NHS
Hertfordshire
Partnership University
NHS Foundation Trust

Action plan arising from Independent Learning Review

StEIS ref 2015 30940 Mental Health Homicide

No	Recommendation	Lead	Level of recommendation	Actions taken	Date action completed
1	National changes in the approach to investigating serious incidents with the introduction of the Patient Safety Incident Response Framework (PSIRF), since this incident provides the trust with an opportunity to develop these changes further. The FM team understand that the trust started their PSSIRF journey in January 2024. With the introduction of its revised incident reporting and serious incidents requiring investigation policy, the trust should take the opportunity to ensure that the quality of investigations is strengthened, this should include:	Head of Safer Care Deputy Director Safety and Risk Management	Organisation	Patient Safety Incident Plan setting out safety priorities and Trust's approach in place in agreement with Herts and Essex Integrated Care Board on Trust website. PSIRF policy developed and in use. Terms of reference for Patient Safety Incident Investigations informed through service user and family feedback and liaison with other involved agencies in keeping with PSIRF guidance.	January 2024 January 2024 January 2024

	• drafting clear terms of reference, having consulted with appropriate interested parties such as service users, families, and all key decision-makers along the pathway, including those from other organisations • extend this collaborative approach to the investigation process itself by engaging with all interested parties to construct a comprehensive timeline of events / journey maps • ensuring all those conducting investigations are properly trained in investigation techniques and how to apply the principles of human factors in line with the standards outlines in PSIRF • the trust should ensure that actions address all findings and recommendations/safety actions, are outcome-based and measurable • the trust should ensure that serious incident action plan evidence is rigorously and independently tested			Weekly Patient Safety Incident Panel makes decisions on learning responses to be undertaken. Use of Datix to record learning responses in addition to use of monthly position statements to monitor timeliness of learning responses with oversight from the Safety Group. PSIRF internal audit completed to seek assurance on processes for learning from incidents and compliance with national guidance. Trust has staff trained to undertake learning responses in keeping with PSIRF national guidance. Recommendations arising from PSII's are agreed with the Divisional Director and Chief Nurse as part of the governance sign off process. Trust to review and strengthen current process for seeking assurance that learning is embedded and	In place In place August 2024 In place In place Due to be completed by Q1 2026

	before it is signed off as complete			sustained. The PSIRF and the Duty of Candour policies clearly set out the importance of meaningful engagement with families to support learning and improvement in keeping with national guidance.	In place
2	The trust should review the guidance available to healthcare professionals and the wider NHS such as *Religion or Belief: A practical guide for the NHS, January 2009* and engage with local organisations such as MIND. The trust should then critically appraise its mental health services and make the changes necessary to ensure staff are able to deliver appropriate interventions and effective service delivery that is sensitive to religious, cultural and social differences. This should consider those situations where cultural stigma and shame might be associated with accessing mental health support and therapies. The culmination of this work should result in policy and process enhancement together with a more tailored training	Deputy Medical Director	Organisation	The Trust has a number of workstreams in process related to inclusion and belonging overseen by the Effectiveness Group. Equality & Diversity Training is mandatory for all Trust staff with compliance monitored by managers through the use of the Electronic Staff Record system and alerts for to managers and staff when the training is due to expire and supervision. Cultural awareness to inform risk assessment and risk formulation is incorporated into the simulation based suicide prevention training programme. Clinical Risk Assessment policy in place which aligns to current best practice around	In place In place In place In place

	programme that includes the cultural needs of the religious communities who access its services. The trust is advised to revisit, and strength test its clinical risk assessment and escalation processes, including staff training. The work should take full account of this case and the learning from the assurance review when examining its response to religious, cultural and social differences.			risk assessment and risk management. Risk Assessment CQI project undertaken which strengthened the risk assessment form in use across Trust services to record risk assessment and risk formulation using the 5P's approach. Simulation based suicide prevention training programme incorporates current best practice in risk assessment and risk formulation.	September 2025 In place
3	The trust should review all relevant NICE guidance and quality standards, and The Improving Access to Psychological Therapies Manual, version 6, published by NHS England in February 2023. Following this review, the trust should assure themselves that its current service provision, associated policies and staff training is in line with up-to-date national guidance. Practitioners should continue to assess service users frequently for changes in their levels of risk. This process should continue during a period of	Divisional Director Adult Community Mental Health	Organisation Division	Commissioning and delivery of Trust's Talking Therapies service is in keeping with all required quality standards and NICE guidance. The Trust has completed a number of work streams in its management of disengagement as part of its response to the CQC action plan arising from events in Nottinghamshire Healthcare Trust. This has included development of an assertive outreach function within Adult Community	Complete In place

	disengagement, which may indicate an increasing level of risk is emerging. Practitioners should understand when, on the basis of risk, a service user's care and treatment should be escalated or transferred to secondary care services. The trust should ensure this pathway is well understood and that transition works smoothly.			Mental Health Services. The Trust has a Did Not Attend/Not Brought In policy which clearly sets out actions to be taken where an adult service user does not attend an appointment with a health or social care professional.	In place
4	The trust should adopt a regular programme of auditing its patient records management systems so that it can monitor whether staff are complying with the additional checks introduced following the investigation. The trust should seek to gain robust assurance as to the effectiveness of the changes described in its action plan.	Director of Innovation and Digital Transformation Chief Information Officer	Organisation	The Trust undertakes records management audit as part of its annual audit programme.	In place