

Independent Mental Health Homicide Review into the tragedies in Nottingham – actions and next steps- Public Trust Board 27th May 2025

Purpose of the Report

This report provides an update on the learning from the Section 48 review of homicides in Nottinghamshire Healthcare Foundation Trust update report.

Analysis of the issue

The investigation was commissioned by NHS England following the fatal stabbings of three people in Nottingham in June 2023. The purpose of the investigation is to help the NHS and partners understand if there are lessons that could be learnt that could prevent something similar happening in the future. The report published shares all the findings and recommendations for that purpose.

On the 5th of February 2025, the Trust received a letter from NHSE asking for a review of local action plans, ensuring they address the issues identified in the independent review with particular attention to:

- personalised assessment of risk across community and inpatient teams
- joint discharge planning arrangements between the person, their family, the inpatient, and community team (alongside other involved agencies)
- multi-agency working and information sharing
- working closely with families
- eliminating Out of Area Placements in line with ICB 3-year plans

Trusts are asked to ensure local plans be updated to reflect the outcomes of their reviews and any actions you identify to make improvements locally. Updated action plans should be discussed in both trust and ICB public board meetings no later than 30 June 2025.

Key updates, implications, and recommendations

An initial request came to ICBs to self-assess their intensive and assertive outreach teams in relation to learning from the Section 48 review. LPT led a workshop on behalf of the ICB system to self-assess against the agreed matrix and subsequently an action plan was developed. The LPT actions within the ICB action plan are overseen by the Head of Service for Planned Care in DMH. This is reported into the ICB LLR Steering Group, review of Intensive and Assertive Community Mental Health Care, chaired by the LPT Consultant Psychiatrist & ICB MH Clinical Lead. The updated ICB action plan has been presented to the ICB System Quality and Safety Committee on 1st May 2025.

In parallel to this work, the CQC also requested a self-assessment by providers which LPT undertook through AmAT audits, workshops, and a series of mock inspections. There is a task and finish group in place to oversee the delivery of these improvement actions. This was reported into Trust Board in September 2024 and Q&S Committee in April 2025

It is important to note that many improvement actions were already underway as part of wider transformation work and QI programmes of work. Also of significance is the LPT is one of only two provider organisations in the Midlands region that has an Assertive Outreach (AO) team. This was not a service available in Nottinghamshire at the time of these tragic deaths.

The Assertive Outreach team alongside PIER and Crisis provide intensive support for people with severe mental illness whose needs are better addressed through specific service provision which could not be met from community outpatient or more generic mental health provision.

A summary of the key actions in relation to the 5 key areas within the letter is addressed as follows:

Personalised assessment of risk across community and inpatient teams

Completed actions:

- DNA/Was not brought policy and risk assessment training has been updated.
- Risk training has been updated to include discussions surrounding discharge due to 'Did-Not-Attend' (DNA) being needs-led decision making. The current Clinical Risk Assessment Training slides have been amended to ensure staff are aware that any decision to discharge a patient due to non-attendance must be needs-led rather than

a blanket approach due to non-attendance. The slides have been updated and will now be used in any current Clinical Assessment Training that is delivered to staff across the clinical teams.

- Teams including assertive outreach have reviewed local DNA/was not brought SOPS to ensure risk is considered and it references the Trust wide policy.
- Business case for funding to roll out the MaST (Management and Supervision Tool) across CMH services (including AO and PIER) to support caseload management, including trigger mechanisms regarding early warning signs and escalating levels of risk of patients. This Will form part of 25/26 operational planning requests and a business case has been developed.

Actions still in progress:

- Development of a flag within system one to identify patients where there is disengagement.
- Development of a process when children/young people do not consent to or disengage in CAMHS involvement.
- Roll out of hub and spoke model from assertive outreach service.

Joint discharge planning arrangements between the person, their family, the inpatient, and community team (alongside other involved agencies)

Completed Actions

- MDT template, discharge checklist, clinical supervision and audits tools have been updated to identify where engagement is a challenge and to consider remedial action.
- New Trust wide Discharge Policy developed with specific reference to involvement of families, safeguarding risk, and MDT discussions.
- Local SOPs in place and reviewed.
- CRHT SOP updated September 2024 with section 6.9.1 covering how community services and CHRT staff should work together when a referral made to service.

Multi-agency working and information sharing.

Completed Actions

- New transfer between services templates developed and implemented to ensure all information is shared.

Actions still in progress

- Task and finish group has been established to formalise the AO /PIER service links with LA's/as well Housing/ VCSE/ LDA services, in partnership with the new integrated community neighbourhood model. This will be a longer-term action, and reports into the LLR Steering Group.

Working closely with families

Completed Actions

- Triangle of Care programme completed for inpatients, CAMHS ICST and will be carried over for further community services next year. All inpatient and crisis services have completed their self-assessment against the 6 Triangle of Care standards and LPT received the award in April 2025 with excellent feedback. By adopting the Triangle of Care standards, services will work to improve therapeutic alliance between service user, staff member and family/ carer that promotes safety, supports recovery, and sustains wellbeing. It aims to ensure appropriate carer inclusion throughout the patient's care journey.
- Embedding Peer Support Workers into mental health community teams (This has been a Mental Health Investment Standard funded 3-year programme, which finishes in March 2025). We have recruited a further 8 Peer Support Worker roles for community teams, with a total of 36 Peer Support Workers now in post across community mental health teams.
- Family Liaison Role appointed to and commenced February 2025.
- Family and Carer summit took place on 30th January. Over 40 staff and carers were in attendance. Key themes and priorities from a series of café conversations have been mapped and identified.

Actions still in progress

- Creation of a guide for staff around caring confidentially has been developed to support them to engage without breaking confidence while hearing from relatives and supporting safety.

Eliminating Out of Area Placements in line with ICB 3-year plans

Completed actions.

- All dormitory accommodation across MH wards is now eradicated.

Actions still in progress

- Review DMH inpatient transformation plans in line with ICB 3-year plan to identify key areas of work to sustain a zero out of area position.

Further work being undertaken in relation to the ICB review includes:

- Feasibility of implementing a digital flag on share care records to highlight patient engagement concerns.
- Reviewing the skill mix within the AO and PIER teams to ensure they have access to a full range of evidence-based interventions.
- Improving housing support provision for people on the AO/PIER team's caseload.
- Strengthening links between AO / PIER teams and LDA services
- Strengthening joint working between AO & PIER teams and inpatient services.
- Elimination of inappropriate out of area acute MH placements (recently added action)

Governance and Oversight and Next Steps

- Learning from the Section 48 Review into Nottinghamshire Heath care was shared at Public Trust Board September 2024.
- DMH contribute to the ICB Review of assertive and intensive mental health services. This reports into DMH governance, LPT task and finish group for Section 48 learning, ICB Working Group and EMB.
- FYPC/LD learning actions report into their Directorate Management Team meeting for Quality and Safety, Section 48 task, and finish group and EMB.
- Additional Trust wide actions are tracked through the S48 task and finish group and updated into EMB.
- The learning from this review is ongoing and iterative and embedded within the work of the compliance team through CQC mock inspections, Scrum and Sprint Programme for inspection readiness and quality visits and directorate improvement programmes such as transformation, quality improvement for Crises and MDT working.

Proposal

The Trust Board is asked to receive the report and assurance on progress on learning in response to the NHSE letter.

Decision required.

Briefing – no decision required	
Discussion – no decision required	X
Decision required – detail below	

Governance Table

For Board and Board Committees: Paper sponsored by:	Trust Board May 2025	
Paper authored by:	James Mullins, Interim Executive Director of Nursing AHPS and Quality	
Date submitted:	Deanne Rennie, Associate Director of Allied Health Professionals and Quality	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Saskya Falope, Head of Nursing, AHPs and Quality DMH,	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:	Helen Perfect, Head of Planned Care DMH	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	16.05.25	
LPT strategic alignment:	Quality and Safety Committee, April 2025	
	Assured	
	One off	
	T - Technology	x
	H – Healthy Communities	x

	R - Responsive	x
	I – Including Everyone	x
	V – Valuing our People	x
	E – Efficient & Effective	x
CRR/BAF considerations (<i>list risk number and title of risk</i>):	CRR 27 if we do not learn from the events in Nottinghamshire Healthcare Foundation Trust, there is a risk to patient safety.	
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public		