

Independent Quality Assurance Review of the Independent Investigation into the care and treatment of MN in Cheshire & Wirral Partnership NHS Foundation Trust

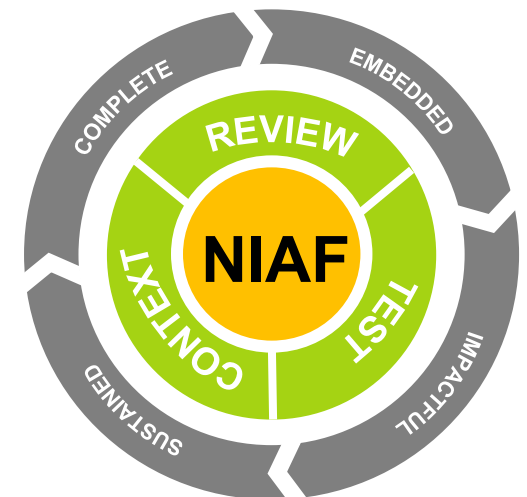
Final report

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Niche
Investigation
Assurance
Framework



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Niche Health and Social Care Consulting (Niche) is an independent management consultancy that specialises in supporting health care providers with all issues of safety, governance and quality, including undertaking independent investigations following very serious incidents.

Our Draft Report has been written in line with the Terms of Reference for the internal investigation into the care and treatment of MN. This is a limited scope review and has been drafted for the purposes as set out in those Terms of Reference alone and is not to be relied upon for any other purpose.

Events which may occur outside of the timescale of this review will render our report out-of-date. Our report has not been written in line with any UK or other (overseas) auditing standards, we have not verified or otherwise audited the information we have received for the purposes of this review and therefore cannot attest to the reliability or accuracy of that data or information. Where we cannot attest to the reliability or accuracy of that data or information, we will clearly state this within our report.

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1. Executive Summary



Background and context for this review

On the evening of Wednesday 31 August 2016, Mr Stephen O'Brien, a 51 year old man was attacked by two men, MN and A, and stabbed in the chest. Mr O'Brien later died from his injuries. MN was convicted of manslaughter and A convicted of murder. The attackers were friends who had both lived in the local Young Men's Christian Association (YMCA) accommodation.

MN, then aged 20, had been in contact with the early intervention in psychosis team (EIT) on and off since 2014. This meant that MN's care fulfilled the criteria for an independent investigation. It is thought that Mr O'Brien was known to A and that there had been some previous tension between the two, possibly involving family members.

The terms of reference for the independent investigation required Niche to undertake an assurance follow up review after report completion.

This was to provide an assessment of the implementation of the organisations' resultant action plans against the Niche Investigation and Assurance Framework (NIAF), with issue of a brief written report on progress to NHS England (North). This is a high level assurance review although it is also based on a site visit and receiving presentations and supplementary documentation from the Trust on actions taken to implement the recommendations

Implementation of recommendations

Our review has found that overall the Trust has made a proactive effort when considering the conversion of our recommendations into outcome focussed action points. All of the eight recommendations for the Trust have now been completed. The Trust now needs to evidence how these have been tested and embedded into practice.

Assurances will be further strengthened with evidence of sustained improvement.

It would be helpful if NHS England can demonstrate progress with Recommendation 9.

Review method and quality control

Our work has comprised a desktop review of documents including policies, procedures, action-plans, minutes and communications and so on, and also included presentations from the Trust to discuss changes made since the incident. It is important to note that we have not reviewed any health care records because there is no element of re-investigation contained within the review terms of reference. We used information from Cheshire & Wirral Partnership NHS Foundation Trust (henceforth 'the Trust', and 'CWP' in the appendix). This information has not been audited or otherwise verified for accuracy.

At Niche we have a rigorous approach to quality standards. We are an ISO 9001:2015 certified organisation and have developed our own internal single operating process for undertaking independent investigations. Our final reports are quality assured through a Professional Standards Review process (PSR) and approved by an additional senior team member to ensure that they have fully met the terms of reference for review.

2. Summary assessment on progress



The Niche Investigation Assurance Framework (NIAF)

Assessing the success of learning and improvement can be a very nuanced process. Importantly, the assessment is meant to be useful and evaluative, rather than punitive and judgemental. We adopt a useful numerical grading system to support the representation of 'progress data'. We deliberately avoid using traditional Red, Amber, Green (RAG) ratings, instead preferring to help our clients to focus upon the steps they need to take to move between the stages of completed, embedded, impactful and sustained – with an improvement which has been 'sustained' as the best available outcome and response to the original recommendation.

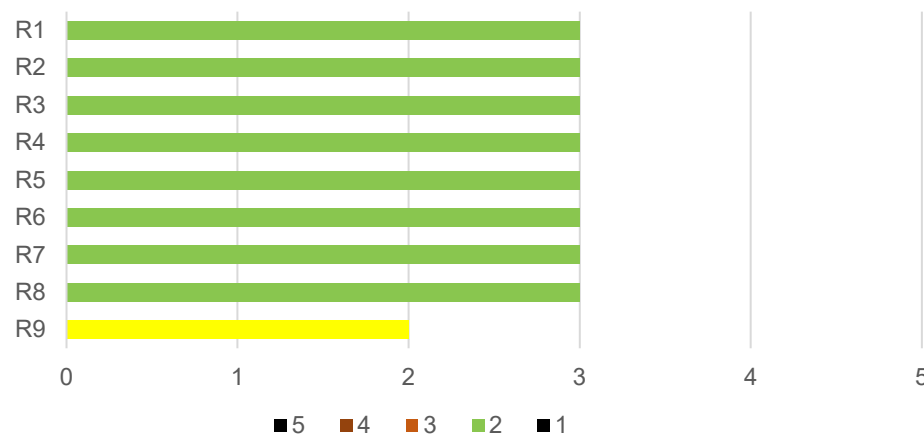
Our measurement criteria includes:

Score	Assessment category
0	Insufficient evidence to support action progress / action incomplete / not yet commenced
1	Action commenced
2	Action significantly progressed
3	Action completed but not yet tested
4	Action complete, tested and embedded
5	Can demonstrate a sustained improvement

Our assurance review has focussed on the subsequent actions that have been progressed and implemented in response to the recommendations made in the independent investigation report.

In relation to progression of actions which have been agreed from the nine recommendations made from our investigation report, we have rated the findings which are summarised below:

Summary Progress



Summary

There has been good progress in relation to many of the recommendations and subsequent actions. All of the trust actions are now complete, but have not yet been tested to demonstrate embeddedness. NHS England & Improvement have made significant progress on their action, but finalisation of this work has been put on hold whilst the service responds to the Covid-19 pandemic.

Our commentary for each recommendation should prove useful for the Trust and NHS England in developing these actions further, specifically in relation to embedding and demonstrating sustained improvement. We have not made any further recommendations.

Assurance review findings

3. Assurance review of the Trust's action plan



The terms of reference for this current assurance review require an assessment of the implementation of the recommendations which resulted from our independent investigation. We had investigated the care and treatment of a mental health service user (MN) by the Trust following the homicide of Mr O'Brien in August 2016.

We made nine recommendations to promote wider systems learning to improve services, systems and practices, as follows:

Recommendation 1

The Trust should ensure that any service user in receipt of the Care Programme Approach (CPA) should have a comprehensive assessment and care plan recorded within three months of referral, to include social and family history, genogram (if family dynamics could be an issue), any earlier episodes of violence or aggression, and education and work.

Recommendation 2

The Trust should ensure that if a service user is receiving care and treatment from more than one Trust service there should be collaboration and joint meetings between these services, and consideration given to a shared care plan.

Recommendation 3

The Trust should develop a protocol to support clinicians on when to decide to use depot antipsychotic medication in patients with active psychosis who are unable to dependably use oral antipsychotics.

Recommendation 4

Where a patient has an active psychosis and fails to engage in treatment, the Trust should ensure that he or she should be considered for assessment under the Mental Health Act (MHA), and that this discussion is documented in the notes.

Recommendation 5

The Trust should develop a policy and guidance on the discharge of patients who are failing to engage but are actively psychotic and have a moderate risk of violence exacerbated by substance misuse.

Recommendation 6

The Trust should develop guidance on when contact with relatives/partners becomes essential as part of the care of patients. This is particularly needed when patients fail to engage yet are clearly ill and, when safeguarding criteria for doing so without the patient's permission are reached.

Recommendation 7

The Trust should, in the event of any future serious incident, take active steps to identify learning at an early stage. There should also be more formal and regular communication with other agencies, including the police, to ensure that all parties are aware of progress in relation to the management of the incident; this may be through a multi-agency Incident Co-ordination Group which could meet in person or by telephone.

3. Assurance review of the Trust's action plan



Recommendation 8

The Trust should ensure that the Board receives regular updates on the progress of all serious incident investigations. The roles of the Quality Committee and the Weekly Meetings of Harm in relation to learning and the tracking of progress need to be confirmed.

This was the third case in two years that Niche had independently investigated where the internal investigation had been delayed or prevented by an ongoing police investigation. This prevented the organisation from proceeding to quickly put changes in place to prevent recurrence. We therefore made the following recommendation for NHS England to act upon.

Recommendation 9

NHS England (now NHS England & Improvement) should engage with the National Police Chiefs' Council to complete their review of the 2006 Memorandum of Understanding and provide interim guidance to the NHS in order to facilitate the early investigation of serious incidents in health care.

We have had a discussion with NHS England (North) lead for Patient Safety and they were able to describe the steps being taken to act on this recommendation. We received additional evidence identifying steps taken, including communication between the DoH, National Police Chiefs Council and NHS England regarding developing and sharing a revised MoU and have seen that the action is significantly progressed, although not yet complete due to the Covid 19 Pandemic.

Action plan methodology

We were provided with updates from the Trust and have seen an outcome focussed action plan to support delivery of these actions.

The Trust have incorporated their recommendations into an action plan where action leads were assigned to complete each recommendation. Each action has a column which outlines the Trust's evidence for completion, and identifies the source or location of this evidence.

We have reviewed the evidence provided against each of the recommendations, met with the Trust and received presentations on their actions to implement the changes.

It was obvious that the Trust has taken the investigation and recommendations seriously and allocated time and resources to completion of actions.

We were also provided with detailed evidence of the ongoing work from NHS England & Improvement regarding recommendation 9 and have seen a draft Memorandum of Understanding which will be finalised as work on the Covid -19 pandemic is reduced.

Our detailed assessment of the progress each of the organisations has made in implementing and embedding change can be found in the following pages.



Recommendation 1: The Trust should ensure that any service user in receipt of the Care Programme Approach should have a comprehensive assessment and care plan recorded within three months of referral, to include social and family history, genogram (if family dynamics could be an issue), any earlier episodes of violence or aggression, and education and work.

Trust response and evidence submitted

Niche comments and gaps on assurance

- CPA Policy has been reviewed and updated. This was discussed to the Clinical Practice and Standards meeting in August 2019, and again in October 2019.
- The CPA policy is still subject to review and is due to be presented at Clinical Practice and Standards subcommittee in February for ratification and implementation.
- The recommendations are incorporated into the policy update.
- The current policy does state a comprehensive care plan should be completed within first four weeks.
- There are currently two E learning programs:
 - 1) Clinical risk assessment, formulation and management, and
 - 2) Effective care planning.
- As policy changes are made the training will be amended. In addition, ‘face to face’ teaching through 60-minute masterclass care planning sessions in Psychosis are being delivered.
- The training has been co-produced with the care planning lead IT trainers with community mental health team – Child & Adolescent Mental Health Services (CAMHS) and adult services.

- Our independent investigation identified that within MN’s clinical records there was limited family history and only a partial genogram in the clinical records. MN had been living with his aunt. It was not recorded whether MN had any contact with his father. Although his historical risk of violence and episodes were recorded, this was not linked to his mental health.
- The Trust Clinical Policy CP42 ‘Care Planning (CPA and Standard Care) Policy’ has been reviewed. The policy states that a number of assessments should be completed within four weeks including risk and service based assessment, and should include details and status of any carers and involve these with the service user’s consent.
- The policy also details what must be included in a single overarching care plan, and that “Carers should be encouraged to be involved in the care planning process and in the development of any crisis plans” and “Care assessment and planning views a person ‘in the round’ seeing and supporting them in their individual diverse roles and the needs they have, including: family; parenting; relationships; housing; employment; leisure; education; creativity; spirituality; self-management and self-nurture; with the aim of optimising mental and physical health and well-being”. The policy also requires the assessor to consider previous episodes of violence, and the care coordinator to undertake a comprehensive health and social care needs assessment at review.
- The flow chart within the policy states the care plan should be completed within the first four weeks. Although the policy requires involvement of carers it does not specifically require family history or development of a genogram if family dynamics could be an issue.



Recommendation 1: continued.

Trust response and evidence submitted

- The Trust Clinical Assessment of Risk to Self and Others (CARSO) risk assessment tool and effective care planning training utilises CPA case studies to develop personalised plans based on a person's needs including risks, strengths and aspirations. This is in line with the Trusts CPA policy and the person-centred framework and links with improving patient safety and personalising risk submitted training objectives and packages.
- A risk assessment and care plan audit has been completed and recommendations have been developed to inform action plans to be delivered by clinical services.
- A further audit will be undertaken in April 2020 which will incorporate a review of the assessment process that is undertaken for individuals subject to CPA and the appropriateness of the care plan in relation to needs identified through the assessment process.

Niche comments and gaps on assurance

- We have seen the programme of a two hour training session 'CPA and Care Planning Workshop' which includes focus on person centred care planning and risk assessment. We have not seen the Clinical risk assessment' e-Learning programme details.
- We have seen the evidence of the April 2020 audit and its results which demonstrate that services places service users and their carers at the heart of the assessment process and the development of the care plan.
- We have also seen the minutes of the Early Intervention Team (EIT) allocation meeting 3 December 2019, which discussed the Niche investigation report and noted "genogram to be considered in complex cases; episodes of violence/aggression to be documented in the Care Coordinator (CCO) assessment. CCO assessment and Mental State Examination document to be completed for all assessments on Carenotes." This meeting was attended by 17 EIT staff.

NIAF rating: The evidence reviewed demonstrates that the Trust policies attempt to ensure services put the service user at the centre of assessment and care planning, by requiring a full assessment of social and family background and consideration of previous episodes of violence within the risk assessment, and that training is taking place to reinforce this. We were told the policy was undergoing review, due to complete in February 2020. It would be helpful to evidence the passage of this review and changes made going forward. The Trust should then assure itself that these changes are embedded in the practice of assessments and care planning.

Overall rating for this recommendation: 3



Recommendation 2: The Trust should ensure that if a service user is receiving care and treatment from more than one Trust service there should be collaboration and joint meetings between these services, and consideration given to a shared care plan.

Trust response and evidence submitted

- The Trust ceased to be a provider of substance misuse services from 1st November 2018. This action has been shared with commissioner of the new provider of this service. They have been included within the scoping document which has been circulated.
- The Trust have adapted the action to reflect partnership working with external organisations.
- In addition the annual Community Mental Health Team (CMHT) survey has been undertaken which includes asking service users how services have worked with them – the results are to be published. The most recent results published are uploaded.
- In addition in the revised CPA policy (to be ratified) – the policy has been strengthened to reference “collaboration and joint meetings”.
- Learning reflection with the Early Intervention in psychosis Team (EIT) undertaken (submitted evidence of meeting date and item).

Niche comments and gaps on assurance

- We have seen a case study used in team discussion which covered joint working for a young person with dual diagnosis, and considered the issues involved in joint working where there is co-morbidity.
- We note the Information Sharing Protocol and Agreement between the Trust and Change Grow Live, the substance misuse service provider, dated January 2016, which facilitates information sharing across services.
- We have seen the “Cheshire & Wirral Partnership NHS Foundation Trust & Wirral Ways to Recovery Joint Working Protocol Co-existing Mental Health & Substance Misuse Disorders (Dual Diagnosis)” protocol, Version 6 - Sept 2017. This intended to “foster joint working between services and maintain and build on each organisation’s specialist role within the mental health and substance misuse system”.
- We have seen the ‘Cheshire & Mersey Health and Care Partnership Dual Diagnosis – Joint Working Agreement. This agreement is “intended to foster joint working between services and maintain and build on each organisation’s specialist roles within the mental health and substance misuse services as the Cheshire and Merseyside Health and Care Partnership evolves”.
- We have seen that the Trust discussed the dual diagnosis pathway issues raised in the Niche investigation in a ‘Grand Round and Development Day’ in September 2019.



Recommendation 2: The Trust should ensure that if a service user is receiving care and treatment from more than one Trust service there should be collaboration and joint meetings between these services, and consideration given to a shared care plan.

Trust response and evidence submitted

Niche comments and gaps on assurance

- We have seen the report of the results of the Annual CMHT survey for 2019, the scoping document on the dual diagnosis pathway, and the revised CPA policy.
- The audit and supporting the Annual CMHT survey does not provide evidence that if a service user is receiving care and treatment from more than one Trust service that there is collaboration between these services and consideration given to a joint care plan, or evidence that shared care plans are developed in appropriate circumstances.
- The addendum to the Standard Operating Procedures (SOP) for EIT includes detailed guidance on the steps to be taken for service users at risk or who request discharge. This includes “Ensure all professional agencies with relevant involvement... are involved in discharge decision making and are aware if discharge goes ahead.”
- We note the clear identification of contact lists for Substance Misuse Link workers across the Trust in each service and by locality.

NIAF rating: The evidence provided confirms that the Trust has undertaken work on improving and developing the Dual Diagnosis pathway and taken steps to facilitate joint working for service users engaged with both mental health and substance misuse services, having developed appropriate guidance and policy. We also note the development of substance misuse service link workers in each service/ locality.

The Trust needs to work on evidencing that this improved service is embedded in routine practice,

Overall rating for this recommendation: 3



Recommendation 3: The Trust should develop a protocol to support clinicians on when to decide to use depot antipsychotic medication in patients with active psychosis who are unable to dependably use oral antipsychotics.

Trust response and evidence submitted

- The process has been strengthened for the NICE Guidance which has been rolled out.
- The action regarding protocol has been discussed at the Medicines Management Group January 2019. An additional protocol was not required as there is a NICE guideline (NICE Guidance “Psychosis and schizophrenia in adults: prevention and management”) that practitioners should adhere to. Reminder of the NICE guidelines was circulated.
- Early Intervention service have strengthened their SOP to reflect the recommendation.
- Grand round day and the learning and recommendations were presented and discussed.

Niche comments and gaps on assurance

- We have seen the ‘Share Learning’ bulletin from the Chief Pharmacist, dated 17 October 2019 providing guidance on when to consider using depot medication and reminding providers on the relevant NICE Guidance “Psychosis and schizophrenia in adults: prevention and management” Clinical guideline [CG178]. <https://www.nice.org.uk/guidance/cg178> This is a detailed and comprehensive document.
- We note the programme for the ‘Grand Round and Development day’.
- We have seen the addendum for the SOP for EIT. This provides detailed guidance on steps to be taken for service users at risk of disengagement who are at higher risk or who request discharge.
- We have seen the guidance of how a Share Learning Bulletin is cascaded and key learning is disseminated and directed to key staff groups, such as all clinical staff etc.

NIAF rating: The evidence provided confirms that the Trust has developed the guidance on when to use depot medication with a comprehensive and detailed protocol. The Trust should now evidence that this guidance is being used in routine practice.

Overall rating for this recommendation: 3



Recommendation 4. Where a patient has an active psychosis and fails to engage in treatment, the Trust should ensure that he or she should be considered for assessment under the MHA, and that this discussion is documented in the notes.

Trust response and evidence submitted	Niche comments and gaps on assurance
<ul style="list-style-type: none">• Early intervention has updated the SOP and ensures this is covered in their MDT meetings (added to the standard agenda).<ul style="list-style-type: none">• submitted example of minutes from EIT MDT meeting.• submitted EIT SOP.	<ul style="list-style-type: none">• We have seen the addendum to the EIT SOP, which states “Discuss and consider if symptoms are of the degree and nature that the use of the MHA (1983) for further assessment is indicated”.• We have seen an example of an EIT meeting and the standard agenda. The meeting recoded that in respect of recommendation 4, staff were to “Consider use of MHA if client has active psychosis and is not engaging – this discussion needs to be documented in the notes”.• The Trust planned audit to demonstrate practice has been delayed due to the Covid -19 pandemic and will be undertaken once business continuity returns.

NIAF rating: The EIT SOP addendum details steps to be taken for service users at risk of disengagement or requesting discharge when at higher risk. The team meeting minutes record this action has been discussed. The action is therefore complete.

The Trust audit when delivered should show evidence of compliance with the SOP, and therefore evidence of embedding in practice. The Trust now should ensure such service users should be considered for assessment under the MHA and this is documented in the notes.

Overall rating for this recommendation: 3



Recommendation 5. The Trust should develop a policy and guidance on the discharge of patients who are failing to engage but are actively psychotic and have a moderate risk of violence exacerbated by substance misuse.

Trust response and evidence submitted

- The Trust has an Admission, Transfer and Discharge policy.
- EIT have updated their SOP and it is included within the MDT meetings.
 - Submitted Admission Transfer and Discharge policy.
 - Submitted EI Team SOP and MDT meeting minutes (redacted)

Niche comments and gaps on assurance

- We have seen the addendum to the EIT SOP, which states “Discuss and consider if symptoms are of the degree and nature that the use of the MHA (1983) for further assessment is indicated”.
- We note the Early Intervention Service Operational Policy “Appendix 7 – Checklist for service users who request discharge or who disengage prior to the end of the three year period of care co-ordination who are at higher risk” which provides detailed guidance on steps to take in the event of a service user requesting discharge prior to three years of service contact when they are identified as being at risk.
- We have seen an example of an EIT meeting and the standard agenda. The meeting recoded that in respect of recommendation 5 it was discussed and recorded that “discharge of patients with history of violence who are not engaging, are actively psychotic and have risk of violence due to substance misuse. Needs to be incorporated in to EI policy. Need to document consideration of MHA, proactive steps to engage, liaison with other services, discussion with relatives, and so on. Formal meeting to be considered , proforma for discharge to be looked at”.
- We have noted the addendum to the EIT SOP.
- Although this action is complete, we have not seen evidence that the Trust is assured this is embedded in practice.
- The Trust is planning to review case studies across the organisation to demonstrate embedded practice.

NIAF rating: The Trust have reported that they have progressed a number of actions to meet this recommendation, however, they should now provide assurance that this is embedded in practice.

Overall rating for this recommendation: 3



Recommendation 6: The Trust should develop guidance on when contact with relatives/partners becomes essential as part of the care of patients. This is particularly needed when patients fail to engage yet are clearly ill and, when safeguarding criteria for doing so without the patient's permission are reached.

Trust response and evidence submitted

- The 'Triangle of Care' is included within the revised CPA policy.
- The CMHT survey highlights how services are working with the families and carers.
- The Trust references within safeguarding policies and CMHT and EI policies that the respective multiagency safeguarding procedures need to be followed when safeguarding criteria has been met.

Niche comments and gaps on assurance

- We have seen the 'Triangle of Care' on the Trust website and also note that the CPA policy does reference 'The Triangle of Care'. We understand that the 'Triangle of Care' is a working collaboration, or "therapeutic alliance" between the service user, professional and carer that promotes safety, supports recovery and sustains well-being.
- We have seen the results of the CMHT survey which demonstrate that the Trust is actively working with carers where appropriate to a high degree, within the confines of confidentiality or where it is important to do so in the need to manage risk
- We have noted the Trust policies on Safeguarding, CMHT and CPA that reference involvement of carers.
- We have also seen guidance for when this becomes essential when patients fail to engage yet are clearly ill, and when safeguarding criteria would allow this without the patients permission. The Trust has developed guidance on information sharing with carers. This is also outlined in the Trust Code of Confidentiality Policy (October 19)

NIAF rating: The Trust has identified that involvement with carers and service users is central to their philosophy on the 'Triangle of Care', and this is a thread through other key policies. The Trust has developed guidance on when contact with families and carers becomes essential and what to do in these circumstances. The Trust should work on evidencing that this is embedded in routine practice.

Overall rating for this recommendation: 3



Recommendation 7: The Trust should, in the event of any future serious incident, take active steps to identify learning at an early stage. There should also be more formal and regular communication with other agencies, including the police, to ensure that all parties are aware of progress in relation to the management of the incident; this may be through a multi-agency Incident Co-ordination Group which could meet in person or by telephone.

Trust response and evidence submitted

- A flowchart has been developed.
- The Forensic lead is the identified single point of contact with the police.
- Memorandum of Understanding has been developed with the police.

Niche comments and gaps on assurance

- Niche have identified and reviewed the flowchart. We have spoken with the Forensic lead identified as the nominated contact for police cases and they confirmed working practices and frequent contact with police to discuss cases/incidents.
- We have noted the flowchart and revised SI policy that discuss contact with the police and the circumstances and potential impact.
- We note the new 72-hour report to promote rapid learning.
- We have seen the Memorandum of Understanding, between Cheshire & Wirral Partnership NHS Foundation Trust and Cheshire Constabulary Major Crime Directorate

NIAF rating: The Trust has made strong progress on completing these actions, having developed the Memorandum of Understanding with Cheshire Police as evidence of completion of actions. Further evidence of the process working in practice would demonstrate embeddedness.

Overall rating for this recommendation: 3

[Assurance review of the Trust's action plan, continued]



Recommendation 8: The Trust should ensure that the Board receives regular updates on the progress of all serious incident investigations. The roles of the Quality Committee and the Weekly Meetings of Harm in relation to learning and the tracking of progress need to be confirmed.

Trust response and evidence submitted

- Board is regularly updated at Private Board as well as being informed at time of incident is known.
- The Trust has an ongoing tracker for all serious incidents progress and overseen at the 'Weekly Meeting of Harm' (WMOH).
- Quality committee receive reports and learning from incidents and request assurance of completion of the action plan. Updates on progress are also given on the implementation.

Niche comments and gaps on assurance

- We have reviewed the revised incident reporting and management policy and also the terms of reference for the WMOH. These demonstrate that the Trust has developed a policy to provide executive updates on incidents.
- We have noted evidence of process, including redacted minutes of the WMOH to demonstrate how the process is working.

NIAF rating: The Trust have reported that they have progressed a number of actions to meet this recommendation. Assurance of embeddedness of practice has been provided by provision of suitably redacted minutes of the WMOH. Assurance that the Board is regularly updated over the long term would strengthen the evidence of embedded practice.

Overall rating for this recommendation: 3



Recommendation 9: NHS England should engage with the National Police Chiefs' Council to complete their review of the 2006 Memorandum of Understanding and provide interim guidance to the NHS in order to facilitate the early investigation of serious incidents in health care.

NHS England response and evidence submitted

- The lead for patient safety from NHS England & Improvement (North) has informed us that the Memorandum of Understanding (MoU) was due to be renewed by the Department of Health & Social Care (DHSC).
- NHS England had worked up to version 9 of this refreshed MoU, which was being led by a senior manager at the DHSC.
- This version was widely shared for circulation, but the Covid 19 pandemic affected work on this MoU.
- As the national work on the pandemic reduces, the refresh of the MoU will now be restarted.
- We were also told that in the meantime, existing guidance in the NHS England Serious Incident Framework and the National Police Chiefs' Council (NPCC) guidance for Senior Investigating Officers (SIO) "An SIO's Guide to Investigating Unexpected Death and Serious Harm in Healthcare Settings – Revised 2015 (v10.6)" <http://library.college.police.uk/docs/NPCC/2015-SIO-Guide-Investigating-Deaths-and-Serious-Harm-in-Healthcare-Settings-v10-6.pdf> provided sufficient information and guidance so that NHS investigations should not be delayed by a parallel police investigation into a death or serious incident.

Niche comments and gaps on assurance

- NHS England & Improvement provided a verbal handover of information, supported by additional documentary evidence for Niche to review including:
 - Evidence of drafting the MoU and discussions with stakeholders.
 - Draft version of the MoU.
 - Evidence of consultation and communication regarding the MoU.

NIAF rating: NHS England & Improvement have made significant progress in developing a refreshed MoU which has been temporarily suspended due to work required to respond to management of the pandemic. Once the service returns to a more normal routine and this work is completed NHS England & Improvement should provide evidence of the completed MoU, alongside evidence of its cascade and communication for informing relevant organisations the refreshed MoU was in place.

Overall rating for this recommendation: 2

Appendices

Appendix A: Glossary of terms

CAMHS	Child & Adolescent Mental Health Services	NIAF	Niche Investigation Assurance Framework
CARSO	Clinical Assessment of Risk to Self and Others	NICE	National Institute for Health and Care Excellence
CCO	Care Coordinator	PSR	Professional Standards Review
CMHT	Community Mental Health team	RAG	Red, Amber, Green
CPA	Care Programme Approach	SI	Serious Incident
CWP	Cheshire & Wirral Partnership NHS Foundation Trust	SOP	Standard Operating Procedure
EIT	Early Intervention (in psychosis) Team	WMOH	Weekly Meeting Of Harm
MDT	Multi-Disciplinary Team	YMCA	Young Men's Christian Association
MHA	Mental Health Act		

Appendix B: Documents reviewed



Documents reviewed:	
72 Hour Report template	Family liaison communication - Cheshire Constabulary & CWP
Admission, discharge and transfer policy CP1, issue 7	Grand Round and Development Day programme, 27 September, 2019
Care planning CPA and standard care policy, CP42, Issue 3	Guidelines for the assessment and management of psychiatric emergency, CA3, issue 3
Case study - Dual Diagnosis and joint working	Incident reporting and management policy, GR1, Issue 11
Cheshire & Mersey Health and Care Partnership Dual Diagnosis - Joint Working Agreement	Information Sharing Protocol and Agreement , CWP & CGL
Clinical risk assessment policy, CP5, Issue 5	Memorandum of Understanding Cheshire Constabulary Major Crime Directorate and CWP July 2018, regarding homicide investigation
Code of Confidentiality Policy - October 2019	Minutes of the Early Intervention Business and Governance meeting, held at 2.00 pm on 10 December, 2019
CPA and Care Planning workshop - 2 hour programme	MN Action Plan at January 2020
CPA report V2 (undated)	Policy on non-compliance with treatment and DNA CP37 Issue 2
CWP & Wirral Ways to Recovery Joint Working Protocol	Redacted East Cheshire EIT allocation meeting minutes 3 December 2019
CWP Decision Making with the Police algorithm	Safeguarding Children policy, CP40
CWP Share Learning Bulletin 'When to consider depot medication'	Scoping document for dual diagnosis
Discharge appendix	Shared Learning Bulletin guidance (procedure, checklist etc)
Dual Diagnosis flowchart	Substance Misuse Link Worker contacts list by locality
Early Intervention Team SOP Addendum	Terms of Reference 'Weekly Meeting of Harm'
Early Intervention Service policy - March 2019	Trust guidance on holding and sharing patient information
Extracts of Annual CMHT survey	Trust wide Staff Information Governance Handbook - January 2020
Email communications between Dept of Health and NHS England concerning the development, sharing and signing off of revised MoU and communications with other stakeholders	Weekly Meeting of Harm tracker

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