

High Level - SAFETY ACTION PLAN

EPUT Safety Action Plan	
Action Plan Title: E203623	Start Date: 30/10/2025
Target Completion Date: 30/01/2026	Care Unit/s: Mid and South, Specialist, Inpatient and Urgent Care
Source: Patient Safety Incident Learning Response – Swarm Huddle <input type="checkbox"/> AAR <input type="checkbox"/> MDT Review <input type="checkbox"/> PSII <input checked="" type="checkbox"/> (Independent SI Framework) Safety Review Report (SRR) <input type="checkbox"/>	
<p>Action Plan Summary: Patient had been under the care of Essex Partnership University NHS Foundation Trust (EPUT) Community Mental Health Team since January 2017, after transferring from a local child and adolescent mental health services (CAMHS).</p> <p>On 1 February 2022 a third party called the police to report a domestic incident at the patient’s address. Police forced entry and found the victim deceased and the patient on the phone to their sister, explaining what they had done.</p> <p>This Safety Action Plan is in response the recommendations as set out by NICHE following their independent review of the Patient Safety Incident. The independent investigation followed the NHS England Serious Incident Framework (SIF, March 2015) and the Department of Health guidance Article 2 of the European Convention on Human Rights and the Investigation of Serious Incidents in Mental Health Services.</p> <p>The following summary details recommendations which have been addressed and that do not require actions to be taken forward.</p> <p>Recommendation 3: Referrals to Home First should not be closed without accurate information. The review noted that consent had not been completed; however, examination of the clinical record confirms this was inaccurate. Due to identified risks of violence and aggression, staff were unable to cold-call at the patient’s address. As the patient was already open to the Community Mental Health Team (CMHT), and initial contact attempts by the Home-Based Treatment Team (HFT) were unsuccessful, a request was made for CMHT to follow up, which they did and documented on the electronic record. Where a patient is not open to CMHT, HFT practice is to send an opt-in letter advising the patient to respond within seven days to arrange an appointment, with the GP informed of the failed contacts and associated timescales.</p> <p>Recommendation: 4: Treatment for OCD</p>	

There was no evidence of psychoeducation about the Obsessive Compulsive Disorder (OCD) diagnosis or of low-intensity interventions being offered. In 2025, EPUT Adult Community Psychological Services demonstrated strong alignment with National Institute for Health and Clinical Excellence (NICE) guidance for OCD with an audit confirming 86% compliance with relevant recommendations. The audit evidenced good practice in providing clear information to patients and families, sensitively exploring distress, undertaking routine and comprehensive risk assessments, and seeking specialist supervision when required. Since the NICHE (2022) investigation, EPUT has also strengthened access to specialist forensic advice through established consultation and referral pathways. Overall, services now operate in a manner consistent with NICE standards and supported by appropriate specialist input.

Recommendation 5 - Pathway for individuals diagnosed with a personality disorder. There was no evidence of a multidisciplinary care plan that followed NICE guidance for Emotionally Unstable Personality Disorder (EUPD).

Adult Community Psychological Services have strengthened their capability in working with personality disorder and complex emotional needs, supported by monthly psychology-led training since September 2023. There is an existing pathway for people with EUPD diagnoses and complex emotional needs in EPUT that is comprised of various teams including the Personality Disorder and Complex Needs (PD&CN) MDT, the Transitions Intensive Psychology and the Personality Disorder and Complex Needs Service User Network. Provision ranges from direct therapeutic interventions for people transitioning from inpatient to community, people within community services, and ongoing non-clinical support for those external to services. Treatment plans within the PD&CN MDT and Transitions Intensive Psychology are co-produced in line with NICE Clinical Guideline CG78. Additionally, in line with NICE Quality Standards (QS88) PD&CN teams provide structured clinical assessment/formulation for people with diagnosis of EUPD and complex emotional needs. Patients are offered evidence-based therapies and are involved in decisions relating to approach and intensity.

Recommendation 1:

- **Recording of the Community Mental Health Team’s multidisciplinary team meetings**
- **The community mental health team’s multidisciplinary team meeting notes did not routinely record who was present, what discussions took place and what actions were to be taken.**

Safety action description (SMART)	(Measurement Tool & frequency of monitoring (e.g. daily, monthly)	Safety action owner (role, team directorate)	Target date for implementation	Progress, Comments & Evidence
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Community mental health teams multidisciplinary team meetings should record the practitioners present, the issues discussed and the decisions made. Subsequent meetings should discuss the actions taken to check on progress.	Recordings/minutes of the MDT meetings	Team Manager	Completed	Weekly zoning meetings bring together the full MDT to review patient's presentation, risks and care needs. A dedicated administrator now records and minutes the discussion directly onto the zoning chart, with the Chair (usually the Clinical Manager) approving the record in real time. Decisions around which staff may be completing pieces of work/treatment with patients and if it is affecting their CPA status are discussed. A RAG system highlights patients with escalating risks, disengagement, or those requiring changes to their management or risk plans.
			Term	
			Short <input checked="" type="checkbox"/>	
			Medium <input type="checkbox"/>	
			Long <input type="checkbox"/>	

Recommendation: 2 <ul style="list-style-type: none"> • Changes to Care Programme Approach (CPA) status • Changes to CPA status were made without MDT discussion. 				
Safety action description (SMART)	(Measurement Tool & frequency of monitoring (e.g. daily, monthly)	Safety action owner (role, team directorate)	Target date for implementation	Progress, Comments & Evidence
The Trust must ensure that there is a mechanism to ensure that the policy expectation of changes being made to CPA status only after a full MDT discussion is implemented and	Monthly	Team Manager	Completed	Weekly zoning meetings bring together the full MDT to review patient's presentation, risks and care needs. A dedicated administrator now records and minutes the discussion directly onto the zoning chart, with the Chair (usually the Clinical Manager) approving the record in real time. Decisions around which staff may be
			Term	
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standards of practice are monitored. MaST system acts as a tool to flag changes that then then be discussed in 1-1 supervision.			Medium <input type="checkbox"/> Long <input type="checkbox"/>	completing pieces of work/treatment with patients and if it is affecting their CPA status are discussed. The Management and Supervision Tool (MaST) helps us to prioritise patients and that helps us to RAG rate patients which is discussed in the MDT.
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Recommendation: 6 <ul style="list-style-type: none"> • Risk and zoning • The zoning system was not linked to risk assessment and management plans and did not provide guidance for practitioners about the type and levels of intervention needed to reduce risk. 				
Safety action description (SMART)	(Measurement Tool & frequency of monitoring (e.g. daily, monthly)	Safety action owner (role, team directorate)	Target date for implementation	Progress, Comments & Evidence
The system of zoning should be revised to include expectations of the intervals between MDT meetings, MDT meeting membership, and the recording of discussions and actions. The zoning protocol should describe the frequency and levels of	The MDT is held weekly and patients are reviewed during this meeting	Team Manager	Completed	Zoning is a weekly multidisciplinary meeting used to review patients whose risks or needs require active monitoring. The discussion informs each patient's safety plan for the week, and patients move between zones according to changes in their level of risk. The system uses a traffic-light RAG rating to support effective case management and resource allocation.
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			Short <input checked="" type="checkbox"/> Medium <input type="checkbox"/>	

<p>intervention, and the reviews needed at each stage</p> <p>Any revisions to the protocol should be agreed at senior level and incorporated into the protocol, rather than decided locally.</p>			<p>Long <input type="checkbox"/></p>	<ul style="list-style-type: none"> • Red identifies patients at high risk or in crisis who require intensive intervention and frequent contact. • Amber includes patients with significant needs who are recovering but still require enhanced support and regular review. • Green reflects patients who are stable, engaging well, and may be approaching discharge. <p>The team has adapted the framework to include additional colours for inpatients and for individuals who are disengaging, ensuring they are reviewed weekly. Management plans for these groups, including discharge planning and re-engagement strategies, are agreed by the multidisciplinary team.</p>
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<p>Recommendation 7</p> <ul style="list-style-type: none"> • Risk assessment and formulation • There was no agreed formulation or understanding of the nature and degree of risk to others or risk to self. 				
<p>Safety action description (SMART)</p>	<p>(Measurement Tool & frequency of monitoring (e.g. daily, monthly)</p>	<p>Safety action owner (role, team directorate)</p>	<p>Target date for implementation</p>	<p>Progress, Comments & Evidence</p>

<p>The Clinical Risk Assessment and Safety Management Policy should include the expectation that there is an MDT approach to developing a formulation-based understanding of risk, which includes guidance for community-based staff.</p>	<p>This is being delivered through training.</p>	<p>Team Manager, psychological services</p>	<p>Psychology training will be ongoing</p>	<p>The service has strengthened its training offer by building protected time for learning into staff rotas, with flexible delivery to maximise attendance. A range of development opportunities is available, including mandatory programmes such as STORM.</p> <p>Staff receive monthly teaching from a Senior Psychologist on key clinical topics, including risk, presentation and management of mental health conditions. Sessions are recorded and made available on Teams for ongoing access. Senior managers also deliver training on care planning and risk management to support consistent practice.</p> <p>All care coordinators are currently completing STORM training to enhance skills in assessing and responding to suicide and self-harm risk. In addition, a new assurance process being piloted in the Care Unit requires each clinician to complete a standardised form, with supervisors verifying that they have checked 5 cases from each supervisee to ensure quality and oversight.</p>
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			<p>Short <input type="checkbox"/></p> <p>Medium <input type="checkbox"/></p> <p>Long <input checked="" type="checkbox"/></p>	

<p>Recommendation: 8</p> <ul style="list-style-type: none"> • Domestic abuse • The indicators of domestic abuse were not incorporated into clinical risk assessment. 				
<p>Safety action description (SMART)</p>	<p>(Measurement Tool & frequency of monitoring (e.g. daily, monthly)</p>	<p>Safety action owner</p>	<p>Target date for implementation</p>	<p>Progress, Comments & Evidence</p>

		(role, team directorate)		
Domestic abuse must be part of the assessment of clinical risk and include reference to the guidance in the Trust safeguarding policy.	Updated Safeguarding policy Training figures	Safeguarding Team	Complete	<p>The team has a strengthened training programme, including locally led sessions and enhanced Safeguarding Level 3 training, which now includes substantial content on domestic abuse.</p> <p>A new Safeguarding Adults Level 3 package—piloted from February 2026—will incorporate DASH risk assessment, which is also offered through Lunchtime Learning.</p> <p>Additional domestic abuse training is delivered in partnership with a specialist provider, with around 2,500 staff having accessed the programme. Safeguarding policies were updated in 2023 to reflect learning from reviews, and a standalone Domestic Abuse Policy is in development.</p>
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Recommendation 9				
<ul style="list-style-type: none"> • Service user and family/carer/partner involvement • There is little evidence of efforts having been made to involve the family or any of his partners in care planning or risk assessment. 				
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		(role, team directorate)		
<p>The expectation of involving families and the service user in care planning and risk assessment is already established in policy. The Trust must ensure that there are mechanisms to ensure it takes place as required.</p> <p>The CPA policy refers to the involvement of “family or carer” and should also include the expectation of involvement of partners or significant others who are in a relationship with the service user.</p>	<p>Care Coordinator assurance template Monthly</p>	<p>Team Manager</p>	Completed	<p>Carers are offered an assessment within weeks of a patient joining the team, with further offers made if circumstances change. Completion of carers’ assessments is monitored through quarterly record-keeping audits.</p> <p>Care Coordinators are responsible for identifying carers and involving them in care and support planning. A new Care Coordinator Assurance Template, piloted in MSE from January 2026, provides monthly oversight of key tasks, including carer involvement.</p> <p>As part of EPUT’s social care workforce transformation, the Carer Link Worker role is being phased out, with responsibilities transferring to Social Work Assistants. This ensures continuity of carer assessments and support planning within the new structure.</p>
			Term	
			<p>Short <input type="checkbox"/></p> <p>Medium <input checked="" type="checkbox"/></p> <p>Long <input type="checkbox"/></p>	