification of a level three certificate in Chairing a Domestic Homicide Review and is on the register of accredited DHR/DARDR Chairs for England and Wales.

1.1.12 Mrs Dadd has completed and published several DHRs.

1.2 Purpose of the review

The purposes of a DHR are to:

a) Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.

b) Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.

c) Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate.

d) Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity.

e) Contribute to a better understanding of the nature of domestic violence and abuse; and

f) Highlight good practice.

DHRs are not inquiries into how the victim died or into who is culpable; that is a matter for the Coroner and criminal courts, respectively, to determine as appropriate. DHRs are not part of any disciplinary inquiry or process. Part of the rationale for the review is to ensure that agencies are responding appropriately to victims of domestic abuse by offering and

putting in place appropriate support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and domestic abuse. The review also assesses whether agencies have sufficient and effective procedures and protocols in place which were understood and adhered to by their staff.

This review will ascertain whether domestic abuse could have been the cause or a contributory factor to the death of Nancy. It is not to apportion blame, but to view the circumstances through her eyes.

1.3 Timescales

1.3.1 Following the death of Nancy, Hertfordshire Police made a referral to the Hertfordshire Domestic Abuse Partnership Board in January 2022 due to the circumstances of the death. A meeting was convened a few days later and a decision was made to undertake a Domestic Homicide Review (DHR) as the definition in section 9 of the Domestic Violence Crime and Victims Act (2004) had been met.

1.3.2 The Home Office were informed later that month and a Rapid Review was held by Hertfordshire County Council to establish any immediate learning that could be identified and the review was then paused to allow for the Judicial proceedings to take place.

1.3.3 In January 2023, Mrs Jackie Dadd was commissioned to provide an independent Chair and Author for this DHR as it was thought the Judicial proceedings were near to completion and the first panel meeting took place. However, further delays in the Criminal proceedings saw a significant delay in the review until two further panel meetings could be held.

1.3.4 Once seen by panel members and the family, the completed report was handed to Hertfordshire County Council on 29th August 2025.

1.3.5 Table outlining timeline of review

January 2022	Death of Nancy
January 2022	Hertfordshire Police make a referral to Hertfordshire County Council
January 2022	Decision to commission a DHR by Domestic Abuse Partnership Board
January 2022	Home Office notified of the decision to commission a DHR
19/04/22	Hertfordshire Rapid Review
January 2023	Mrs Jackie Dadd commissioned as Chair and Author
07/02/23	First Panel meeting
14/02/25	Second Panel meeting
11/07/25	Third Panel meeting
29/08/25	Completed report handed to Hertfordshire County Council

1.3.6 Home Office guidance states that the review should be completed within six months of the initial decision to establish one. There was a significant delay in the completion of the

commencement of the review due to awaiting the completion of the judicial process. The Home Office were made aware of this by Hertfordshire Couty Council.

1.4 Confidentiality

This report has been treated as Official Sensitive and dissemination kept to those outlined at 1.9.

The pseudonyms used in this report were maintained from the Safeguarding Adult Review to avoid confusion in agreement with the family who chose and agreed their own pseudonyms, to protect the identity of those referred to throughout the report. Full details are found at 1.6 of this report.

Hertfordshire County Council and the Author have ensured that the collation of information and the information contained within this report complies with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

1.5 Terms of Reference

1.5.1 The Full Terms of Reference can be found in Appendix A at the conclusion of this report. The Terms of Reference were discussed and agreed upon during the first panel meeting and was a working document throughout the review.

1.5.2 It was agreed that the main areas of focus and discussion would be based on the following:

a) To establish if Domestic Abuse (DA) in any form had been the causation or contributory factor in the death of Nancy

b) Was there effective communication, information sharing and collaborative working in response to the needs of Nancy?

c) Is the correlation between the heightened risk of domestic abuse and carers recognised amongst agencies within Hertfordshire?

d) Is there sufficient support available for older persons who may be victims of domestic abuse, in a carer circumstance or suffering from dementia in the Hertfordshire area and how accessible are they?

Methodology

1.5.3 The initial scoping was completed and it was evident that there had been a great deal of contact with Health provisions from either Nancy or Ronald. The Senior Investigating Officer for the murder investigation attended the first panel meeting. IMRs were requested

from those agencies that had either provided services or had available and relevant provisions in the area that may not have been utilised.

1.5.4 Summary reports were requested by the remainder of agencies in relation to their response to the Terms of Reference.

1.5.5 Family members were approached to gain further insight and information into Nancy's life and relationship with Ronald.

1.5.6 Ronald was contacted by the Author and was met at his home address. His observations can be found at 3.2 of this report.

1.6 Subjects of the review/Family and friends' involvement

1.6.1 In accordance with Home Office guidelines to ensure confidentiality, pseudonyms have been utilised throughout this report for the following: (All ages are recorded at the time of Nancy's death).

Nancy – Deceased. A white British female who was 78 years old.

Ronald – Perpetrator and husband of Nancy. A white British male who was 81 years old.

Regan – Eldest daughter of Nancy

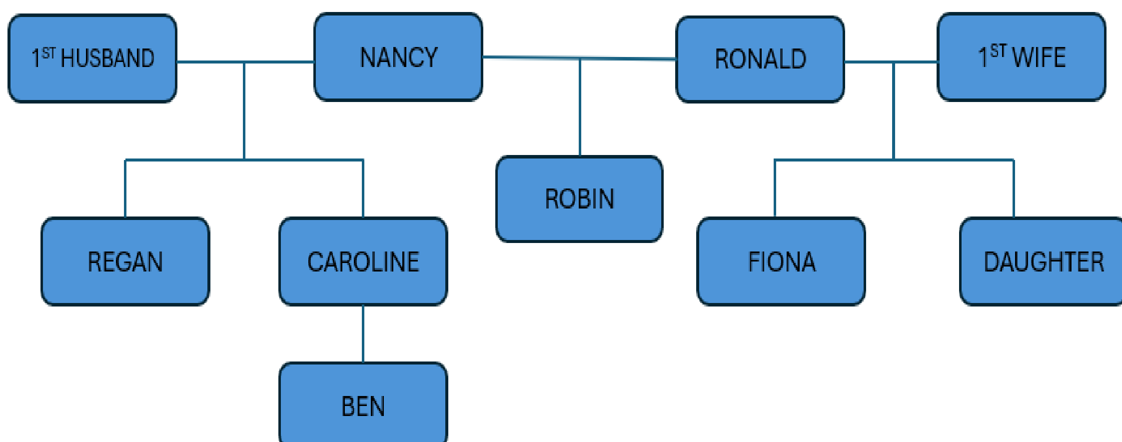
Caroline – Daughter of Nancy

Robin – Youngest daughter of both Nancy and Ronald

Fiona – Daughter of Ronald from first marriage

Ben – Grandson of Nancy and son of Caroline

Genogram – (This is not a complete family tree but outlines those referred to within this report to assist)



1.6.2 Hertfordshire County Council wrote to a letter to Caroline and Robin informing them of the review and providing information on AAFDA if they wished for support. Caroline received support from AAFDA during this review. Robin had a Homicide Caseworker assigned from the Judicial proceedings and utilises their services. Due to family dynamics, unfortunately brought about by these tragic circumstances, the Author spoke with both of them separately via email, telephone, Microsoft Teams and in person in whichever was there preference or most suitable at the time. They both contributed to the Terms of Reference and the focus areas of the review.

1.6.3 Both daughters attended a panel meeting separately, Caroline with her son and Robin with her partner to engage with the panel, ask any questions and to feel centric to the review. Both found the experience worthwhile with Caroline commenting that she felt it was the first time she had been listened to by any authorities since her mother's death.

1.6.4 Both daughters were content to retain the pseudonyms of Nancy and Ronald to correlate with the Safeguarding Adult Revier (SAR) and chose their own pseudonyms with the author selecting the remainder.

1.6.5 Contact by the Author with Regan was made via Caroline as was Regan's preference. Both Caroline and Robin were sent copies of the overview report prior to submission for their comments, observations and thoughts. Following slight amendments, both were content with the report and the portrayal of their mother and felt she had a voice within the report. Both the Author and Hertfordshire County Council would like to thank Caroline and Robin and other family members for their contribution to the review which provided family context and information that led to some of the recommendations.

1.7 Parallel reviews

1.7.1 Coroner

The Coronial inquest is still on-going at this time whilst they speak with the family in relation to their wishes.

Hospital scans and an EEG revealed no brain function and the decision was made to withdraw life support.

A forensic post-mortem was held on Nancy and the cause of death was found to be

1a Global hypoxic ischaemic encephalopathy
1b Cardiac arrest (resuscitated)
1c Features consistent with smothering.

There was no significant natural disease to explain her initial cardiac arrest. There was a healing laceration to the top of her head and a healing bruise around the left ear. They were caused by blunt trauma and could be explained by being hit by a saucepan.

To the upper lip were bruises and abrasions. These injuries were caused by blunt force trauma and were typical for her lips being pressed against her teeth, for example when a hand or other item is placed firmly over this area. A single blow to this area may also explain the injuries. Based on information available, smothering is the most plausible explanation for her initial cardiac arrest and subsequent death.

Safeguarding Adult Review (SAR)

1.7.2 The Safeguarding Adult Review took place prior to the DHR due to the significant delay that was foreseen. The findings of this review have been incorporated within this report, but the main areas for learning centred around professionals awareness of the correlation between domestic abuse, dementia and carers within the home and the mechanisms they could utilise to train and disseminate this.

1.7.3 The review demonstrated some highly commendable practice, particularly noted through the support offered by admiral nurses and the care home Nancy stayed at. This to be seen in the context of the pandemic with all the restrictions these placed on services across the Country.

1.7.4 The circumstances of this review highlight the complexity of identifying domestic abuse within the older population. It clearly demonstrates the intersectionality of risks associated with domestic abuse particularly within the context of a dementia diagnosis and highlights the importance of not underestimating the impact of carer stress.

1.8 Equality and Diversity

1.8.1 The review gave due consideration to each of the protected characteristics under Section 149 of the Equality Act 2010. The relevant legislation that provided the context for the panel was The Equality Act 2010, The Care Act 2014 and The Disability Act 2016.

1.8.2 Throughout this review process the Panel has considered the issues of equality in particular the nine protective characteristics under the Equality Act 2010. These are:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership (in employment only)
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

1.8.3 Key considerations for the panel were whether sex, age and disability had any relevant impact on the available services to Nancy and whether there were any barriers to accessing these.

1.8.4 It was considered that Nancy's sex was relevant as eight women a month are killed by a current or former partner in England and Wales[1]. One in four women experience domestic abuse in their lifetime[2] and 2.5 years is the average time victims at high risk of serious harm or murder live with domestic abuse before getting help[3].

1.8.5 Nancy's age was deemed relevant as she was deemed as an older person as she was over 60 years of age. The review sort to ascertain whether there were suitable and accessible provisions for Nancy to receive advice and support for domestic abuse. This area dovetails into the following characteristic of disability as the two characteristics bring the same considerations as often, an older person will be more likely to have mobility issues and medical conditions that require a carer in the home.

1.8.6 Academia in this area indicates that older people are not being represented in domestic abuse services, for a wide variety of societal and attitudinal reasons, with very few cases being considered at Multi Agency Risk assessment Conferences. (Safe Later Lives. Older People and Domestic Abuse 2016).

1.8.7 Disability is relevant to this review due to:

a) The physical condition of Nancy with immobility and incontinence that subsequently required Ronald to care for her and the correlation of the heightened risk of domestic abuse in these circumstances
b) Nancy's diagnosis of dementia. The panel are to consider whether this prevented her voice being heard and heightened her vulnerability to DA without being able to tell anyone.

1.8.8 Equality is about ensuring everybody has an equal opportunity and is not treated differently or discriminated against because of their characteristics. Diversity is about taking account of the differences between people and groups of people and placing a positive value on those differences.

1.9 Dissemination

Recipients who received copies of this report prior to publication:

Hertfordshire Police and Crime Commissioner

Panel members at 1.1 of this report

Family members

Domestic Abuse Commissioner

Relevant members of Hertfordshire Domestic Abuse Partnership Board

[1] SafeLives Marac national dataset (2023)

[2] Domestic Abuse statistics UK – NCDV
[3] SafeLives Insights Idva Dataset 2021-2022

Section 2 – The Facts

2.1 Background information

Nancy

2.1.1 Nancy lived in Kent during her first marriage where she had two daughters, Regan and Caroline. She separated from their father, who Caroline describes as a 'philanderer' in 1971 and they moved to a farm in Kent which Caroline describes as idyllic. They had horses, goats, chickens and sheep and it was what Nancy had always wanted. Nancy was very sporty and show-jumped the horses and went skiing.

Ronald

2.1.2 Ronald had a previous marriage to Nancy in which he had two daughters of which one has sadly passed away and Fiona. He separated from their mother in 1972.

Combined Chronology

2.1.3 Nancy and Ronald met in 1973 as Ronald knew the solicitor who was dealing with Nancy's divorce and was a family friend. Ronald moved in with Nancy quite quickly as he states he had to sell his house .and they were married in November 1973. Ronald worked away in London which he did for three years. and had to commute so was only home at weekends.

2.1.4 Ronald and Nancy would go on holiday with the four children all together and Ronald's children would visit on occasional weekends. The children all got on well. Robin was born in 1976 and when Ronald then got a job in Royston, he stated that he could not commute any longer and the farm was sold and they eventually moved to a house in Royston.

2.1.5 Regan had a poor relationship with Ronald and due to altercations between them which occurred when she was about 15 years old, Regan was sent to a correctional facility which led to her leaving home and going to live with a partner of her fathers.

2.1.6 Both Nancy and Ronald were registered at the same GP practice that was local to where they lived, with Nancy having been registered since 1987. In 2016, Nancy was referred by the GP to the CPFT Integrated Care Team (ICT) and triaged for consideration of CPFT Older Peoples Mental Health Memory Assessment Service, due to concerns about memory. She was seen in the clinic in the December, with information provided that she had experienced one year of memory problems that were slightly getting worse and had a history of depression but no signs indicated during the appointment.

2.1.7 She was assessed using ACE III with a score of 89/100 which was just above the level which would indicate suspicion of dementia. The plan was for the following:

- To refer to the secondary mental health services - Older Peoples Mental Health Memory Clinic for the Memory Group sessions
- GP to continue prescribing Fluoxetine for at least 6 months

2.1.8 The CPFT Older Peoples Mental Health Memory Clinic Service phoned Nancy in January 2017 and explained and invited her to the Memory Group. Nancy said that she would prefer some information about memory by post rather than attending a group. She was sent an information pack including information about driving and a memory handbook with a practical guide to living with memory problems. She was informed she would be discharged from the OPMH services back to the care of her GP who could re-refer in future if memory symptoms got worse, or her mood deteriorated. She agreed with the plan.

2.1.9 In 2018, following her examinations, Nancy had written on her Doctors notes that she had mild cognitive impairment following a referral to a memory clinic. Surgery notes indicate that Nancy was not seen by a GP in 2019.

2.1.10 At 22.17hrs on the 10th of February 2019, Ronald reported Nancy as a missing person to Hertfordshire Police as she had got lost, driving home from Oxfordshire and he hadn't spoken to her in two hours when she was last known to be in Milton Keynes. The Police placed a 'marker on her registration plate and she was located at 00.34hrs in Bedfordshire where the police drove with her to her home to make sure she arrived safely. She had become flustered at getting lost and her 'Satnav' had broken.

2.1.11 In May 2020, a referral was made by Nancy's GP due to worsening cognitive function. The following month, Nancy was admitted to Addenbrookes hospital (CUH) with left sided chest pain and progressive confusion following a trip on a cushion in the night which caused her to fall forwards onto a cane chair causing injury. She was originally fine but developed pain in her sternum over the next couple of days but the prescribed pain relief from the GP made her nauseous. Ronald expressed that she was now immobile due to the pain and this was causing incontinence. He admitted that he was not coping at home and would need social care input.

2.1.12 Occupational therapy contacted Ronald who reported that Nancy would normally complete the cooking at home but had burnt herself on a pan when she hadn't turned the gas off. He was advised that she would benefit from supervision during these tasks due to her reduced memory. They discussed the option of a reablement package of care but Ronald stated that as long as she could mobilise to the toilet overnight, then he would be able to manage.

2.1.13 Ronald informed the ward medical team that Nancy's confusion had worsened since December 2019 but since going to the GP, investigations had been put on hold due to COVID 19. The Liaison Psychiatry Specialist Nurse (CPFT) spoke with Ronald having visited Nancy and informed him that the mild cognitive impairment appeared to have progressed to dementia. They spoke with both Ronald and Nancy to discuss signposting to various support services and recommended a trial of medication by the GP in the community which they were both keen to try.

2.1.14 It was noted by the Liaison Psychiatry team that Nancy has reasonably good insight and good enough cognition to engage in meaningful conversation about care and treatment. Care would need to be taken to provide information at the right level at a time and place conducive

to her ability to engage to maximise her decision-making capacity. No safeguarding concerns are identified.

2.1.15 The following plan was agreed:

- Information to patient and husband about Age UK, Alzheimer's Society, Herts Social Services and donepezil treatment.
- Ronald was to apply for Attendance Allowance and Lasting Power of Attorney and will inform DVLA of new diagnosis.
- Trial of donepezil - GP to liaise with family re this.
- Referral to the community mental health teams for post-diagnostic support but it is not clear how long the wait might be due to service changes during COVID 19 pandemic.

2.1.16 Nancy was discharge from the hospital following three days of treatment. The following day, a follow-up call was made by the discharge team to make sure Nancy had settled back home and no further needs were identified. The conversation was with Nancy and her daughter could be heard on the background as Robin was staying with her for a short while.

2.1.17 Due to COVID 19, video appointments were made available for several months in 2020 for non-crisis and community services. During July 2020, the GP contacted Ronald to check he was ok and started to arrange for carers and Admiral Nurses. He was signposted to Caring Together, Alzheimer's Society and advised about attendance allowance and decreased council tax and was given the out of hours contact numbers for support and crisis advice. Ronald contacted the Clinical Nurse Specialist (CPFT) who provided advice over driving and holidays in regard to Nancy's safety. Nancy was seen by the community memory clinic online (CPFT) with several follow-up calls and was referred to Caring Together with carer's support being offered. Ronald self-referred to Melbourne Care Springs Home via the agency's website.

2.1.18 In August, the CPFT Older Peoples Mental Health Memory Clinic Service held a telephone appointment, initially privately with Ronald who outlined conflict with Nancy and was advised not to confront Nancy about her memory problems as it would not be helpful to either of them. A lengthy conversation took place in which his welfare was probed and her medication was discussed. Nancy was spoken to and asked about the effects of her medication.

2.1.19 In September 2020, Nancy was discharged from ongoing care following contact with community old age psychiatry. Nancy had a further assessment on her memory at the Neurology Cognitive Disorders Clinic at CUH noting her new diagnosis of mild Alzheimer's disease. This diagnosis was agreed with and she was to continue on the same medication with advice to stay active physically, mentally and socially as far as Covid restrictions allowed. Ronald and Nancy were in contact with Caring Together and Carers in Herts. and Ronald had been supplied literature specific to his caring circumstances. No further neurology tests, treatment or follow-up were needed at that stage.

2.1.20 The admiral (dementia) nurse met with the couple in November 2020. It was reported that Nancy did not accept the diagnosis of dementia and that it was causing her

much distress, reportedly making it difficult for Ronald to provide her with support. When he tries to offer support, it ends in antagonism and arguments. It is mentioned that Nancy has insight into the changes in her memory but that the diagnosis is impacting her mood. Ronald reported that he felt he was at risk of carer breakdown. Subsequently, Nancy was referred back to the mental health team for psychological support.

2.1.21 One of the nurses there assessed the situation in January 2021. She identified the primary issue to be support for Ronald "to be able him to avoid and cope with argument and confrontations between him and his wife, as he describes, "Nancy's anger when I take over." Following discussion with the Consultant Psychiatrist it was suggested that the appropriate intervention was carer support.

2.1.22 A referral to the Alzheimer society was made. A letter had been sent to the GP and a referral made asking for mental health support as Ronald felt Nancy would benefit from counselling to accept her condition which would need her consent. He was offered therapeutic support and accepted a carer's assessment with information being provided on six specialist support services that could help him. He was also offered a 'sitting service'[4] but declined this as he felt Nancy was safe to be left on her own when he went out.

2.1.23 By March 2021, Ronald was registered as Nancy's carer. A referral was made for him for the Hertfordshire Direct Payment Support Service Ronald had his own health issues that he was dealing with during this time. Nancy had been referred to the gym for exercise on the NHS and to the Stepped Care Therapy Team for assessment of psychological therapy and was placed on a waiting list.

2.1.24 In July the same year, she was seen by the Community Mental Health Nurse due to the aforementioned referral. The Clinical psychologist completed an assessment at home with both Nancy and Ronald. During the assessment, it was identified that memory difficulties cause frustration and tension between them. Nancy wanted time and space to continue to be independent. She was offered some sessions to help her process and explore thoughts and feelings about her dementia diagnosis, to consider making future decisions and to explore helpful patterns of interacting. It was noted that Ronald seemed keener on this than Nancy.

2.1.25 Five days after the assessment, Ronald contacted the Clinical Psychologist and stated that Nancy had become angry after the session as it reminded her of her dementia and was upsetting to her. A second assessment appointment took place later that month in which it Nancy expressed her frustration as she wanted to continue being independent and found it distressing to discuss her memory problems.

2.1.26 On the 7th of September 2021, Nancy received a further session to explore her diagnosis of dementia. There was little engagement by Nancy during the session but it was noted that she had bruises to her nose, forehead and cheek to which she said she had fallen but was not sure when or how. Ronald stated he was not aware of how the bruises were

[4] A 'sitting service' is a volunteer who will come and sit with someone to allow the carer to go out of the house without leaving them on their own.

caused. The risk of carer stress from what Ronald had disclosed was noted throughout all of the sessions. The Clinical Psychologist gave her view at the end of the session that Nancy would not benefit from any further sessions as discussing her diagnosis was causing her unnecessary distress and that therapy was not suitable as she would be unable to retain the topics discussed for it to be of benefit. They were provided a discharge letter.

2.1.27 On 14th of October 2021. Nancy had a fall down the stairs late at night which was not witnessed by Ronald. He got her back into bed and called an ambulance as she could not weight bear. She had sustained a fractured right knee which was operated on five days later. GP notes state that she had two previous fractures (ankle-2013 and wrist-2005). Hospital notes refer to her pain and disorientation and her reluctance to accept help when going to the toilet. It is commented that she became agitated but then apologised to staff for being a pain. Ronald stated that he didn't see what happened but heard a thud and stated that they were both a bit muddled.

2.1.28 The consultant completed and Mental Capacity Assessment (MCA) prior to discharge and it was deemed that Nancy lacked capacity to consent. A plan was put in place for discharge. Ronald was called and agreed to upstairs living, hospital transport, acceptance of OT equipment and three calls a day for day care. Nancy was discharged on 30th of October, which was the day Ronald had been invited to the carer's café but could then not attend. On arriving home near to 6pm, the ambulance transport voiced their concern that due to Nancy's confusion, they were concerned she could fall downstairs if she lived upstairs. They waited for the evening carers and the bed manager rang the ward on her arrival to state Nancy was coming back to the ward as she did not have a bed downstairs and there was risk.

2.1.29 Ronald voiced his concerns of the fact that he stated he had not been consulted over upstairs living arrangements but had asked for a bed several times for Nancy and had not received it. He spoke of his concern that, he would not be able to keep an eye on her at night if she were downstairs and he was upstairs and her ability to use a commode. The transfer back to hospital caused great upset to Nancy who was tearful and did not know why she was there.

2.1.30 The Discharge Nurse at the hospital spoke to Ronald about his concerns that Nancy would need to be more independent if she were to sleep alone downstairs but the Ward Multi-disciplinary team advised that she did not have overnight needs and that assistive technology and equipment could be provided. A single bed and commode were setup in the dining area and she was provided with a frame to assist with her walking. She was finally discharged in good spirits on the 2nd of November 2021. Community Occupational Therapy and Physiotherapy services were to visit her at home to assist with mobility issues. GP notes state that there were frequent visits to the house by district nurses for post op wound care and administration of medication.

2.1.31 Throughout records made by the GP in 2021 there are comments of carer stress. The GP had suggested respite care to Ronald to try and relieve the burden on him as Ronald had declared to him that there had been a minor physical assault on Nancy that did not cause injury and was an isolated incident. This was identified as a feature of stress.

2.1.32 On the 4th of November, Admiral nurses had their last contact with Nancy. Five days later, Nancy went to stay at Melbourne Springs Care Home paid for privately as Ronald said that he was not coping. Whilst there, they made referrals for physiotherapy and a District nurse. Nancy was referred to the North Herts Locality Older People's Team on 15th November 2021.

2.1.33 A care needs assessment was completed on the 29th of November 2021 at the care home, with Ronald present. Nancy engaged well throughout the assessment process and stated her wishes to return to the marital home and felt that she would be able to regain her own strength and independence. The allocated worker had a telephone conversation with Ronald on the 1st of December 2021 where he confirmed that his wife would be returning home on the 3rd of December and he declined the need for any support to be arranged.

2.1.34 According to the assessment, in line with the Care Act 2014, that was finalised on the 2nd of December 2021, Nancy was noted to require prompting to ensure that her personal care needs were met however she was managing to shower independently and able to dress and undress herself without assistance. Nancy was also recorded to be able to manage her own continence needs and Ronald is noted to have advised that his wife is able to change her incontinence pads independently. At the time of the assessment, Nancy had been recovering from the fall but was now able to weight bear independently and was using a four wheeled frame to mobilise. The assessment further notes that Nancy has a diagnosis of Alzheimer's Dementia and there are no previous risk behaviours and Nancy is safe to be left alone for any period of time. During the assessment, it was noted that Ronald had agreed to support his wife with preparing her medication, preparing meals and managing the financial affairs. In conclusion to the assessment, Nancy was assessed to be eligible for care and support, under the Care Act 2014, however this was declined. Nancy was also noted to have savings above the financial threshold and advice was given to Ronald and Nancy that services could also be arranged privately.

2.1.35 Care home notes state that Nancy did not present any of the behaviours that Ronald had stated were challenging and was happy and would apologise whilst laughing if she got muddled. Nancy was in respite care until the 4th of December when she was discharged. Once home, she was assessed by a physiotherapist.

2.1.36 Adult Social Care completed a home visit on the 8th of December, with the worker recorded that there was evidence Nancy's mobility had continued to improve and she was now independent with managing her own personal care. Ronald confirmed that he is happy to continue with the tasks with which he was supporting. Ronald reported that his wife had been incontinent during the night and advice was provided to move the commode nearer to Nancy's bed, but that a request would be made for the GP to refer Nancy to the Bowel and Bladder Clinic, which was completed.

2.1.37 During the visit to the marital home on the 8th of December 2021, the allocated worker carried out a Carers In Case of Emergency Plan. This is considered best practice to see an individual and their carer in their home environment and was a further opportunity to offer support to both Ronald and Nancy. The conclusion of the visit was that Ronald and Nancy declined any formal services being arranged to support them.

2.1.38 Later in the month, the physiotherapist reported that Ronald had stated things have been difficult. Nancy is reported to be hostile towards him and refusing to do her exercises. She keeps forgetting the frame and trying to walk without it. The physiotherapist reported that Nancy was not taking pain relief as Ronald was not administering it. Ronald was advised to contact GP re pain management and spoke to him on the 16th of December where regular paracetamol was advised and he was now administering this.

2.1.39 On the 14th of December 2022, Ronald had contacted North Herts Council regarding a Careline referral that he believed had been made by Herts County Council. Before a call back could be made, Ronald called the Customer Service Centre again and advised that his wife no longer required the pendent and he wanted to cancel. A Careline staff member contacted Ronald and informed him that no referral had been received as yet but once it was, Careline would be in contact with him. Ronald contacted Adult Care Services two days later at 5.24pm, to request an update with the Careline and Bowel and Bladder referral, however this was not received by the locality team within the core working hours of the service. Ronald's call was returned at 9.21am the following day and reassurance was given that a further referral would be made to Careline and advised Ronald to speak to his GP about the Bowel and Bladder referral, which he agreed to do. Ronald confirmed no further support was needed at this time. Careline sent Ronald the relevant information on how to apply the same day but did not have any contact from him.

2.1.40 A handrail had been installed and the physiotherapist attended the home four times in a week to assist with Nancy's recovery and start working towards using stairs as she was keen to do this. On the last occasion, swelling to her outer right ankle was noticed and she complained of pain to her right knee. Ronald was present throughout discussions with Nancy. Following advice, Ronald contacted the GP about this two days later.

2.1.41 Family members stayed with Nancy and Ronald over the Christmas period with differing accounts as to how Nancy was coping with her dementia and mobility. The physiotherapist went to the home in between Christmas and New Year and Ronald again re-iterated that he was struggling with Nancy being aggressive towards him and has also become more incontinent of urine. Family members had left to go home.

2.1.42 The GP phoned Ronald and then visited later that day to administer covid jabs to both. Ronald reported worsening behavioural difficulties and the GP recognised Ronald "at crisis point" and "no longer able to cope at home." From the GP's memory, it was on this occasion that Ronald disclosed that he had struck Nancy with his hand and that he had not done anything like this before and was shocked by his actions. The GP's response to this was to empower Ronald to get Nancy into respite and would add her to the safeguarding list and follow up when he returned on his next working day, before making a safeguarding referral. He exposed her completely to look for bruises but could find none.

2.1.43 The GP planned to refer Nancy back to the community mental health team. He reported that Nancy was looking well and mobilising with her frame. She was confused but knew he was a doctor. He examined her and found no acute pathology to account for the behavioural issues. The referral back to mental health was completed by the GP

immediately and this was sent as a task to the practice secretary. The physiotherapist attended the house and noted that Nancy was 'shaky and anxious.'

2.1.44 Robin had returned as Ronald had tested positive for COVID and was feeling unwell and after the GP visit, Ronald had secured a place in a care home for Nancy as he couldn't cope and she was due to move there the following day. That following morning, Nancy tested positive for covid. On contacting the home, they were informed that due to the positive test, there would have to be a delay of two weeks. Robin can remember her dad getting off the phone and muttering 'Only fourteen days' under his breath in despair.

2.1.45 Just prior to Robin leaving, she recalls that her mother got up from her chair and began to walk without her frame and then weakened so she had to hold her up. Ronald brought a chair over quickly and asked her to sit down as she would fall. With this, Robin describes it as 'they let loose with each other' and were both shouting. She said that she had never seen them like this before. Robin was the last person to be with her parents before the incident that occurred a few days later.

2.2 Circumstances of the death of Nancy

2.2.1 At 09.54hrs one morning, a few days after professionals had last attended their home, Ronald phoned the GP surgery reception desk and stated that he thought he may have killed his wife. The GP called him back and Ronald told him that he had hit his wife with a saucepan and that he "got a bit mad" in response to her being very difficult and passing stool on the floor. The Police were immediately called by the surgery.

2.2.2 The police were informed of Ronald's phone call and that Nancy was not breathing and unresponsive. The surgery believed from what the medical professionals had told them that Nancy had told Ronald that she did not want to be with him anymore and that he had struck her once. On Police arrival, they found Nancy in cardiac arrest and commenced CPR.

2.2.3 They found that Nancy had a bleed to the back of the head and there were two hand towels stuffed in her mouth which the postmortem later identified as being 'stuffed in up to a few centimetres.' Near to her head underneath a chair was a saucepan.

2.2.4 Nancy was taken to Addenbrookes hospital by ambulance and Ronald was arrested for causing Grievous bodily harm. Whilst in custody, he was assessed and there were no concerns noted about his mental health. Nancy was taken to the Neuro Critical Care Unit and when Robin arrived, she was updated on her condition. The family were then faced with issues over visiting due to covid restrictions but were able to be by her side for compassionate reasons when her condition deteriorated to say goodbye.

2.2.5 After three days in hospital, the family were informed that she would die from the extent of the hypoxic Ischaemic injury to her brain and her death was confirmed. Following a forensic postmortem in which the cause of death was found to be from the suffocation and heart attack from the material in her mouth, rather than the injury to her brain from the blow from the frying pan, Ronald was charged with murder.

2.2.6 Ronald was able to account for his actions just prior to assaulting Nancy and immediately thereafter but stated he had no memory of the actual assault itself. Ronald did not initially plead guilty and a pre-trial was heard due to evidence from a consultant psychiatrist on behalf of the perpetrator that there were grounds for a defence of non-insane automatism and the case was dismissed.

2.2.7 Following a successful Prosecution appeal, following another pre-trial hearing in which the above defence was discounted, Ronald pleaded guilty to Manslaughter by way of diminished responsibility. He received a sentence of 18 months imprisonment, suspended for two years at St Albans Crown Court in October 2024.

2.3 Individual management reviews (IMRs)

The majority of the information provided in the IMRs has been incorporated throughout this section and not duplicated.

Adult Social Care - ASC

2.3.1 According to records, ASC found no evidence that Nancy presented with challenging behaviour towards Ronald, or any other individual, nor that this information was ever shared with them. In addition, when a telephone discussion took place with Ronald on the 16th of December, nineteen days before the incident occurred, they were not informed that Ronald was finding his role in supporting his wife difficult. If Ronald had raised concerns with them, their normal process would have been to offer him a review of his wife's care and support needs and to again offer him a carers assessment.

Hertfordshire Police

Hertfordshire Police had no previous recorded domestic abuse incidents relating to Nancy and Ronald on their records. Although domestic abuse was disclosed to the GP, this information was not shared with Hertfordshire Police.

Hertfordshire and West Essex Integrated Care Board – ICB

2.3.2 The Integrated Care Board were represented during the Safeguarding Adult Review for Nancy and Ronald and recognised that although extensive training had been undertaken to identify and support victims and perpetrators around domestic abuse and dementia, they were less assured that this is consistently embedded in frontline practice across all services.

2.3.3 To address this, training has been developed, delivered and promoted across Primary Care Networks and the Community Health Care teams in the areas they cover. There has been the promotion of the use of GRACE tool (developed by a GP) to support risk assessment and action around those affected by DA and also the existing domestic abuse toolkit has been shared with Primary Care networks.

2.3.4 Training and information distribution has been accentuated around the correlation of domestic abuse, older persons and carers. Support in regard to safeguarding is being offered and provided by designated safeguarding team members where there are concerns arising involving these defined groups with additional safeguarding supervision in response to DA in older persons including carer stress and its impact. There has been promotion of the referral for carer assessment and considerations under The Care Act 2014 and the refusal of assessment.

2.3.5 There is also a plan already outlined for future training and embedded learning.

Cambridge University Hospitals – CUH

2.3.6 Nancy had two separate spells in Addenbrookes Hospital, both following what were described as falls, however, in regard to the incident in 2021 where she broke her leg, neither her or Ronald were able to explain how this had happened and Ronald is recorded as stating that they were both a bit muddled.

2.3.7 Following the failed discharge of Nancy, Ronald is recorded on notes as asking "Am I allowed to sleep?"

2.3.8 During the second hospital stay. Nancy had a capacity assessment as part of her discharge and was deemed not to have capacity to make medical decisions or input on her discharge.

2.4 Summary reports

GP Surgery

2.4.1 There were numerous entries in regard to carer stress due to challenging behaviour by Nancy with community mental health and respite care being the response and advice that was provided.

2.4.2 When the GP recorded that Ronald 'was at crisis point, he immediately made a referral for Nancy back to the community mental health team and sent it as a task to the practice secretary with the wording:

2.4.3 Dear Colleague,

I would appreciate your support with this lady who has been becoming more difficult to manage at home. She has dementia and has worsening incontinence and aggression directed at her husband. I am trying to find ways to support her husband but her behaviour has become more challenging and her husband is finding this more and more difficult.

I will arrange some bloods but she is housebound so it may be a few days before we can arrange it. I am visiting later to examine her.

Her husband is very much in crisis with her and I would appreciate your prompt review and consideration of medication, if appropriate. I have encouraged her husband to arrange for respite care at Melbourn Springs, which he will do.

Kind regards…

2.4.4 The practice secretary was on leave at this time and the letter was still in her inbox five days later, unattended to.

2.4.5 The GP Surgery have a Safeguarding policy and a Safeguarding handbook which contains guidance on an array of safeguarding issues which includes chapters on domestic abuse, neglect, physical violence and emotional abuse with links to further information resources if required. The waiting room has a number of posters outlining service and support information to contact in case of domestic abuse. There is a link on the website where further help can be accessed to for instance the National Domestic Violence Helpline, Victim Support, Refuge and Safe lives.

2.4.6 All GPs at the surgery have extensive training in adult safeguarding and are all required to do level 3 training every 3 years encompassing every aspect of every possible type of abuse. Content of adult level 3 safeguarding training includes:

2.4.7 To identify possible signs of sexual, physical, or emotional abuse or neglect using a person-centred approach.
To identify adults experiencing abuse, harm or neglect who have caring responsibilities, for other adults or children and make appropriate referrals.
To demonstrate a clear understanding, as appropriate to role, of forensic procedures in adult safeguarding and know how to relate these to practice in order to meet clinical and legal requirements as required.
To undertake, where appropriate, a risk and/or harm assessment.
To communicate effectively with adults at risk, in particular those with mental capacity issues, learning disability or communication needs.
To contribute to, and make considered judgements about, how to safeguard an adult at risk.
To contribute to/formulate and communicate effective care plans for adults who have been or may be subjected to abuse, harm or neglect.
About the issues surrounding suspicion of adult abuse, harm, and neglect and to know how to effectively manage uncertainty and risk.
How to appropriately contribute to inter-agency assessments by gathering and sharing information.
To document concerns in a manner that is appropriate for adult safeguarding protection and legal processes.
How to undertake documented reviews of your own (and/or team) adult safeguarding, as appropriate to role. This can be undertaken in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training.
How to deliver and receive supervision within effective models of supervision and/or peer review, and be able to recognise the potential personal impact of adult safeguarding on professionals.

How to apply the lessons learnt from audit and serious case reviews/case management reviews/significant case reviews to improve practice.
How to advise others on appropriate information sharing.
How to appropriately contribute to serious case reviews/case management reviews/significant case reviews, and domestic homicide review processes.
How to obtain support and help in situations where there are safeguarding problems requiring further expertise and experience.
How to participate in and chair multi-disciplinary meetings as required.

Hertfordshire County Council

2.4.8 At the time that Nancy was diagnosed with Dementia, Hertfordshire County Council were conducting a Pathways Project where they reviewed what services were currently in operation to support victims and their wider needs and utilised the MARAC operating areas to look at five separate geographical double district areas.
It was proposed that there should be five 'one-stop' shops to offer support in each area based on the findings of their particular needs with the minimum service offer of:

1) Specialist domestic abuse support for victims, regardless of their level of risk of harm
2) Legal support
3) Therapeutic support
4) Support around finances
5) Housing support

2.4.9 They would offer advice in regard to legal issues and mental health support.

2.4.10 Over the past few years, the Pathways Project has developed into The Community Mapping Project as whilst the Pathway Project looked at what the needs of victims and survivors are, the Community Project looked at what services are available to victims and survivors.

2.4.11 Leaflets outlining 'what is Domestic Abuse' have been designed to both identify the different abuse that can be suffered and has a flow chart of what support services are available with website and referral form links to assist the reader.

2.4.12 Hertfordshire provide a Community Outreach Service for domestic abuse victims at standard and medium risk with the IDVA service providing support for those at high risk.

Strategic partnership and CSP role within DHRs – Hertfordshire

2.4.13 The Strategic Partnership Team are responsible for developing, coordinating, and monitoring the multi-agency Hertfordshire Domestic Abuse Strategy 2021-2025. The Strategic Partnership Team (made up of multiple teams/workstreams) is part of Hertfordshire County Council and within that, the DHR team coordinates DHRs for the 10 CSPs in Hertfordshire (Dacorum Borough Council, Hertsmere Borough Council, Three Rivers District Council, Watford Borough Council, St Albans District Council, Welwyn Hatfield

Borough Council, Stevenage Borough Council, North Herts District Council, East Herts District Council, Broxbourne Borough Council) to make sure that learning is shared across all 10 CSPs.

The below table details the roles and responsibilities of the SPT and the CSP:

SPT	CSP
Centralised co-ordination of the DHR process	Confirm whether a DHR notification meets the DHR guidelines
Administrative support for DHR panels	Send a letter to the family (with SPT support)
A central point of liaison for agencies involved in the DHR process – a specific email address has been set up	Assist in the choosing of an appropriate DHR Chair
Manage communication and notifications between the Home Office, Safeguarding Boards and Coroner's office	Have final sign off of the DHR report
Develop and monitor action plans from reviews	

2.4.14 We also have a Service Level Agreement with every CSP and every core panel organization such as:

· Herts Police
· Adult Care Services
· Children Services
· Hertfordshire Partnership University Foundation Trust (HPFT)
· Spectrum Drug and Alcohol Services
· Independent Domestic Violence Advocacy (IDVA) service (Refuge)
· Probation
· Herts Community Trust
· Safeguarding leads at Watford and Lister Hospitals

Section 3 - Analysis

3.1 Family and friends' involvement and perspective

Caroline

(The below is written in Caroline's words so that context is not lost)

3.1.1 Having always gone skiing and Nancy being a good skier, they stopped going on these holidays when she met Ronald as he didn't like skiing. Caroline recalls that her mother seemed happy in the early days but when they moved to Royston and only kept two horses and had to sell everything else, her mother changed and went on tablets for depression. Her mother was quirky and she would have good fun with her dancing around the house.

3.1.2 Caroline states that although she has never had a close relationship with Ronald, they got on all right. This was in contrast to her sister, Regan, who had a poor relationship with him and left home because of him when she was about 15 years old. She recalls that at about 14 or 15 years, Ronald 'beat her up' (Regan) and dragged her upstairs by her hair, punching her in the face which she witnessed. She remembers Regan jumping out of the bedroom window and went to live with her dad.

3.1.3 Ronald seemed to hate Regan. Her mother went into denial. Ronald was very controlling and got cross immediately if things didn't go his way. Caroline recalls that when she was 15 years old, she can remember her mum being in the kitchen with a black eye but never spoke about how she got it. Caroline went to a nice school in Cambridge at that time and had broken her elbow joint playing races and was taken home. Five weeks later, when it was almost healed, Ronald lost his temper and punched her elbow joint before storming out to work. Her mum took her to hospital and it had re-broke but she was told never to tell Ronald and her mum didn't address it with him to her knowledge.

3.1.4 When Caroline's daughter was two years old, she remembers her mother ringing her and saying that 'she couldn't deal with it anymore' and that she wanted to leave him. All the money they had was hers but he controlled it and gave her an allowance. These types of phone calls went on for so long, but she never did anything about it.

3.1.5 She describes her mother as reserved and not really the person to go to for help as she was not assertive and not that strong. She had not worked since having her first child but had a lot of money from her divorce which meant that she didn't need to. Caroline states how she always hosted family events but Ronald never lifted a finger and treated her more like a hotel with the same expectations.

3.1.6 During covid, there was an occasion where she received a phone call from Ronald saying that he couldn't cope and she was to get there now. She drove the three hours and on arrival, found her mum crying as he wouldn't let her get out of the chair. Nancy would ring her daughter when Ronald was out so that they could chat. If Caroline rang her at any time, particularly in covid, Ronald would answer and then put it on speaker phone. He would not let her speak privately.

3.1.7 Ronald had said that Nancy would have to go in a home as he couldn't cope. Caroline spoke to Regan about this and they were willing to pay for a private carer to assist as Caroline did not feel that her mother was ill enough to be put in a home, but Ronald refused as he did not want Regan paying towards it. He had stated though that he couldn't afford to put her in a care home as 'there wouldn't be enough left for me.'

3.1.8 Caroline states that Ronald would not often 'lose it,' but you could tell the anger in his face and he would speak with total sarcasm and was patronising. Because he was able to speak articulately, he was able to control conversations with professionals without Nancy speaking.

3.1.9 Caroline and Ben spoke together about their disappointment in the judicial system. Due to the police Family Liaison Officer initially speaking to Robin, it was agreed that she

would be point of contact and communicate the information to the remainder of the family. However, during the days that Nancy was in hospital and then sadly passed, the initial information that Ronald had a momentary lapse and hit Nancy with a frying pan was then expanded on to inform them of the rags in her mouth which had not been mentioned in the first instance. Caroline accused Ronald of murdering her mum and was banished from the house as Ronald had already been controlling, calling a family meeting for a certain time and screaming in Caroline's face when she rang Regan to tell her that her mum was in a critical state.

3.1.10 It was then a number of months until the police contacted Caroline and realised that she had not been passed any of the information that had been provided. She was then allocated an FLO and states that the police were incredible.

3.1.11 Both Caroline and Ben felt that the first trial was a sham, with days when the judge wouldn't turn up and there was no thought for the family. Either what this did to them emotionally and stress wise or that they had gone to the expense of booking a Bed and Breakfast and incurred a lot of cost as they wished to be at their mothers/Grandmothers trial. They did not feel that the effect of domestic abuse and the treatment of Nancy was recognised by the Judge and that he was blaming her and making excuses for Ronald's behaviour which was shown in the sentence he received.

3.1.12 They felt that a lot of evidence provided by other siblings and family members apart from Robin was not heard and that Ronald had controlled Robin in her narrative.

Both Ben and Caroline felt that the DHR was the first time that they had been listened to been able to express their feelings of how the Judicial process has an adverse effect on families who have lost a loved one.

3.1.13 Ronald continued to control the funeral and the scattering of the ashes of Nancy without letting her or Regan have any say or Regan being allowed to attend, even though he was the cause of her death.

3.1.14 Caroline did not want her mother anonymised in this report as she wanted to ensure she wasn't just seen as a victim but as a human and that the cause and effect was acknowledged. She accepted that this would not be the wish of all family members and therefore anonymity was kept.

Robin

(The below is written in Robin's words so that context is not lost)

3.1.15 Robin remembers her mum as having a very active social life with lots of friends from different circles. She was very gifted and had interests in calligraphy, art, restoration of furniture and book binding. She stayed at home to raise the family and look after the animals. She played tennis, was an avid swimmer, was involved in the church and had lots of hobbies. She was always looking out for her daughters and they all shared a love of animals and horses.

3.1.16 Robin was very young when they left her first home. Ronald had a good job which was relocated to Royston so after some time commuting the family moved closer to his work. Robin has fond memories of their next home before finally settling in Royston in their family home for over 30 years. Nancy had seen the house for sale and had arranged a surprise viewing for Ronald. It was a beautiful house but needed a lot of renovation which they did together, and Nancy chose to sell the horses. Nancy had confided in Robin in later life that she was very depressed in the house between their first home and Royston as it had taken her away from the locality of very close friends and her parents, but she was very happy in Royston and built a new life there with the church, tennis club and other local groups.

3.1.17 Caroline moved out of their home when Robin was eight years old but would return most weekends and the two would go horse riding on a Sunday. She remembers family life as very happy, straight forward and stated that her mum 'wouldn't take any nonsense.' Robin went to boarding school for two years in her early life before returning home. Robin was a teenager when Caroline's son Ben was born and was honoured to be his Godmother. Robin was often at home when her parents were looking after him when Caroline and her husband were on holiday.

3.1.18 Robin felt Caroline had a good relationship with Ronald and called him "Dad", she never felt that they weren't equals as he treated her as his own and gave her away at her wedding and made a speech and often looked after her children and animals in their home when they were away.

3.1.19 Due to the upset between Mum and Regan, and Regan leaving home when I was at a young age, I am not close to Regan. I must've met her children no more than 3 times.

3.1.20 Nancy, Ronald, Robin and her partner, Caroline and her husband and children would spend Christmas and regular weekends together. They were all very close, would play silly games together and it was always a rambunctious time with lots of laughter.

3.1.21 Robin says her parents were very close and had a happy relationship with many shared interests, such as skiing (when Nancy announced she was pregnant with Robin!), windsurfing and gardening, but also had their own independent interests with both often going on independent trips to follow their hobbies and pursuits. Robin feels their relationship was very healthy and gave her a good foundation and expectation for establishing healthy relationships of her own. Her memories are of a happy relationship, happy home and upbringing and had not witnessed or experienced any violence or bullying either towards herself or between her parents. If there had been any violence, she is sure she would have spotted it in her mother's behaviour and demeanour but there was none. Also, she feels herself, Nancy and Caroline had strong enough character that had there been any such behaviour they would have acted on it.

3.1.22 She recalls that around 2015, her dad was hospitalised for a short while and it was then that she noticed that her mum was becoming forgetful. She would speak to them most days and see them each month with family get togethers. A lot of the time they would meet

at Caroline's home as she was happy to host and there was more space, as at this time Nancy and Ronald had downsized.

3.1.23 In 2017, her parents went on holiday to Switzerland and her mum was worried about losing her bag. Her dad lost her in the airport. At Christmas, she noticed that she was struggling to cook and her dad was beginning to become more stressed but it was manageable up until covid. Up until that time, Nancy had been swimming and playing the piano and ukulele but during covid, she wasn't getting stimulation from her friends and she lost interest in her hobbies.

3.1.24 Robin noticed a marked difference in her mum in 2020, when they went on their yearly holiday to Southwold in September. Her mum was in a bad way, confused and agitated and the different environment didn't help so they came home early. She did not identify certain items like toothpaste in the bathroom, or clothes in the bedroom, as they were not in the same environment as home and things like this caused her great upset and stress.

3.1.25 When calling to speak to her parents Ronald would often put the phone on loudspeaker so both him and Nancy would be involved in the conversation. Robin found it difficult to be able to speak to Ronald in confidence to find out how Nancy was really doing as Nancy would get very upset and paranoid that they were discussing her.

3.1.26 Nancy went into respite care, Robin and her partner visited and she was desperate to come home. Dad felt he'd let her down but they both needed the respite, and despite them trying at home again it was clear when Robin last visited that a nursing home was inevitable.

3.1.27 When Robin remarked about her father's ill-fitting glasses at Christmas 2021, he disclosed to her that her mum had struck him the previous day, causing his glasses to come off and become loose. She states that her dad was exhausted and that she had noticed how frustrated her mum could get and how the dining room rug and seat in the sitting room had to be covered due to her incontinence.

3.1.28 Robin stated that they hadn't told her mum about the care home as they thought this would upset her and had planned to inform her on the day. This wasn't to withhold information from her but to prevent unnecessary upset. This was suggested by Nancy's sister, Robin's aunt, who had helped Ronald take her to respite care a couple of months previously; Nancy had got very upset, and then forgotten, so it they had to tell her again causing further upset to everyone involved.

3.1.29 After the incident Robin received the call from the police. Caroline's mobile was not receiving calls. Robin informed her aunt, Nancy's sister and managed to get a message to Caroline to call her back. Caroline and Robin met in the family home the following day and Robin shared the information the police had told her about the saucepan and the cloth.

3.1.30 The night Mum died we (Robin, Ronald, Caroline, Ben, my aunt) returned to the family home and had a midnight fry-up. Caroline started telling stories about other members of the family mistreating her. We were all in shock already at Mum passing and

we all told her to stop. The following morning, she suggested she leave and I agreed that was probably a good idea.

3.1.31 Later we sat as a family (Robin, Ronald, Caroline, Ben and his sister) around the kitchen table during one stay to discuss details of the crematorium service and decided on the coffin finish, the flowers and colours and some songs.

3.1.32 On one particularly difficult Skype call where we (Robin and partner, Ronald, Caroline and Ben) were discussing what would be the right thing to do with Nancy's remains (FLO had advised that forensics would take months so to arrange a date soon for the crematorium). Caroline became upset and said, "but she's my mother." Ben snapped and said yes Mum, she's also Grandpa's wife, my Granny and Robin's mother. Caroline responded with an expletive and left the call. Robin and Caroline haven't spoken since.

3.1.33 After the Skype incident mentioned above Caroline didn't want to be involved in any further plans for the crematorium, despite Robin sending her suggestions and ideas on text. She didn't want to read or help choose hymns or readings. Regan and Robin continued to liaise as Regan planned to make a reading. Sadly, Regan could not attend the funeral service due to a blood clot in her arm.

3.1.34 When Caroline and Robin's relationship broke down, Robin continued to relay information from the FLO to Caroline via Regan, Fiona and Ben.

3.1.35 Since Nancy's funeral, Caroline distanced herself from Robin and they no longer have a relationship which Robin finds very sad.

3.1.36 Robin has heard from the panel review that her father turned down some of the services available. It was his nature, and that of his generation, to not wish to be a burden to the services and the family, especially during Covid when the NHS was under added pressure. Robin feels this sense of pride in the older generation should be accounted for by the services and how best to work around this.

3.1.37 We haven't yet been able to celebrate Mum's life with a memorial service. Nor have we scattered Mum's ashes as we had hoped there would be a time we could unite in doing this.

3.1.38 The family has become fractured, and naively I had hoped for a situation where we could have supported one another. Fundamentally I was the only person, the only family member who was with my parents near the end of Mum's life and witnessed first-hand the day to day struggles they were trying to overcome. It was intolerable. I feel that without this insight I would have reacted the same way as the opposing family members have, as without it, it must be beyond all comprehension. Caroline had not seen Mum in the six months, not visited her in hospital, nor in respite car, not at Christmas nor when things were at crisis point.

3.1.39 I am not condoning what my father did, but I know in my heart that he was doing his utmost, his very best in caring for his wife and this is why I have supported him. There was

never a time when I had any doubt that he wasn't doing anything other than his very best and treated my Mum, his wife, with patience, respect and dignity.

Regan

(The below is written in Regan's words so that context is not lost)

3.1.40 Regan was six years old when her parents divorced and they both re-married within a year. Ronald wanted her and Caroline to call him 'Daddy' which she refused to do and instantly disliked him for it.

3.1.41 She was ten years old when Robin was born and they move to Cambridgeshire after that. Regan states that she was admittedly difficult as a young teenager but Ronald dealt with her with violence. When he lost his temper, his first reaction was to lash out physically. Her mother never intervened on her behalf and her abiding memory of her was that she cried all the time and took a lot of Valium.

3.1.42 Regan describes the worst incident that happened was when she refused to be sent to her room, Ronald dragged her all the way up the stairs by her hair and punched her in the face with her younger sister, Caroline, screaming for him to stop. He then stationed himself outside her bedroom on self-imposed sentry duty.

3.1.43 Regan recalls that as she refused to be cowed by him, he would lose his temper and use his fists more often. On one of the occasions, he was stationed outside her bedroom door, so she threw her bedding out of the window, jumped and ran. She stayed with a friend for two days.

3.1.44 On returning home, Ronald called a social worker and her parents sent her away to a correctional institution in which she found this terrifying and was amongst violent offenders and drug addicts. The worst crime she had committed was bunking off school and smoking silk cut cigarettes and refusing to do as her stepfather commanded.

3.1.45 Regan's father collected her after two weeks and she went to live with her stepmother and never returned to their house.

3.1.46 Regan is now married with two children running a successful company. Her mother never attempted reconciliation and blamed Ronald for that due to his hatred of her. Nancy visited her when her son was born and they both went to stay for the weekend when her children were 6 and 5 years old. After one night, Ronald started shouting at me (he said I had upset my mother by not inviting her to my daughter's christening) and they left. My husband was appalled by his behaviour and said they would not be welcome again.

3.1.47 Despite the poor relationship I had with my mother, I was kept abreast of how she was by my sister, Caroline.

3.1.48 Once my mother was diagnosed with dementia Caroline and I spent a good deal of time discussing a care home or a carer for my mother. I also discussed it with my husband and we both agreed we would contribute financially. Caroline and I planned to visit my mother to discuss the options, although Caroline informed me that Ronald would not let me

see my mother without his presence. Unfortunately lock down happened before we could visit. Caroline informed me that Ronald refused the offer of private care at home funded by us as he didn't want anything from me.

3.1.49 I know from experience that Ronald is a bully. I believe he bullied my mother all their marriage. How he managed to get her to leave more money to his grandchildren than her own is only one example of controlling her finances. My mother seemed to suffer many falls and breakages of bones than is at all normal.

3.1.50 The way in which he killed her was horrendous. He is a manipulative bully who managed to convince the judge that he was the victim. He has got away with murdering his wife.

3.1.51 Once I was a mother, I found it incomprehensible that my mother allowed Ronald to bully me without ever defending me. I don't think my mother was a bad person, just weak and controlled, and she most certainly did not deserve to die by having her head bashed in and being suffocated by her own violent husband.

3.1.52 The narrative Ronald persists with, paints me as a dreadful person who ruined the family. When my sister Caroline rang to tell me of the attack on our mother, she told me that Ronald was incandescent with rage and said, 'there is no way that woman is coming to your mother's funeral.'

3.1.53 I did not get to say goodbye to my mother because of him.

Ben

(The below is written in Ben's words so that context is not lost)

3.1.56 Ben had a close relationship with both of his grandparents. He had always known that you had to do what his grandad said but had never really thought about it previously.

3.1.57 He stayed with them over the Christmas period in 2021 and although he observed that Nancy was quite immobile and assumed incontinent due to the floor coverings, he did not witness any aggression by her and any frustration was good humoured and apologetic.

3.1.58 When he first heard about what had happened, he made his way to the house and was immediately sympathetic with his grandad as Ronald told him that he had hit her in a moments loss as he was so tired and his narrative controlled Ben's thought process towards the situation. However, when Ben attended the Crown Court hearings and listened to the evidence as to what had actually happened, he realised how Ronald had selected the information he gave him that would maintain Ben's sympathy and had chosen a narrative against Caroline that Ben now realised was not true as his mum had only been telling the truth which Ronald didn't like.

Fiona

(The below is written in Fiona's words so that context is not lost)

3.1.59 Fiona is a daughter from Ronald's first marriage to her mother in which they divorced when she was two years old, some 52 years ago. She has spoken with her mother previously in relation to issues in their marriage and although she wouldn't go into too much detail, she told her of episodes of violence on a couple of occasions, one of which she was knocked unconscious.

3.1.60 She informed Fiona that she was frightened of this happening again and that in the 70's, it wasn't the 'done thing' to report it as she was ashamed and also had two young children to look after.

3.1.61 Fiona didn't see Ronald often as she grew up but they got on fine and he was never physically violent towards her. She described Ronald as a charming man to meet but did not like getting his own way. It was 'his way or the highway.' Fiona has not spoken to him in a number of years and is not in contact with him following the final occasion he was verbally aggressive towards her when he didn't agree with the naming of her son.

3.1.62 She refers to him by his name rather than 'dad' and stated that what had happened was terribly sad and "a different kind of man may not have done what he did."

3.2 Perpetrator's perspective

Ronald

(The below is written in Ronald's words so that context is not lost)

3.2.1 Ronald describes Nancy as outgoing and not domineering. She ran the house and brought up the family.

3.2.2 He first became worried about Nancy's memory in 2008 and went to the GP about this. Nancy was eventually diagnosed with mild cognitive impairment and over the years, he witnessed her decline in being able to remember things and the frustration this caused her.

3.2.3 In 2020 when she was in hospital following a fall, Nancy was formally diagnosed with Alzheimer's. Ronald's main focus was on trying to obtain support and assistance for her in any way he could. He was contacted by both Caring together who are based in Cambridgeshire and Carers in Herts who are based in Hertfordshire who provide Admiral nurses to support carers in his position.

3.2.4 Following Nancy's diagnosis, there was a lot of information to take in and things to arrange in an area that he had not had to deal with previously and although he appreciates the offer of support from both, he found this confusing at a time when clear pathways of support would have been preferred without him having to research and decide on what agencies were most suitable.

3.2.5 There was also confusion over the nurses who attended his home following Nancy's discharge from hospital as to what their roles were. There were Admiral nurses still in contact with him for support, there was the physiotherapist for Nancy's mobility, there were community nurses that came to administer medication daily and then there were the three times a day care support package. These carers did not have a set time that they would come to the house and often, Ronald would have prepared dinner just as they arrived and it would go cold, so he ended up sending them away if this occurred.

3.2.6 Ronald also outlines that Nancy would have preferred female carers to wash her due to her age and dignity but male carers frequently attended. When Nancy went into the care home for respite, as advised by the GP, because this was a private care home, she then didn't have access to physiotherapy or the nurses that had been attending as they were NHS.

3.2.7 Ronald made referrals to Alzheimer's Society and Careline but did not hear anything back. Ronald frequently told professionals that he was struggling to cope and Nancy's aggression at the frustration she felt with losing her independence.

3.2.8 Practical elements caused additional stress such as when Nancy was released from hospital for the ambulance staff to refuse to take her upstairs where the bed was as it was a fire hazard yet nobody had consulted Ronald over this and Nancy was distressed when she had to return to hospital.

3.2.9 Nancy's incontinence was a demanding factor on his caring for her. He would often have to change the bedding and had to put plastic coverings on the floors to protect the carpets. He discussed a referral being made to the Bowel and Bladder clinic on more than one occasion with more than one agency but does not think that this was made.

3.2.10 Ronald states that Nancy had become slightly paranoid that he was trying to get rid of her and that things were happening without her knowledge which led to 'having outbursts.'

3.2.11 Ronald did not discuss the day when Nancy sustained her life ending injuries.

3.3 Terms of reference areas

a) To establish if Domestic Abuse (DA) in any form had been the causation or contributory factor in the death of Nancy

3.3.1 There are a number of records made in relation to Nancy's non-acceptance of her diagnosis of dementia and her anger and frustration at this directed to Ronald, however, it is noted that this narrative is from Ronald and provided to the Admiral nurses whose primary focus was on caring for him. It is not recorded that they witnessed this or Nancy spoke of it when spoken to. This narrative is also in contrast to the reports from Melbourne Springs Care Home staff that Nancy was very calm when talking about her illness and her behaviour was the opposite of the narrative that Ronald controlled. That narrative of how challenging,

frustrated and aggressive Nancy was, was outlined by Ronald to each professional he spoke to yet although he was in contact and met with professionals almost daily, he chose to only disclose this to the GP.

3.3.2 There are mentions of frustrated behaviour observed by their daughter, Robin when they were away on holiday but it cannot be known whether this is due to Nancy's illness or frustrated at being controlled by Ronald. Other family members have outlined during this review that everything had to be on Ronald's terms and if it wasn't, then his temper would show.

3.3.3 It has been disclosed that there was domestic abuse and violence in his first marriage. Nancy had a number of injuries that were either unexplained or were explained as falls, two of these causing broken bones and Nancy being admitted to hospital for a period of time. There is also a description of Nancy appearing 'shaky and anxious' which correlates to the time following Robin witnessing her parents argue. When the author spoke to Ronald in relation to him striking Nancy with his hand as per the GPs disclosure, Ronald minimised this and stated that it was a clip to the back of the head and he didn't really touch her. He then avoided questions in relation to his temper and if there were any other incidents similar and guided the narrative to how Nancy had initially attacked him and he had clipped her round the head as a telling off so that she knew she could not behave like that. He went on to say that the GP knew him well enough that he would know he would not harm her. Again, this can be construed as controlling a narrative to the GP who he frequently rung and spoke to.

3.3.4 Nancy's eldest daughter, Regan, speaks of how she remembers her mum always crying and Caroline refers to how her mother changed once she went to live in Royston. These observations are prior to the diagnosis of dementia and both daughters speak of the temper and violence of Ronald of which his behaviour towards them is also seen as domestic abuse.

3.3.5 Family members refer to Ronald's controlling behaviour, not just of Nancy but also of themselves, which is not directly related to his stress as a carer as his consistent behaviour dates back to his first marriage and is outlined by his daughter from that marriage showing a constant personality trait in his life.

b) Was there effective communication, information sharing and collaborative working in response to the needs of Nancy?

3.3.6 Having received an assessment early on in Nancy's diagnosis of dementia, Ronald declined a carers assessment prior to discharge from respite two months prior to her death, which would have allowed further understanding of the impact of Ronald's caring role and whether any additional support could be offered. Ronald was already engaged with several other agencies who were supporting him and Nancy and his disclosures of struggling to cope were well documented. However, these appeared to be put in notes that informed the GP who although being supportive and advising Ronald in relation to respite care, did not seem to comprehend the stress that Ronald was feeling, even with indicators of weight loss and

reduced appetite and did not consider or foresee any risk factors to Nancy, but concentrated on the needs of Ronald.

3.3.7 One of the main causes of stress to Ronald was Nancy's incontinence which caused him distress at having to remind her and cleanup after any 'accidents and it caused embarrassment and lack of dignity to Nancy yet it has not been found in this review that a referral was made to the Bowel and bladder team even though the GP was contacted in relation to this by ASC, the Community Health team and Ronald.

3.3.8 There were times when assistance was offered by agencies and Ronald, on behalf of himself or Nancy, declined or would accept and then change his mind such as with Careline. This causes a barrier to those agencies being able to provide the service that is required.

3.3.9 Nancy was discharged with three times a day single care. There are elements of the discharge that could have been improved. Due to this being from a Cambridgeshire hospital, the initial emergency care package cannot state what exact times they will be able to attend and stipulate the sex of the nurse attending. However, this can be done when the care reverts to long-term and this would have then been with Hertfordshire. However, neither Ronald nor Nancy would have known who to contact at the time to ask these questions.

3.3.10 Also, the conversation in relation to Nancy's ability to live upstairs and the facilities at home to enable this could have been addressed in more detail with Ronald and explained to Nancy to minimise her upset and confusion when poor planning led to her re-admission.

3.3.11 Effective Practice has been identified in a number of forms whilst Nancy was in Addenbrookes hospital:

- MCA for care and treatment and consent to discharge arrangements
- Information to Nancy and Ronald about Age UK, Alzheimer's Society and Hertfordshire Social Services.
- Referral to the community mental health teams for post-diagnostic support
- Literature of support services provided.

3.3.12 The Police have no previous records of DA recorded between Nancy and Ronald. However, following Ronald's disclosure to the GP, this information should have been shared with them and ASC to provide a clearer picture and empower them to make an informed decision when responding to any calls for service.

3.3.13 There is no evidence of a multi-agency meeting or a professionals discussion as to what the needs of Ronald and Nancy were and also who was providing what service in order to avoid duplication and ensure there is a holistic plan rather than agencies working in isolation. (Recommendation refers)

c) Is the correlation between the heightened risk of domestic abuse and carers recognised amongst agencies within Hertfordshire?

3.3.14 Good practice was displayed by the hospital staff of CUH and CPFT when Nancy first received her dementia diagnosis as they spoke to both her and Ronald separately and then

discussed the discharge plan with them together. This was also the case with the Admiral nurses who, although predominantly focussed on caring for Ronald, spoke to Nancy on the phone whilst she was on her own on one occasion. However, on neither occasion is it recorded that she was asked if she felt safe in her home.

3.3.15 GP notes indicate that the clear escalation of the problems between Ronald and Nancy was evident when reviewing the medical notes as a whole. Right near the end of Nancy's life, the GP visited with the home situation apparently at "crisis point." Yet no immediate action was taken to arrange additional support nor is there mention of a possible "social" admission, knowing that respite care especially during the festive period may take a bit of time to arrange. The GP referred her back to the mental health team and as aforementioned, sent the task for the referral to the secretary but this wasn't actioned immediately. There was no consideration that normal practice procedures may not be available over the festive period and no urgency to ensure immediate support was provided even though 'crisis point' had been identified. The secretary confirmed that she would have been off work between Christmas and New Year and had returned to work on the day Nancy died. She would have actioned the referral to the mental health team that morning.

3.3.16 Although Nancy had been deemed as not having capacity to make decisions on her discharge, the hospital felt that they should still ensure the voice of the patient is evidenced and recorded in the discharge arrangements. It was also identified that they needed to recognise the needs and capabilities of the carer and provide them with signposting and information on the carers assessment.

3.3.17 Hertfordshire has a Carers Strategy from 2022-2025 which provides the aims and objectives for the County in their support and response for carers. This strategy does not include domestic abuse or reflect the correlation of the heightened risk in either carers or those being cared for of domestic abuse when a carer lives in the home. It does include the recognition of carers for dementia. (Recommendation refers)

3.3.18 The Clinical Psychologist noted that Nancy had bruising to her nose, forehead and cheek. She said she had fallen over but laughed and said she could not recall how or when. She reported feeling ok and said she did not seek medical advice. Nancy's bruises were considered to be the result of a fall. They were not identified or considered as a potential indicator of any physical abuse between Ronald and Nancy.

d) Is there sufficient support available for older persons who may be victims of domestic abuse, in a carer circumstance or suffering from dementia in the Hertfordshire area and how accessible are they?

3.3.18 It is recognised that both Nancy and Ronald received lots of support after the diagnosis of dementia from the mental health team, with the admiral nurse and the dementia carer support service making contact and actively attending their home, even during covid. Physiotherapy was provided for her issues with mobility.

3.3.19 This report outlines a number of services within Hertfordshire and nationally that were to Nancy and Ronald, however, the majority of services offered in this instance appeared to be support services for Ronald unless specifically a medical requisite for Nancy.

3.3.20 Nancy saw a psychologist in order to assist her with the understanding and acceptance of her diagnosis of dementia but these were stopped by the psychologist due to being informed by Ronald that it was upsetting Nancy. A question could be asked if it would have been more beneficial to continue with these sessions as alternative support services were considered and felt not appropriate. These facts were not reflected in the Judges sentencing notes who was critical of the psychologist.

3.3.21 Hertfordshire provide a myriad of services in relation to domestic abuse, dementia and carers but these areas appear to all work in isolation rather than together for a holistic approach to all three angles in order to provide a bespoke plan and identify any increased risk due to be more informed of the other aspects.

3.3.22 Ronald made a direct disclosure to hospital staff and says ‘‘Am I allowed to sleep?'' This should have prompted a further discussion with him and recognition of his needs as a carer.

3.3.23 Behaviour charts were completed during Nancy’s admission, which do not appear to indicate any cause for concern during the day. Records of overnight care are less well recorded in the notes however a review of nursing notes does not highlight any concerns by the hospital.

3.3.24 The visiting carers found the home immaculate, which is a known phenomenon, particularly for Nancy and Ronald’s generation, where pride and the need to keep up appearances should have been a red flag to identify additional pressure and stress. Professional curiosity may have also identified whether this behaviour by Ronald was controlling behaviour which is why this could have created anger when Nancy’s incontinence occurred.

3.3.25 Good practice was identified through the regular contact from the CPFT Older Peoples Mental Health Memory Clinic Service with Ronald and Nancy following the referral to their service where they provided advice, made referrals and monitored the progress and welfare of both Nancy and Ronald. Regular contact was maintained and agencies contacted to liaise when necessary.

3.3.26 It identified carer stress and signposted Ronald to organisations to support him but the type of degree of risk associated with carer stress was not identified.

3.3.27 It was identified by panel members in the third panel meeting that there were similarities in some of the recommendations to that of other previous DHRs in the area including the published DHR30 of Herts in 2019 titled Sarah. It was questioned as to whether the learning had been implemented from these. (Recommendation refers)

Section 4 – Conclusions and Recommendations

4.1 Conclusions

4.1.1 This review has been enhanced by the information provided by a number of family members of Nancy who have provided invaluable information in relation to her personality, her life with her children and Ronald and the issues and barriers that were faced by both her and Ronald following her diagnosis of Dementia.

4.1.2 Nancy and Ronald both had previous marriages where they had two daughters each from those respective marriages and having met through their respective divorce solicitor who was a friend of Ronald's, their relationship began at a fast pace, with Ronald moving into Nancy's family home within a few months due to him having to sell his house and then they were married within a year of meeting each other. They then went on to have another daughter.

4.1.3 Ronald is described by more than one daughter as controlling and not happy if things do not go his own way and they outline incidents throughout their lives of him displaying this behaviour and also violence towards them when this happened at times. Ronald now only has a relationship with Robin out of all of the daughters.

4.1.4 This review outlines a number of occasions whereby Nancy was seen with bruising or suffered a serious injury that although, was explained by a fall, no context to how this had happened could be provided. On these occasions, there was no professional curiosity as to why these may have occurred, even though Ronald was frequently informing professionals of his stress at caring for her. Nancy has been identified as laughing off her confusion on more than one occasion to professionals and therefore, her dementia may have provided them with a reason not to question her any further, even though she was more than capable of holding a conversation.

4.1.5 There is evidence of some professionals speaking directly to Nancy which is good practice, but the majority of professionals spoke to Ronald who controlled the narrative of Nancy's aggression and behaviour towards him which, although Robin saw an argument between them a few days before Nancy's death, professionals did not witness this who attended the home frequently or from the care home that she stayed in for respite.

4.1.6 Ronald was provided information and referrals were made to support him but these could have been communicated better to him as due to cross border logistics, agencies were duplicated from Cambridgeshire and Hertfordshire which caused confusion at a time when he was himself dealing with the news of the diagnosis and trying to obtain sufficient support for Nancy.

4.1.7 Nancy's issues with incontinence were a great source of stress for Ronald and also, humiliating for Nancy. Requests were made to the GP for a referral to the Bowel and Bladder clinic on more than one occasion but this was not made. The Judge in his sentencing remarks referred to a number of failings by agencies of which some were accurate, but others were due to Ronald controlling a narrative that he had been failed when agency

records stated that both a carers assessment and Careline were offered and declined by Ronald and that Nancy did have professionals providing ongoing care whilst she was in respite but Ronald then told Adult Social Care that they did not need any further assistance.

4.1.8 Good practice was shown by them following up with a home visit when she went back home to offer their services again and check on both her and Ronald.

4.1.9 Disclosure of assaulting Nancy to the GP was met with concern for Ronald and his carers stress was again recorded and that he was in crisis yet the referrals that the GP identified to make at that time were not made and the police were not contacted. Nancy had not been seen as a victim of an assault or domestic abuse and no other agencies were informed of this, even though it was a clear indication that the risk to Nancy had significantly heightened days prior to her death.

4.1.10 Covid was a significance within this review. Firstly, the good practice observed by the amount of professionals that attended Ronald and Nancy's home to assist and support them but secondly, the fact that Nancy's respite into a home was delayed for two weeks due to both her and Ronald testing positive for Covid on the day she was due to be taken and it was in this time period, that Ronald then killed Nancy.

4.1.11 It is the panel's findings based on the information that has been provided to this review, that Ronald was controlling and coercive throughout their marriage, not just towards Nancy but also to the remainder of the family and that physical violence was present when things were not to his liking due to his anger at this.

4.1.12 Ronald utilised his controlling mannerisms with professionals when informing them of Nancy's behaviour toward him which as a result, meant that her dementia overshadowed any domestic abuse curiosity that should have been shown.

4.1.13 There was no multi agency professionals meeting that would have benefited with an overall care plan for Nancy and an informed risk assessment. The correlation between Older persons, dementia, carers and domestic abuse is not known wide enough amongst frontline professionals for them to identify risk and safety plan.

4.2 Lessons to be learnt

Barriers caused by differing areas of jurisdiction by agencies

4.2.1 Nancy and Ronald's home was on the border of Hertfordshire and Cambridgeshire and although they owned a Hertfordshire postcode, the location was nearer to a Cambridgeshire Hospital which was where Nancy was transported to on the occasions she needed medical assistance.

4.2.2 This meant that when Nancy was discharged from hospital, referrals for emergency district nurses, ASC and carers will automatically be made to those service providers within Cambridgeshire. As they lived in Hertfordshire, the correlation with Hertfordshire Services

could be delayed and at times duplicated with their counterparts which caused confusion to Ronald as he was being contacted by two separate carers services. The Integrated Care Board (ICB) for health matters for where they live covers Hertfordshire and West Essex, but the discharge from hospital nursing referrals for home care treatment were initially made with Cambridgeshire service providers. Adult Social Care work under specific County Councils.

4.2.3 Although this may be seen that it is beneficial that more providers are offering/duplicating services rather than none, this caused great confusion to Ronald who was caring for Nancy and a clearer pathway and purpose of each carer/nurse that attends the home should be outlined to reduce any further stress. (Recommendation refers)

Does Dementia in older persons overshadow domestic abuse?

4.2.4 Nancy was diagnosed with mild cognitive impairment in 2016 and formally diagnosed with dementia, having attended the Neurology Cognitive Disorder Clinic at CUH. Nancy was also deemed not to have capacity to make decisions in regard to her medical treatment and nursing care following a mental capacity assessment yet this does not stop professionals speaking to her and asking her opinions.

4.2.5 She was referred to a psychologist for the purpose of assisting her with understanding her condition and coming to terms with it but this was ended after a few meetings as Ronald informed the psychologist stated that it was upsetting for Nancy and she therefore made the decision it was not beneficial. This was a rare occasion when Nancy could speak to a professional alone and may have had the opportunity to disclose any abuse she was suffering if professional curiosity had been shown in regard to her bruising and more time had been allowed for Nancy's trust to be gained. Those suffering from domestic abuse can sometimes feel upset if they feel under pressure that they may disclose and fear this due to consequences that may be suffered afterwards.

4.2.6 Nancy had a number of unexplained injuries that although two were recorded as 'falls', there was no questioning as to how these falls may have come about as there may have been a subconscious decision by professionals that as Nancy had dementia and issues with her memory, as Ronald was always quick to point this out, then the consideration of any underlying reason for the injuries was not explored or considered.

4.2.7 When Ronald disclosed a physical assault on Nancy to the GP, the response was not to look at this as domestic abuse but as carer's stress.

Are DA victims suitably recognised in the Judicial system?

4.2.8 The review panel had sight of the sentencing remarks of the Judge for Ronald. Family members had already voiced their concerns as to how they felt they were treated and considered during the judicial process, how much of the voice of the victim was heard and

concerns over the manner in which remarks by the Judge appeared to favour the perpetrator.

4.2.9 The panel felt that the tone of the paper was victim blaming with comments that although tempered with a sentence beginning, 'through no fault of her own', went on to outline paragraphs of the adverse effects her dementia caused in a manner that made the reader feel like it was her fault with the isolated sentence of 'She was certainly ungrateful'. There is an underlying intonation that Ronald is exonerated of blame and that this was Nancy's fault.

4.2.10 The Judge outlines a number of failings by agencies from the time that Nancy was diagnosed with dementia but they read that they are failings towards Ronald and not Nancy. The panel have reviewed some of the failings that were outlined and although some are accepted and have also been identified as learning points in this review, there are some that are inaccurate as they have been entered by the perpetrator into evidence but due to the lack of a trial as per his guilty plea to manslaughter by diminished responsibility, the prosecution have not provided evidence in detail as to what response agencies provided. This causes concern for the inaccuracies that are formally documented within the sentencing report.

4.2.11 It is noted that the Judge does not reference the one act of physical violence (DA) that Ronald admitted and disclosed to the GP prior to killing Nancy yet mentions that he spoke to the GP at length. (Recommendation refers)

4.3 Recommendations

National

1. **The Courts and Tribunals Judiciary to provide a guidance document to Judges in relation to the identification of domestic abuse to ensure that disabilities do not overshadow domestic abuse in their deliberations.**
   This will allow Judges to identify certain patterns of behaviour when presented with evidence and facts of a case and identify whether domestic abuse has occurred to then take into consideration.

Local

2. **Joint Protective Services of Bedfordshire, Cambridgeshire and Hertfordshire Constabulary's to implement a process to ensure the Family Liaison Officer calls all siblings/parents relating to the deceased, following a homicide at an agreed given time within a month of first contact.**
   This will ensure that family dynamics do not impede the sharing of information between the Police and all relevant family members and that all are equally aware of information.

3. **Cambridge University Hospitals to review the carers policy to ensure it includes the needs of carers and the correlation with domestic abuse.**
   This is to ensure that on discharging a patient, they have been able to consider the appropriateness and the capabilities of the carer and what their needs may be to ensure the minimisation of the risk of domestic abuse to the patient.

4. **Cambridge University Hospitals to review the current Mental Capacity Assessment (MCA) and improve the documentation and recording of the views and wishes of the patient.**
   This will ensure that the patients desires are not overlooked and are taken into consideration. This may also minimise the narrative being controlled by others on behalf of the patient.

5. **Hertfordshire Adult Social Care to include domestic abuse and the correlation of heightened risk of this to both the carer and the person being cared for as part of the carer's strategy.**
   Domestic abuse is not included in the carer's strategy at this time and as carer's do not automatically have contact with Adult Social Care, this can leave them with little means of support or recognition of the heightened risk within the household. Inclusion will provide a framework to address the specific correlation between carers and domestic abuse.

6. **Hertfordshire Domestic Abuse Partnership Board to provide an awareness event of the correlation between carers, disabilities and the heightened risk of domestic abuse in these circumstances.**
   This will provide awareness of the issues amongst professionals and front-line responders and increase the identification of risk and submission of relevant referrals. This should include how to ask about DA and taking appropriate action if disclosed. Promotion of engagement between agencies to assess holistically should be encouraged.

7. **ICB to work with GP practices to highlight the findings from this review and raise awareness of domestic abuse among the older population with particularly emphasis on dementia.**
   This will enhance front-line knowledge of the correlation of these areas to assist with identification and identifying risk.

8. **ICB to have a working party to identify barriers in allocating service provisions and streamlining support for patients who live cross-border.**
   This is to ensure that the correct service provision for the correct area is allocated and will avoid duplication of services providing the same support and prevent confusion to the patients and service receivers.

9. **Hertfordshire County Council's Strategic Partnership Team to conduct a thematic review into recommendations from previous DHRs by Hertfordshire in the past seven years to ascertain outcomes from recommendations and identify re-occurring themes.**
   This will provide analysis of the progress being made within Hertfordshire from learnt areas and identify those areas that are repeated for further focus.

Appendices

Appendix A

Terms of Reference

- The date parameters under consideration are from January 2019 until present. This provides for a wider scoping on any injuries that may have occurred during the early undiagnosed dementia period. If agencies hold material prior to this that they deem relevant then this is to be included.
- Ensure the review seeks to involve the family in the process and takes account of who the family may wish to have involved as lead members. Identify any other people the family think may assist or be relevant in the review process.
- Seek the involvement of friends to provide contextualised analysis of the events.
- Establish whether agencies have appropriate policies and procedures to respond to domestic abuse and to recommend any changes following the review process.
- Establish if the following processes and practices are effective and were they utilised in the case of Nancy and Ronald in any of the following areas:
  a) Communication and information sharing between services.
  b) Information sharing between services with regard to the safeguarding of adults and their carers.
  c) Communication within services.
  d) Identifying the vulnerability of carers to being either the abuser or subject to domestic abuse due to their role within the relationship and are adequate safeguarding measures and recording processes implemented in these situations.
  e) Are referral mechanisms adequate and were they sufficiently made to support Ronald and safeguard Nancy
- In the event of cross-border assistance, explore if this creates additional barriers to obtaining support and additional stresses to those seeking support
- Establish if appropriate assessments for all involved are in place on discharge from health and care establishments.
- Establish if agencies have sufficient training and knowledge to identify signs of domestic abuse and how to appropriately refer and record this, specifically including both psychological and economic abuse and coercive and controlling behaviour.
- To consider the impact of the pandemic on the services and how they adapted their practices to support Nancy and Ronald.
- What processes exist to ensure that if support is offered and declined or authorities are informed of private alternative preference, that contact is maintained to ensure a continuation of assessment.
- Establish if Professionals exercise professional curiosity to consider and ask relevant questions that may identify domestic abuse. Are these recorded in an appropriate manner and are the mechanisms for recording suitable?
- Examine how effective agencies were to support Nancy and Ronald following her diagnosis of dementia.

- Identify and highlight good practice for wider sharing
- Were procedures sensitive to the ethnic and cultural identity of the deceased and her husband? Was consideration for vulnerability, age and disability evident? Were any of the other protected characteristics considered in this case?
- Is communication and explanation sufficient in regard to processes, especially for elder people to minimise fear of consequence, specifically in regard to their financial state and when completing a carers assessment.
- Is there sufficient support available locally for older person victims of domestic abuse and how accessible are they?