

Recommendations and actions arising from NHSE Independent Mental Health Investigation Report

Incident identifier/s	StEIS ref 2021 19349
Divisional Lead/s	Sarah Damms Adult Community Divisional Director Keith Mulita Deputy Director Safety and Risk Management
Last updated/ completed	November 2025

RAG Rating Key	
Red	Action not started
Amber	Action being progressed
Green	Action fully complete

No	Recommendation	Action	Lead	Progress	Planned completion date	Status
1	The Trust should continue to develop and reinforce links between mental and physical care not only in relation to care provision, but also communications within the primary, mental health and acute hospital sectors. The aim is to train staff, raise awareness, and improve the quality of early assessments and treatments to reduce gaps that can exist in NHS primary, secondary and tertiary care between physical and mental health problems. The aim is to reduce delays to effective assessment, joined-up formulations, and reduce 'diagnostic overshadowing'.	There is a continued focus across adult community mental health services on strengthening of physical health monitoring and communication across primary and secondary care for those with identified comorbidities.	Divisional management team	<p>Pilot GP physical health projects to strengthen the interface with primary care are underway</p> <p>Nursing Fundamentals of Care supports in-clinic tracking of physical health and ensuring that GPs are alerted to any physical health concerns and treatment plans</p> <p>The Hertfordshire and West Essex Shared Care Record brings together information from the electronic records held by different</p>	July 2026 in line with delivery of reshaped CMH Service	<p>Ongoing</p> <p>Complete Q1 25/26</p> <p>In place and ongoing</p>

				<p>organisations. This allows health and care professionals to access a real-time summary of key information, safely and securely to support care delivery.</p> <p>HPFT is collaborating with health and other partners on developing neighbourhood health partnerships and integrated MDTs</p>		Commenced Q2 2025
2	The Trust has taken a range of significant steps to improve the way that training about risk is undertaken (including risk of suicide in association with physical problems such as chronic pain or physical disability).	Trust's Research Team and Simulation Faculty members to evaluate the impact of the Trust's suicide prevention simulation-based	Deputy Medical Director	Questionnaires completed pre and post training which informs developing and delivery of the training Evaluation methodology has	September 2023 Q1 2026	In place Ongoing

	However, the Trust should now ensure that the delivery of, and effectiveness of, risk simulation training is audited to assess and monitor its effectiveness.	training		been developed and co-produced with people with lived experience for roll out		
3	The Trust should review and increase awareness amongst staff of the need for holistic assessments of service users; this means ensuring that the Trust strengthens and maintains DIALOG, the new care planning framework to ensure that assessments, including assessments for carers, are considered within the context of their wider family relationships and their social networks (ref. 'Think Family' policy).	Trust to consider ways in which to further embed the use of Dialog assessments to assess individualized needs and support care delivery.	Divisional Director	The Primary Mental Health Services Operational Policy sets out solution-focused approach using the Dialog+ tool as a framework and baseline measure with a goal focused plan agreed with the service user.		Ongoing
4	We recommend that 'The Community Transformation' model should be evaluated to ensure that it is possible to refer patients on, obtain a specialised opinion, and	Trust to maintain oversight of the community transformation project and related workstreams	Divisional Director & Clinical Director	Community transformation project informed by learning from this incident.	Early 2024	Ongoing

	<p>take a more team-based focus. The aim is to ensure that service users can be assessed as outpatients, where appropriate, in partnership with primary care, be given brief psychological interventions, receive medication, be referred on and/or be monitored. In this way, key performance indicators of service-user satisfaction and access to specialised advice should be developed to assess and respond to this change.</p>	<p>through existing governance committees.</p>		<p>Progress and delivery monitored through Transformation and Improvement Board with oversight by Executive Team and HWE ICB</p>		<p>Ongoing</p>
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