

19<sup>th</sup> July 2024

**Corporate Legal Services**  
Trust Headquarters  
225 Old Street  
Ashton Under Lyne  
Lancashire  
OL6 7SF

**Private & Confidential**

Alison Mutch  
HM Senior Coroner  
Coroner's Court  
1 Mount Tabor Street  
Stockport  
SK1 3AG

Telephone: [REDACTED]

Dear Ms Mutch,

**RE: Inquest touching on the death of Elizabeth McCann**

I set out below the Trust's response to your letter to Pennine Care NHS Foundation Trust and the issuing of a Prevention of Future Deaths Notice (Regulation 28), arising from the inquest into the death of Elizabeth McCann.

May I take this opportunity to extend my own condolences to the family of Elizabeth and apologise that you had to raise concerns relating to the services she accessed prior to her sad death.

Prior to receipt of the Regulation 28 notice, the Executive team here commissioned an external review of the College. This is currently concluding with the outcome anticipated before 31 July 2024. The Network Director of Quality, Nursing and Health Professionals for our South Network ([REDACTED]) is working with the team at the College in relation to all of the issues highlighted by the internal investigation report, the evidence heard at Inquest and from the early findings of the external review.

I would also like to take this opportunity to assure you that the College has no partnership arrangement with the Probation Service. The Trust is of the understanding that the Probation Service has developed an in-house recovery model.

The Trust sets out its response to the specific points below:

- 3. Evidence before the inquest was that if probation referred clients under supervision to places such as the Health and Wellbeing College this would, if not implemented effectively pose a significant risk to vulnerable users of such institutions. If referrals were made without a protocol being in place that dealt with managing risk then the risk posed increased further.**

## Trust Response:

The College has a new Standard Operating Procedure within which there is a clearly articulated protocol for the referral and enrolment process for any member of the public, referring agency or clinical team referral. This protocol has a stepped approach to risk management and includes cross-reference checks with Trust clinical systems (PARIS our Electronic Patient Record system and incident reporting systems). Any referral by an external agency, such as the probation or service [e.g., third sector] will be required to share risk information that is known about the person.

As a condition of enrolment, students agree to the sharing or disclosure of information to professionals/other agencies regarding concerns to their own or others safety by agreeing to the student charter on enrolment.

The College leads will also perform a PARIS 'look up' to check for flags against any new enrolling students. During this time, they will also check new enrolment forms to ascertain if any students have answered 'yes' to the below question:

'Do you have any current or recent (within the last 12 months) police or court involvement, or have you been released from prison or been under any other court mandated orders within the last 12 months?

If yes, please provide the name of the police or probation officer you are/were involved with, as we will need to contact them.'

If a student has answered 'yes' to the above question on the student enrolment form, the details will be clarified with police/probation and the question asked as to whether this person's current level of risk can be managed within the Health and Wellbeing College environment.

No enrolment to the College is permissible until there is sufficient assurance gathered from internal and external systems. A student's application to enrol will be kept on hold until a manager is able to either authorise or decline the person's application based on this information.

If enrolment for a student is unsuccessful due to an evaluation that there is a risk to other students, then a standard letter of '*Unsuccessful enrolment*' is issued.

If enrolment for a student is successful, then the College will manage the day-to-day presence of a student on site as follows:

Once a student has had their enrolment authorised:

- If there are any risk concerns during a student's time at the Health and Wellbeing College:
  1. Discuss the concern with the Health and Wellbeing College lead(s) who will agree next steps.

2. Record any conversations or discussions regarding the above, in the student's individual paper file on the notes sheet. This should be signed and dated, with the time of the note entry recorded.
  3. If it is decided that a student or other person (e.g. key professional/emergency contact/safeguarding) should be contacted, this must be recorded on the student's individual paper file on the notes sheet, along with any conversations and outcomes. Additionally, any emails or letters etc, relating to this must be printed, and attached to the notes sheet in the student's individual file.
- Teaching staff will check each student file against the class register for any class they are teaching that day, to ensure they are aware of any risk updates or changes or new information.
  - Teaching staff will ensure that the online register is open, checked and completed before the class starts/as students enter the classroom. This ensures that only those students who have enrolled and booked on a course are present.

The risk management checks protocol is set out within the College's standard operating procedure at appendix 11.

The Trust's respective Head of Quality will ensure that the risk management protocols for the college are kept under review and discussed regularly.

It is anticipated that the independent review of the College will provide additional assurance as to the effectiveness of the current risk management processes, or opportunities for further development as a result of this process.

**4. Clear Information Sharing protocols between Probation and such groups as drug and alcohol services were limited. Without clear agreements understood by both sides there was a significant risk that crucial information that impacted risk assessments would not be shared.**

### **Trust Response:**

As outlined in our earlier response, since Elizabeth's death, the College has developed a standard operating procedure that outlines the steps and processes required by College leads and administrators in relation to information received by the College and the steps required for every student's successful enrolment to commence. These checks include self-disclosure by students relating to activity and engagement with other agencies in addition to checks against internal clinical systems.

Any student with an open referral to another agency will be requested to give permission to contact and explore issues of risk with that agency as appropriate. For

any student with an open and ongoing engagement with a clinical team, the College leads have full access to the Trust's patient record systems to enable a review of the risks associated with the student. The College leads are required to liaise with the clinical team for a position on whether or not enrolment is appropriate for the individual.

Alongside the community focus, the service works in partnership with both internal partners and external organisations to co-produce and co-deliver wellbeing and recovery focussed courses, in line with the recovery college fidelity criteria and standards. All partners will agree to and sign a partnership agreement.

The partnership agreement exists to support the safety and wellbeing of all College students and sets out clear expectations relating to information sharing.

The College's nominated partners are:

- Tameside Libraries
- PCFT Volunteer Service
- PCFT Chaplaincy and Spiritual Care Service
- *Aminas* Art and Design
- Heathfield House, Rehabilitation and High Support Hub PCFT
- My Mirror Loves Me
- Bury Community Mental Health Team
- Acorn Recovery, Stockport Early Intervention and Recovery Service
- Tameside Macmillan Unit

Any Partner seeking to engage with the Trust's Health and Wellbeing College must enter into a contract and engage in a workshop that outlines amongst others, a clear understanding of the structures, processes and working protocols of the Health and Wellbeing College in relation to risk and safeguarding.

The College no longer has a working partnership with any probation service.

The College team have worked closely with the Trust's Information Governance Lead who has supported them to ensure compliance with the General Data Protection Rules.

The College team have worked to develop and share protocols in relation to information governance with the staff group. These include the creation of a generic email account, access to the generic email account, standardised out of office for the account and escalation processes in relation to information received to the generic email account, an extract of which is provided here for assurance:

***“Protocol for Dealing with emails to the Generic Health and Wellbeing College Inbox.***

The generic e mail account [REDACTED] is accessible by the following staff only:

- Health and Wellbeing College Administrator
- Health and Wellbeing College Leads
- Health and Wellbeing College Band 5 Practitioner

**General email enquiries** regarding opening times; enrolment process; courses; general college information; room bookings; web site queries; basic IT issues; ordering and invoicing; visits etc, can be dealt with by the College Administrator. It is the College Administrator's responsibility to check and action the in box on a daily basis. In the absence of the college administrator, the in-box will be checked by the band 5 practitioner or the College Leads, as decided.

**Signposting information or enquiries regarding student welfare or wellbeing,** or information from **any** internal team or external agency regarding a student, must be forwarded to the College Leads.

Any enquiries about **risk** from any internal or external team or agencies, must be forwarded to the Health and Wellbeing College Leads, and will be dealt with as per the risk protocol.

In the absence of the College Leads, the Administrator should escalate any urgent information to the band 5 practitioner, and if necessary, the band 5 practitioner will escalate this to the service line manager."

Working with the Information Governance Leads the College has established regular sessions with all staff and volunteers at the College to remind them of the importance of the General Data Protection Regulation rules when information is shared from other agencies.

*Information Governance Lunch and Learn Sessions – Termly:*

- 14/8/24 – Classroom 3 HWC
- 10/12/24 – Classroom 3 HWC
- 17/4/25 – Classroom 3 HWC

The Trust and College acknowledge that in order to provide a safe and effective learning environment for all students to access courses to enable growth and recovery, they must be supported and enabled to do so through systems and processes that keep them safe.

**10. The inquest was told that Health and Well Being Colleges could provide effective support for the communities they served. They were a national model. However, if they were to be open to all it was essential that they were structured in such a way that risk was effectively managed with clear, documented protocols understood by all in place. There was also a need for effective information sharing protocols and effective well understood safeguarding provisions.**

### **Trust Response:**

The new Standard Operating Procedures for the College were shared through a briefing note e-mail of 17<sup>th</sup> April 2024 regarding the updated version of the Standard Operating Procedure (SOP) and the reminder noted in the team brief notes on 3<sup>rd</sup> July 2024. This is stored within the shared electronic folder which all staff can access, with a hard copy on file in the office for reference.

The College shares information within the staff group and operates 2 x 10-minute briefings each day, at the following times:

- 09.20 – 09.30 (Team brief)
- 13.20 – 13.30 (Team brief)

This provides an opportunity to clarify the courses for the day, teaching staff and any issues for staff that day to be aware of. There is an expectation that all team members present attend, participate fully and share information in a respectful, open, constructive, and supportive way. A termly Health and Wellbeing College meeting is held, and all staff are encouraged to attend.

All staff working within the Health and Wellbeing College are up to date with their safeguarding training - level 2 (College management – level 3). This is monitored by the Health and Wellbeing College Leads, in liaison with the Volunteering Team and the Temporary Staffing Team. All staff compliance will be checked before the start of the September term.

The College will report quarterly compliance data for safeguarding through the Trust's established governance systems.

The Trust has set dates for the safeguarding sessions quarterly on: 14<sup>th</sup> August 2024 and 10<sup>th</sup> December 2024 as 'lunch and learn' sessions for all staff. As these become embedded, they will be scheduled once each term (3 times per academic year) with the Trust's Safeguarding Team as an additional way of ensuring that Safeguarding is kept as a living and conscious statutory duty by all working within the College.

If there is an occasion when that the College staff and / or Leads become aware of information or behaviours that give rise to serious and significant concerns about the potential risk of harm to other individuals at the College, then steps should be taken

to establish if the individual has a forensic history that may give rise to their unsuitability to being a student at the college. This approach should be made via any clinical team involved with the student (for example if they were open to a Community Mental Health Team) in the first instance. If no clinical team is involved, then an approach should be made to the Trust's Security Lead & Police Liaison Officer, who will liaise with criminal justice agencies.

The College leads must ensure the health, safety and welfare of all students and this may necessitate a temporary suspension of a current student or the temporary halt on the intended enrolment of a student, pending further enquiries.

If any safeguarding concerns arise, these should be reported to a College Lead immediately, who will act accordingly. If necessary, guidance/further advice will be sought from the Trust safeguarding team.

The College and the Trust's Head of Safeguarding have developed a clear policy that covers students enrolled at the College, should the leads or staff become aware of a concern or incident that gives rise to a safeguarding concern.

**11. The Health and Wellbeing College in Tameside served 5 boroughs of Greater Manchester and was run by the Mental Health Trust. It was accepted by the Trust that the investigation report was of poor quality and an opportunity to learn lessons missed. This included the management structure, oversight, lack of an information sharing protocol with probation, the systems in the college for managing risk and sharing information and compliance with GDPR.**

### **Trust Response:**

As part of the reflections immediately post inquest, a tabletop review of the process followed in this case was requested by the Executive Director of Quality, Nursing and Healthcare Professionals, who had taken up his post in the weeks before the inquest. This review was led by a member of the Director team and identified learning.

This made recommendations in relation to strengthening the triggers for an investigation, more robust systems for the recording of decisions made in relation to commissioning of investigations, for the agreement of the scope and terms of reference, and for ensuring the training and skills of investigators beyond arrangements already in place. In addition to this, it was also recommended that the quality assurance process for the presentation and ratification of investigation findings could also be reviewed and strengthened.

These findings were received and accepted by our new Executive Director of Quality, Nursing and Health Professionals who is being supported by the Interim Head of Patient Safety and Clinical Effectiveness to dovetail these recommendations into our broader change in organisational approach to investigations as part of the nationally mandated work to implement the Patient Safety Incident Response Framework.

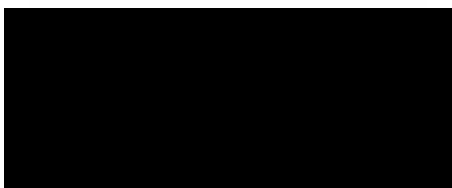
(PSIRF). As part of this, we are also commissioning a training programme that will provide attendees with enhanced skills in reviewing and learning from patient safety incidents. This is intended to build on the existing offer available to staff, to create a robust system and pool of those able to undertake this responsibility effectively and efficiently.

In order to facilitate the recommendations, the Executive Director of Quality, Nursing and Health Professionals has also introduced new governance processes into our agreed structure which should support a more robust process for the most significant patient safety investigations. One of these is a Central Safety Summit, with an approved scope and purpose agreed at Trust Board level, with reporting into our Quality Committee to ensure continuous oversight at a Non-Executive Director level.

Progress in relation to the embedding of these new structures will form part of our reporting to Trust Board in relation to quality, safety, experience and effectiveness, supported by an established report provided within the private part of the Board meeting, which is focused on incident investigations, including performance and learning and inquest activity. This will also inform regular discussions with ICB colleagues and reporting within the quarterly quality compliance schedule, which is in place, as well as our established engagement mechanisms with our regulator, Care Quality Commission on a bi-monthly basis.

I hope that the information within this response has provided you with the assurance that you were seeking in relation to learning from these events. Should you require any further information or clarification on the details within this letter, please do not hesitate to get in touch with me again.

Yours sincerely



  
**Chief Executive**