Hertfordshire Partnership University Foundation Trust (HPFT) Suicide Prevention Pathway Evaluation of Early-phase Implementation

Implementation

In January 2024, Hertfordshire Partnership University NHS Foundation Trust (HPFT) began using a new approach to help prevent suicide, called the Hertfordshire Suicide Prevention Pathway (HSPP). This pathway was adapted from a successful model used in Australia.

Health Innovation East evaluated how this new pathway was being introduced. The aim was to provide early feedback to help improve the pathway, support learning and guide future suicide prevention efforts across the health and care system in Hertfordshire.
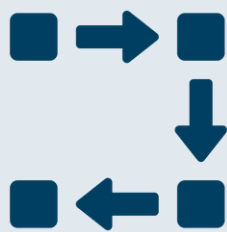
Objectives and Aim

To understand how the new suicide prevention pathway is being put into practice across different teams and organisations, and what factors are helping or hindering its success.

1. Learn how the pathway is being implemented and adapted locally
2. Identify what's working well and what's challenging
3. Hear from staff about their experiences, especially with training
4. Use these insights to make recommendations for improvement

Method

We used a flexible evaluation approach that allowed for ongoing feedback and improvement. Between April 2024 and February 2025, we gathered information through workshops and conversations with staff and stakeholders. Two research frameworks helped guide our analysis.

Key Findings

Implementation Strategies
- A mix of approaches was used, including staff training, system changes and promotional efforts
- Staff feedback led to improvements, especially in IT systems, training delivery and communication about the HSPP
- Promotion of 'Connect, Prevent, Respond'

Challenges and Enablers
- Strong leadership and a flexible approach helped drive progress
- IT issues and unclear messaging made things harder
- Staff had different levels of understanding about the pathway

Training
- Training was key. Simulation-based training was especially valued for helping staff feel more confident in managing suicide risk
- Suggestions included making training more tailored to staff teams and adding follow-up assessments

Supporting Mechanisms
- Peer learning and clearer communication helped staff
- The pathway was adapted in real time based on feedback
- Targeted communication resources and leaner IT system across staff groups

Outcomes
- More patients were placed on the pathway
- More staff took part in training
- Embedding the pathway into everyday practice and improving coordination of efforts across the system are still in progress

Recommendations

Key actions critical to implementation of HSPP across multiple staff teams are:
- Effective co-production
- Strong leadership & clear staff roles
- Tailoring processes and activities for specific staff
- Clearly communicating the benefits of the pathway to staff and patients
- On-going evaluation to support adopting and adapting the pathway

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Determinants: Influences on implementation

Evidence-based framework:
- **Zero Suicide Framework (ZSF)**
- **Chronological Assessment of Suicide Events (CASE) training**

Engagement of executive leaders: **Proactive senior leaders** and clinical champions providing strong leadership

Steering groups & on-going evaluation informing decision making & improvement

Supportive Setting
- **Staff**
- **IT systems**
- **Training**

Prevention Services
- **Befriending**
- **Primary Care / GPs**
- **Acute Mental Health Services in community**
- **A&E**

Implementation Strategies: Activities

Regular meetings to share findings, data and make decisions

Evaluation to understand adoption & implementation processes & progress

Monitoring (e.g., patients on pathway, staff attending training, referrals)

Developing & adapting documentation & pathways

Clarifying staff roles

Training & Workshops for staff

Sharing educational materials with staff

Development of e-learning & simulation learning resources

Mechanisms: How change happens

Increased collaboration, co-design & co-production

Ongoing adaptation & development

Clear communication
- **Connect, Prevent, Respond (CPR)**
- Defined roles for clinical staff
- Clarity about patient journey & expectations for staff & patients

Peer learning & champions

Targeted resources
- Staff training
- Information leaflets for patients & carers, blogs etc

Iterative feedback & continuous improvement

Outcomes: What is achieved

Implementation Outcomes
- Staff acceptance & adoption as 'Business as Usual'
- Improved training attendance
- Effective engagement & sustainable pathway

Service Outcomes
- Better risk management for patients
- Fewer patients 'lost' in services
- Improved patient experience & signposting

Clinician & Patient Outcomes
- Patients feel heard & cared for
- More involvement in patient's care by clinicians & patients
- Improved ongoing communication & follow up with patients
- Improved staff knowledge & understanding
- Reduced frequent attenders (especially in A&E)

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