

# **Independent Quality Assurance Review** Norfolk and Suffolk NHS Foundation Trust

***StEIS 2013/17442***



**Final Report**

**Private and confidential**

January 2022



**Niche Health and Social  
Care Consulting**  
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**6 January 2022**

Dear Sir or Madam,

**Independent Quality Assurance Review, Norfolk and Suffolk NHS Foundation Trust**

Please find attached our final report of 6 January 2022 in relation to an independent quality assurance review of the implementation of recommendations resulting from the independent investigation into the care and treatment of a mental health service user Mr K in Suffolk (report dated September 2019).

This final report is a limited scope review and has been drafted for the purposes as set out in the terms of reference for the assurance review alone and is not to be relied upon for any other purpose. The scope of our work has been confined to the provision of an assessment of the implementation of the organisations' resultant action plans against the Niche Investigation and Assurance Framework (NIAF). Events which may occur outside of the timescale of this review will render our report out of date.

Our final report has not been written in line with any UK or other 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.

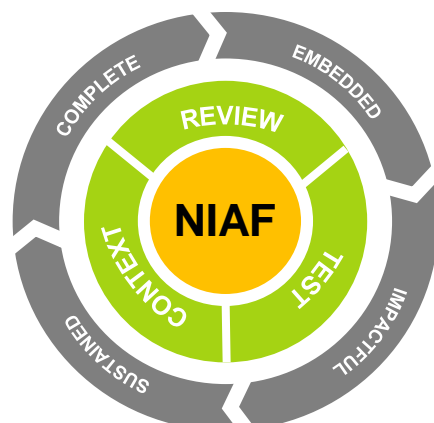
This final report is for the attention of the project sponsor and stakeholders. No other party may place any reliability whatsoever on this report as it has not been written for their purpose. Different versions of this report may exist in both hard copy and electronic formats and therefore only the final signed version of this report should be regarded as definitive.

Yours sincerely,

**James Fitton**

Niche Health and Social Care Consulting Ltd

**Niche  
Investigation  
Assurance  
Kitemark**



**insight integrity impact**



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# 1. Method

## 1.1 Background and context for this review

NHS England and NHS Improvement commissioned Niche Health and Social Care Consulting Ltd (Niche) to undertake an assurance review using the Niche Investigation Assurance Framework (NIAF). This is intended to provide an assessment of the implementation of the actions developed in response to recommendations from the independent investigation into the care and treatment of a mental health service user Mr K in Suffolk.

## 1.2 Review method

This is a high-level report on progress to NHS England and NHS Improvement, undertaken through desktop review only, without site visits or formal interviews. The assurance review focusses on the actions that have been progressed and implemented in response to the recommendations made in the independent investigation report.

Our work comprised a review of documents provided by Norfolk and Suffolk NHS Foundation Trust ('the Trust' or 'NSFT'), Turning Point (provider of drug and alcohol treatment services), Ipswich Housing Action Group (IHAG) and Public Health Suffolk, Suffolk County Council. These included action plans, policies, procedures, audits, meeting minutes and staff communications.

We have not reviewed any health care records because there was no requirement to re-investigate this case in the review terms of reference. The information provided to us has not been audited or otherwise verified for accuracy.

## 1.3 Implementation of recommendations

The independent investigation made six recommendations, as set out below:

- 
- 1 The Trust should utilise the joint information sharing agreement with Suffolk Constabulary to clarify patients' forensic history, within the bounds of the accepted criteria.
- 

- 
- 2 Public Health Suffolk should ensure that if a multi-agency investigation is commissioned there is a mechanism to oversee the implementation of the action plan and the involvement of family and carers; serious incident investigation policies should be updated to include this requirement.
- 

The joint partnership should complete a formal audit of the existing multi-agency Dual Diagnosis guidance and protocol and ensure it is fit for purpose and implemented across the agencies.

The joint partnership comprises:

- 3
    - The Trust (NSFT) (provider of mental health services)
    - Public Health Suffolk (commissioner of drug and alcohol treatment services)
    - Turning Point (provider of drug and alcohol treatment services)
    - IHAG (provider of housing support in Ipswich).
- 

- 4 NSFT should evidence its improvement programme for care planning and risk assessment quality and compliance.
- 

- 5 The 'Joint Working Protocol: Identifying the Lead Agency when working in Partnership' should be agreed, signed off and implemented by all partner agencies, within six months. Implementation should then be monitored.
- 

- 6 Public Health Suffolk should undertake an assurance audit of the implementation of the action plan from this independent investigation.
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## 2. Assurance summary

### Scoring criteria key

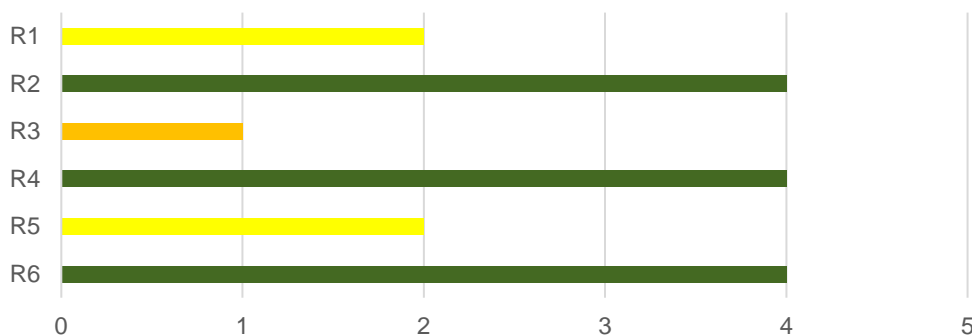
The assessment is meant to be useful and evaluative. We use a numerical grading system to support the representation of 'progress data', which is intended to help our clients focus on the steps they need to take to move between the stages of completed, embedded, impactful and sustained.

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

### Implementation of recommendations

We have rated the progress of the actions which were agreed from the six recommendations made. Our findings are summarised below.

Fig. 1: Progress Chart



### Summary

Varying progress has been made in relation to all actions. It is of note that some practices and approaches have changed in the years since the original incident, which include a move away from the Dual Diagnosis Toolkit (Recommendation 3), and the 'Joint Working Protocol – identifying the lead agency when working in partnership' is no longer in place (Recommendation 5).

We have provided residual recommendations and examples of further assurance required to demonstrate an action is complete, tested, embedded and/or sustained as appropriate.

Some headline commentary to support these ratings has been provided in the following pages. Appendix 1 (evidence review) provides a more detailed assessment against each piece of evidence which has been submitted to Niche.

## 2. Assurance summary (cont.)



### Recommendation 1

The Trust should utilise the joint information sharing agreement with Suffolk Constabulary to clarify patients' forensic history, within the bounds of the accepted criteria.

#### Niche assurance rating for this recommendation

2

#### Key findings:

There is an active joint sharing agreement in place. This is utilised by the Trust and Suffolk Constabulary; however, the evidence provided by the Trust demonstrates the role of the Trust in supporting Suffolk Constabulary rather than Suffolk Constabulary providing information about patients' forensic histories. We have not seen evidence of the Trust seeking information about service users' potential forensic history from Suffolk Constabulary. We have not seen evidence that the effectiveness of the joint sharing agreement has been tested.

#### Residual recommendations:

- The Trust should provide evidence of a two-way dialogue with Suffolk Constabulary, detailing engagement in relation to its service users' forensic histories.

### Recommendation 2

Public Health Suffolk should ensure that if a multi-agency investigation is commissioned there is a mechanism to oversee the implementation of the action plan and the involvement of family and carers; serious incident investigation policies should be updated to include this requirement.

#### Niche assurance rating for this recommendation

4

#### Key findings:

Public Health Suffolk has arrangements in place to monitor family/carer involvement in serious incidents. There is clear direction from Public Health Suffolk, in the form of its Standard Operating Procedure (SOP), report closure checklist, and Serious Incident Review Panel (SIRP) terms of reference, that agencies should involve families and/or carers in their serious incident investigations. The Trust Patient Safety Incidents and Patient Safety Incident Investigation Policy also reflects the expectation that families be offered the opportunity to be involved in internal investigations. Public Health Suffolk was able to demonstrate monitoring of multi-agency action plans.

#### Residual recommendations:

- Public Health Suffolk should complete the audit cycle to demonstrate sustained improvement.

## 2. Assurance summary (cont.)



### Recommendation 3

The joint partnership should complete a formal audit of the existing multi-agency Dual Diagnosis guidance and protocol and ensure it is fit for purpose and implemented across the agencies.

The joint partnership comprises:

- The Trust (NSFT) (provider of mental health services)
- Public Health Suffolk (commissioner of drug and alcohol treatment services)
- Turning Point (provider of drug and alcohol treatment services)
- IHAG (provider of housing support in Ipswich).

#### Niche assurance rating for this recommendation

1

#### Key findings:

There is little evidence that the joint partnership collectively or as individual agencies undertook a formal audit of the existing multi-agency Dual Diagnosis guidance and protocol. The exception to this is Turning Point, who issued revised guidance in February 2021 (the Substance Misuse Pathways Guide). It is for this reason we consider the action to have commenced. We note that the recommendation has since been superseded by changes in practice which include the restructuring of some services within NSFT and the creation of a 'Rough Sleeper Mental Health Worker' post (indicative of joint working). All partnership agencies were positive about joint working in their correspondence with us.

#### Residual recommendations:

This action has not been progressed but the decision of agencies to move focus away from the Toolkit means they must now ensure current and evolving Dual Diagnosis guidance (e.g., the new Trust Dual Diagnosis Policy - 'Co-Morbidity' – published in December 2021) addresses any joint working issues the original recommendation was intended to mitigate.

### Recommendation 4

NSFT should evidence its improvement programme for care planning and risk assessment quality and compliance.

#### Niche assurance rating for this recommendation

4

#### Key findings:

The Trust has an ongoing improvement programme and was able to demonstrate routine monitoring of the Care Programme Approach (CPA) quality and compliance through regular audit and patient experience surveys. There was also evidence of monitoring supervision and reflective practice.

The Trust holds regular 'Improvement Cycle' meetings which cover these aspects, and risk assessment. We note the audit results indicated variable performance, but our review does not extend to considering the effectiveness of the improvement programme.

#### Residual recommendations:

- The Trust should complete the audit cycle to demonstrate sustained improvement.

## 2. Assurance summary (cont.)



### Recommendation 5

The 'Joint Working Protocol: Identifying the Lead Agency when working in Partnership' should be agreed, signed off and implemented by all partner agencies, within six months. Implementation should then be monitored. The joint partnership comprises:

- The Trust (NSFT) (provider of mental health services)
- Public Health Suffolk (commissioner of drug and alcohol treatment services)
- Turning Point (provider of drug and alcohol treatment services)
- IHAG (provider of housing support in Ipswich).

#### Niche assurance rating for this recommendation

2

#### Key findings:

The 'Joint Working Protocol: Identifying the Lead Agency when working in Partnership' was agreed in June 2016. Steps were taken to publicise it and encourage practitioner/organisation engagement in October 2018 (two years later). This action was commenced in the sense the Protocol was agreed, but there is no evidence that it was implemented before being replaced by other pathway development work, and the NSFT Dual Diagnosis Policy (2017 – subsequently revised in 2021). Public Health Suffolk was able to demonstrate a number of ongoing joint ventures with members of the joint partnership e.g., the Suffolk Drug and Alcohol Recovery Network.

#### Residual recommendations:

- Public Health Suffolk should ensure that the former members of the joint partnership agree and understand the process to identify a Lead Agency when working in partnership.

### Recommendation 6

Public Health Suffolk should undertake an assurance audit of the implementation of the action plan from this independent investigation.

#### Niche assurance rating for this recommendation

4

#### Key findings:

Public Health Suffolk demonstrated monitoring of the implementation of the action plan and provided an assessment of progress using a 'traffic light' rating system for assurance. The agency was able to comprehensively evidence its assurance audit, though we note that in the plan update of 17/02/2021, all recommendations were documented as met. This does not mirror our own assurance review findings in relation to recommendations three and five. However, as previously noted, approaches used by members of the partnership have changed in relation to these recommendations.

#### Residual recommendations:

- Public Health Suffolk should ensure new approaches by partner agencies in relation to recommendations three and five address the concerns identified in the original independent investigation.



## **Appendix 1: Evidence review**

# Appendix 1: Evidence review



## Recommendation 1

The Trust should utilise the joint information sharing agreement with Suffolk Constabulary to clarify patients' forensic history, within the bounds of the accepted criteria.

Key evidence submitted	Niche review
Information Sharing Agreement	Information Sharing Agreement signed by Deputy Chief Constable, Suffolk Constabulary (December 2014) and Director, NSFT (January 2015).
East Suffolk Interagency terms of reference 2021	Agreed: 24 March 2021. Purpose <i>“To provide a forum for Mental Health, Ambulance, Social Care, Acute Hospital and Police organisations that support people with mental health... to collaborate, advocate, exchange information and stay informed about sector reforms...”</i> Current membership: NSFT, ESNEFT, East of England Ambulance Service, Suffolk County Council, Suffolk Constabulary, Turning Point, Alcohol Specialist and the CCG. The Trust told us it chairs the meeting.
Inter-agency meeting minutes (21 April 2021)	Evidence of inter-agency engagement. Meeting attended by a number of individuals, but their organisations are not listed. The notes indicate Turning Point was not responding to contact. The notes also provide evidence of engagement with ambulance services. The minutes indicate service users are discussed, but the source agency is not obvious.  The Trust was unable to provide copies of other meeting minutes because a lack of administrative support has meant the meetings have not been minuted, but we were informed the meetings are audio recorded.
High Intensity Network Information Sharing Agreement (V10.7, June 2019)	Objectives for the agreement include: <i>“to ensure accurate identification of people within our communities who are displaying highly impactful behaviour... caused by ensuring mental illnesses and behavioural disorders”</i> and <i>“to ensure that public agencies work more effectively together to support and safeguard these identified individuals and other people affected by the behaviour”</i> .
Report for CCG Police Triage Suffolk (June 2021)	Report joint authored by the Trust and Suffolk Constabulary. The report notes one of the roles of the triage team mental health (MH) nurses based in the police contact and control room is to <i>“provide relevant information to police and MH services to support multi-agency working including care and risk managements plans”</i> and <i>“Provide MH information, advice and support to the police in the use of S.136...”</i> .  The report provides evidence of the two agencies working together when the police have been contacted (with examples).
Interagency meeting agenda (16 June 2021)	NSFT listed to give an agency update re mental health liaison and the crisis response team.
NSFT: <i>“The Liaison and Diversion Service will, as required, share forensic histories</i>	We have seen no supporting evidence in relation to this statement.

## Supplementary information received

- Action log V41 – Improvement Cycle meeting (June 2021)

# Appendix 1: Evidence review (cont.)



## Recommendation 2

Public Health Suffolk should ensure that if a multi-agency investigation is commissioned there is a mechanism to oversee the implementation of the action plan and the involvement of family and carers; serious incident investigation policies should be updated to include this requirement.

Key evidence submitted	Niche review
NSFT Patient Safety Incidents and Patient Safety Incident Investigation (PSII) Policy (v9, February 2021)	The Trust Policy reflects an expectation that families should be involved in investigations.
NSFT: <i>“The new PSIRF details requirements for multi-agency, family/carer engagement.”</i>	The new Patient Safety Incident Response Framework (PSRIF) is currently being trialled – this action predates its implementation.
Public Health Suffolk Joint Improvement Plan (February 2021)	The action plan indicates that Public Health Suffolk has been monitoring progress with the Mr K action plan.
Public Health Suffolk details of training undertaken with Anglia Care Trust	Training was undertaken via Microsoft Teams in January 2021. Six staff attended - Head of Operations and operations managers, who have responsibility for serious incident (SI) investigations and reporting.
Public Health Suffolk Serious Incident reporting training slides (January 2021)	High level slides covering what a serious incident (SI) is, when serious incidents should be reported, what constitutes a good investigation, and how incidents are reported for Public Health commissioned services. Information also provided about Public Health expectations of providers and its commitment as a commissioner of services.
Public Health Suffolk Serious Incident Review Panel (SIRP) terms of reference (April 2021)	Terms of reference include the requirement: <i>“Ensuring an informed response to the investigation of serious incidents. This includes informing and involving service users, their families/carers and staff members in the investigation”</i>
Public Health Suffolk standard operating procedure for: ‘review of 60-day Serious Incident Reports from Turning Point and generation of briefings for Serious Incident Review Panel’ (July 2021)	The Standard Operating Procedure (SOP) is intended to act as a framework for completion of 60-day SI reports. The SOP was due for review in October 2021. It states that investigation reports should be reviewed using the closure checklist provided in Appendix 8 of the NHS England Serious Incident Framework.
Public Health Suffolk closure checklist (taken from Appendix 8 of the NHS England Serious Incident Framework)	This checklist provides a list of items to be considered through the various stages of investigation (e.g., set up, analysing information and generating solutions). It includes an item in relation to involving and supporting families. The (above) 2021 SOP for Turning Point states SI reports should be reviewed using the NHS England (2015) Serious Incident Framework closure checklist. Public Health Suffolk provided an example of a completed checklist.

## Appendix 1: Evidence review (cont.)



### Recommendation 2 (continued)

Key evidence submitted	Niche review
Public Health Suffolk Serious Incidents Requiring Investigation 60-day Reporting Template and Guidance	Section 9 of the template covers family and carer involvement and support.
Public Health Suffolk Serious Incident Review Panel (27/10/2021)	<p>Minutes include a discussion about current SIs. The minutes include a point regarding family engagement: “[Suffolk County Council’s Clinical Governance and Quality Manager] <i>has concerns re TP [Turning Point] obligations re Duty of Candour and contact with service user family</i>”.</p> <p>Participants are listed, but their roles and/or agencies are not, therefore it is unclear if this example meeting extends to multi-agency attendance (core Public Health Suffolk membership is detailed in the SIRP ToR; report authors and representatives may be invited to the meeting ).</p>
Public Health Suffolk: “ <i>Turning Point development objectives are due for review Q3 2021-22. Duty of Candour objective will be included in the plan.</i> ”	We have seen no supporting evidence in relation to this statement.
Public Health Suffolk Multi-Agency Review of Serious Incidents Standard Operating Procedure (October 2021) The SOP coversheet is dated August 2021, but it was issued in October 2021.	New SOP includes a section on Duty of Candour, involving families and carers in multi-agency reviews.
Public Health Suffolk multi-agency review follow-up meeting minutes (19/01/2021)	The minutes provide evidence of multi-agency engagement. The meeting was chaired by Suffolk County Council’s Clinical Governance and Quality Manager. The minutes demonstrate reporting, ongoing monitoring of the action plan (previous minutes embedded), and ownership of actions.
Public Health Suffolk example of terms of reference for a recent multi-agency review (24/02/2021).	We were advised that multi-agency reviews have standard terms of reference, with additions according to the case. Public Health Suffolk chairs the meeting. The example demonstrates multi-agency membership. Each member agency is responsible for ensuring <i>‘they report back to their respective organisation the group’s activities via their internal governance arrangements’</i> .
Public Health Suffolk example action plan for a recent multi-agency review (24/02/2021)	The example provides evidence of colour coded updates given by different agencies in relation to action progress. The action plan demonstrates Public Health Suffolk’s oversight of the action plan, though it is not clear to an external audience which agency is represented by each colour and initials.
<b>Supplementary information received</b>	<ul style="list-style-type: none"> <li>• Minutes of quarterly contract meetings (December 2020, March and June 2021)</li> </ul>

# Appendix 1: Evidence review (cont.)



## Recommendation 3

The joint partnership should complete a formal audit of the existing multi-agency Dual Diagnosis guidance and protocol and ensure it is fit for purpose and implemented across the agencies. The joint partnership is comprised of :

- The Trust (NSFT) (providers of mental health services)
- Public Health Suffolk (commissioners of drug and alcohol treatment)
- Turning Point (providers of drug and alcohol treatment)
- IHAG (providers of housing support in Ipswich).

### Key evidence submitted:

### Niche review

**NSFT:** Dual Diagnosis Policy (C87, November 2017)

This Policy (version 04) was published in 2017 – there is no evidence It has been reviewed in response to the above. Public Health Suffolk advised that a review of the Policy was ongoing (see below) and there had been contributions from Turning Point (no additional evidence of the latter was provided).

**NSFT:** ‘Co-morbidity’, version 05, 2021

‘Co-Morbidity (Co-occurring Mental Health and Alcohol/Drug use conditions’ was published in December 2021.

**Turning Point:** Substance Use and Mental Health (SUMH) Pathways Guide, February 2021

Guidance revised.

**Turning Point:** Five anonymised examples of information sharing and joint working

Brief case studies indicate involvement of /referral to Integrated Delivery Team (IDT), though two resulted in no role for the IDT.

**Turning point:** Narrative regarding why it was decided not to continue with plans for a Turning Point Dual Diagnosis Toolkit

The narrative sets out the rationale for moving away from the Dual Diagnosis Toolkit in favour of 2021 Substance Use and Mental Health (SUMH) pathways guide.

**Turning Point:** Details of any Dual Diagnosis audits undertaken by Turing Point as part of the Joint Partnership

No underpinning evidence provided - narrative indicates the agencies have been unable to routinely meet though are in contact.

**IHAG:** Narrative regarding changes that have superseded the protocol – Rough sleeper mental health worker post and restructuring of NSFT

No underpinning evidence provided.

### Supplementary evidence received

- Public Health Suffolk states “*Turning Point, NSFT and Housing (various providers) are all part of the integrated way of working.*” Examples provided including Drug and Alcohol Recovery Outreach Service (DAROS) Suffolk User Forum (link provided) and Suffolk Safeguarding Partnership (link provided).
- A Time to Change: Working Towards Better Health For All In Suffolk (2020 Public Health Annual report).

## Appendix 1: Evidence review (cont.)



### Recommendation 4

NSFT should evidence its improvement programme for care planning and risk assessment quality and compliance.

Key evidence submitted:	Niche review
East Suffolk Care Group Clinical Governance Committee (15 February 2021)	Minutes indicate the Group receive reports from services/wards on performance and any concerns. The Care Group Quality Improvement Plan (QIP) is a standing agenda item.
Improvement Cycle meetings: Action logs (V21-31)	Action logs provide evidence of ongoing monitoring on care plans, discharge, care plan audits and risk assessment breaches.
Supervision figures January-March 2021	<ul style="list-style-type: none"> <li>• 28 staff identified as having in date supervision.</li> <li>• 12 staff identified as requiring supervision.</li> <li>• 2 staff identified as due supervision soon (expires October 2021).</li> </ul>
Ipswich IDT supervision and reflective practice audit, January-March 2021	Evidence of monitoring supervision and reflective practice. Supervisor, staff and dates recorded.
2021-01-11 Ipswich Adult ECP [Emergency Care Practitioner] Quality standard review	Five patients reviewed. Overall score of 42% (no standards met for two patients; and over half of standards not met for a third patient)
2021-01-12 [staff name - BW] 20210108 CPA and non CPA Patient Experience survey	One patient surveyed: 'very satisfied' (9 answers) or 'satisfied' (2).
2021-01-12 [staff name - DM] 20210108 CPA and NCPA Patient Experience survey	One patient surveyed: 'very satisfied' (10) or 'don't know' (1).
2021-02-08 Ipswich Adult ECP quality standard review (Ipswich IDT – adult community service)	File dated February 2021 – data collected 07/10/2021 (assumed to be an error). Five patients surveyed. Overall score of 57%.
2021-03-15 Ipswich Adult 10 03 21	No service details (staff, care group, team/ward) or date recorded. Five patients surveyed: Overall score of 84%.
2021-05-17 Ipswich adult care plan audit tool May 21	No service details (staff, care group, team/ward) or date recorded. Five patients surveyed: Overall score of 55%.
2021-06-08 Ipswich Adult copy of care plan audit tool	No service details (staff, care group, team/ward) or date recorded. Five patients surveyed: Overall score of 80%.
2021-07-12 Ipswich Adult copy of care plan audit tool July 21	No service details (staff, care group, team/ward) or date recorded. Five patients surveyed: Overall score of 86%.

## Appendix 1: Evidence review (cont.)



### Recommendation 5

The 'Joint Working Protocol: Identifying the Lead Agency when working in Partnership' should be agreed, signed off and implemented by all partner agencies, within six months. Implementation should then be monitored. The joint partnership comprises:

- The Trust (NSFT) (providers of mental health services)
- Public Health Suffolk (commissioners of drug and alcohol treatment)
- Turning Point (providers of drug and alcohol treatment)
- IHAG (providers of housing support in Ipswich).

#### Key evidence submitted:

#### Niche review

Public Health Suffolk - Ipswich  
Locality Homelessness Partnership  
(ILHP) Joint Working Protocol  
(October 2017)

Protocol agreed by the ILHP on 08/06/2016; revised (by the ILHP Steering Group) in August 2016 and October 2017.

Public Health Suffolk – Dual  
Diagnosis workshop event email,  
12/09/2018

Workshop arranged by Public Health Suffolk, West Suffolk/Ipswich and East Suffolk CCGs, Suffolk User Forum and Healthwatch. Email sent to over 40 representatives from a variety of agencies including NSFT, Turing Point, IHAG and Suffolk Family Carers.

Public Health Suffolk Dual Diagnosis  
Workshop agenda, 02/10/2018.

High level summary, detailing structure of the day, session leads/lead speakers and their organisations.

Public Health Suffolk - 'Sign up to the  
joint working protocol!' email,  
04/10/2018

Email detailing the launch of the protocol, asking agencies to sign up to the protocol at practitioner and organisation level. Email was sent to 300+ individuals from numerous agencies.

Public Health Suffolk: *"In Suffolk the  
joint working protocol has been  
replaced by the NSFT dual diagnosis  
policy and other pathway  
development work. This includes:*

- the co-produced Suffolk Drug and Alcohol recovery network (link provided);
- the Mental Health transformation programme led by the CCG (link provided); and
- the Children and Young People's services Emotional Wellbeing plan (link provided).

The Trust Dual Diagnosis Policy (2017) was not reviewed by the Trust in response to Recommendation 3. A review is now taking place and it was anticipated as of December 2021 that the revised policy 'Co-Morbidity (Co-occurring in Mental Health and Alcohol/Drug use conditions)' would be signed off within 'weeks'.

Public Health Suffolk - Rough sleeper  
mental health/substance misuse  
cohesive support workshop, email  
02/10/2020

Email (sent to over 40 individuals from organisations including NSFT and CCGs) provides notes from a workshop held on 1/10/2020. Participants included representatives from Turning Point, NSFT, Public Health Suffolk, adult social care and CCGs.

## Appendix 1: Evidence review (cont.)



### Recommendation 5 (continued)

#### Key evidence submitted:

Public Health Suffolk - Suffolk Safeguarding Partnership (website link provided)

#### Niche review

Link to website providing information about safeguarding (adult and children) in Suffolk.

Public Health Suffolk – Suffolk Drug and Alcohol Recovery Network Virtual Forum agenda, 14/09/2021

Detail of discussion and training sessions for the day, and speaker information.

SUMH pathways Guide, February 2021

Guidance revised.

Public Health Suffolk - Integrated and multi-agency case studies (three – undated, written by Senior Homeless Mental Health Nurse/Practitioner)

Case studies demonstrate joint working.

#### Supplementary information received

- Public Health Suffolk: “*Health services in Suffolk are pilot sites for the Patient Safety Incident Review Framework (PSIRF).*”
- Public Health Suffolk: Suffolk Voluntary and Statutory Partnership (VASP), website link.
- Public Health Suffolk: Healthwatch Suffolk, mental health and wellbeing subgroup, website link provided.
- Public Health Suffolk: Suffolk Safeguarding Partnership, website link provided.



## Appendix 1: Evidence review (cont.)



### Recommendation 6

Public Health Suffolk should undertake an assurance audit of the implementation of the action plan from this independent investigation.

#### Key evidence submitted: Niche review

Public Health Suffolk –  
[Mr K] Improvement Plan  
Monitoring Meeting,  
08/10/2019

Meeting attended by representatives from Public Health Suffolk, Turning Point, IHAG and NSFT.

Public Health Suffolk –  
[Mr K] Improvement Plan  
Monitoring Meeting,  
12/12/2019

Minutes from October 2019 meeting – file name refers to December 2019, but content is October 2019. Monitoring meetings stopped in December 2019.

Public Health Suffolk –  
Actions from [Mr K]  
stakeholder meeting,  
21/06/2019

Meeting attended by Public Health Suffolk, NHS England (East of England), NSFT. Minutes indicate recommendations one, four and six were discussed.

Public Health Suffolk –  
[Mr K] recommendations  
meeting minutes,  
21/08/2017

Meeting attended by members of joint partnership. Minutes indicate discussion with Niche on the detail of each recommendation and potential actions.

Joint Partnership  
Improvement Plan, update  
against actions, 17/02/2021  
(updated 24/03/2021)

The wording of the recommendations set out in the action plan differs from the original report (e.g., Recommendation 4).

The improvement plan indicates all recommendations have been met ('green') but there is no embedded underpinning evidence within the document to support this assessment.

#### Supplementary information received

- Mental Health Independent Investigation (MHII) start-up meeting agenda, 19/06/2016
- Terms of reference for [Mr K] 2013/17442
- Homicide review action plan, 03/06/2014
- Homicide review meeting minutes, 04/09/2014

## **Appendix 2: Glossary of terms**



## Appendix 2: Glossary of terms

<b>CCG</b>	Clinical Commissioning Group
<b>CPA</b>	Care Programme Approach
<b>ECP</b>	Emergency Care Practitioner
<b>ESNEFT</b>	East Suffolk and North Essex NHS Foundation Trust
<b>IDT</b>	Integrated Delivery Team
<b>ILHP</b>	Ipswich Locality Homelessness Partnership
<b>IHAG</b>	Ipswich Housing Action Group
<b>JET</b>	Joint Engagement Team
<b>MH</b>	Mental health
<b>NIAF</b>	Niche Investigation and Assurance Framework
<b>NSFT</b>	Norfolk and Suffolk NHS Foundation Trust
<b>PSII</b>	Patient Safety Incident Investigation
<b>PSIRF</b>	Patient Safety Incident Review Framework
<b>QIP</b>	Quality Improvement Plan
<b>SI</b>	Serious Incident
<b>SIRP</b>	Serious Incident Review Panel
<b>SOP</b>	Standard Operating Procedure
<b>SUMH</b>	Substance Use and Mental Health
<b>ToR</b>	Terms of Reference
<b>VASP</b>	Voluntary and Statutory Partnership

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