

Witness Name: STEPHEN MCGOWAN

Statement No: WITN0319001

Dated: 09-01-2026

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF STEPHEN MCGOWAN

Employing Organisation: The Royal College of Psychiatrists

I, Stephen McGowan, will say as follows: -

INTRODUCTION

1. I am a registered mental health nurse and have worked as a regional clinical lead for Early Intervention in Psychosis since 2004. In February 2025 I was appointed by the Royal College of Psychiatrists to the role of Clinical Advisor to the National Clinical Audit of Psychosis (NCAP) alongside Professor Belinda Lennox, who is a psychiatrist. I have also been Chair of the Early Intervention in Psychosis Network (EIPN) Advisory Group and Accreditation Committee since 2021. EIPN is also run by the Royal College of Psychiatrists.
2. This witness statement is made to assist the Nottingham Inquiry (the "Inquiry") with the matters set out in the Rule 9 Request dated 2nd July 2025 (the "Request").

3. I have been asked to set out the backgrounds to NCAP and EIPN, and the involvement of Nottingham Early Intervention in Psychosis teams in NCAP and EIPN, before providing recommendations to the Inquiry for improving quality of care in EIP services.

BACKGROUND TO EARLY INTERVENTION IN PSYCHOSIS

4. Early Intervention in Psychosis (EIP) is a clinical approach to those experiencing symptoms of psychosis for the first time. Reducing delays and providing optimal treatments of early symptoms of psychosis has been shown to improve outcomes, reduce harm and save money.
5. EIP has been a national policy requirement since 2000. The Department of Health and NHSE launched their '*Achieving Better Access to Mental Health Services*' policy (NHSE0000088) in 2014 which led to a national service specification for EIP in 2016, last updated in 2023: *Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance* (NHSE0000032) (published by NHSE and prepared by NICE and CCQI). This standard details a set of essential interventions and requires EIP teams to engage with people assertively when they are experiencing a first episode of psychosis. The implementation of the standard has been supported by national and regional delivery programmes (including EIPN, set up and run by the Royal College of Psychiatrists and described further below) and a national audit of clinical quality – the National Clinical Audit of Psychosis (NCAP).

BACKGROUND TO NCAP

6. The national audit programme - NCAP - is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). The programme is funded by NHS England and the Welsh Government. To enact delivery of the audit programme, HQIP ran a competitive tender process in 2016-2017 and the contract was awarded to the Royal College of Psychiatrists. The HQIP-commissioned audit was preceded by an audit run by EIPN, which demonstrated that a national audit of EIP services was feasible. The College continues to run the NCAP audit programme today.

7. NCAP was developed to follow on from the National Audit of Schizophrenia (NAS) which took place between 2011 and 2014. The original focus of NCAP was on the quality of mental health care provided to people with psychosis (inpatients and community patients) living in England and Wales. After the audit had run for a year (2017/18), the decision was made by the funders NHSE and commissioners HQIP to focus NCAP on EIP to align it with the NHS Long Term Plan (WITN0319002).

8. Thus from 2018 onwards, the audit focused on the quality of care provided by EIP teams. These are specialised services providing prompt assessment and evidence-based treatments to people with first-episode psychosis.

9. The structure of the NCAP programme is as follows:
 - 9.1. Steering Group
 - 9.2. Implementation Group
 - 9.3. Clinical Advisors
 - 9.4. Service User and Carer Reference Group.

10. The outputs/reports of the NCAP programme are provided to NHSE/Welsh Government/HQIP and support the NHS to improve the quality of care that NHS Mental Health Trusts in England and Health Boards in Wales provide to people with psychosis. Services are measured against criteria relating to the care and treatment they provide, so that the quality of care can be improved.

11. The aims of the audit, as set out by HQIP are:

- 11.1. tracking change over time through repeated data collection to monitor progress against expected standards of care;
- 11.2. exploring variation between different parts of the health system, e.g. making comparisons between teams, Trusts/ Health Boards and regions;
- 11.3. examination of variations in care by health inequalities, such as age, gender and ethnicity.

12. Through providing such information the audit enables the NHS to identify where improvement support is required.

13. The NCAP Steering Group provides the NCAP project team with expertise from multiple backgrounds to plan, structure, carry out and interpret the results of the audit fully and without bias. Our partner organisations represent key stakeholders in the audit and members from these organisations sit on the NCAP steering group.

They include:

- 13.1. The British Psychological Society

- 13.2. The Care Quality Commission
- 13.3. College of Mental Health Pharmacy
- 13.4. Healthcare Quality Improvement Partnership
- 13.5. The National Collaborating Centre for Mental Health
- 13.6. NHS England
- 13.7. Public Health Department Wales
- 13.8. Rethink Mental Illness
- 13.9. The Royal College of General Practitioners
- 13.10. The Royal College of Nursing.

14. The NCAP Implementation Group coordinates expert and specialist input into audit development and operation. It comprises:

- 14.1. Veenu Gupta – Service User Advisor (demitted role in July 2025; replacement to be appointed)
- 14.2. Professor Belinda Lennox - Clinical Advisor
- 14.3. Stephen McGowan – Clinical Advisor
- 14.4. Professor Dasha Nicholls – Clinical and Strategic Director of the CCQI
- 14.5. Dr Alan Quirk - Head of Clinical Audit and Research at CCQI
- 14.6. NCAP project team, comprising a full-time Programme Manager, Deputy Programme Manager and Project Officer and a 0.4 Whole-Time-Equivalent Quality Improvement Coach, who is supported by a Quality Improvement Consultant (Maureen McGeorge).

15. Professor Lennox and Mr McGowan took up the Clinical Advisor roles in February 2025. The former Clinical Advisors, Professors Jo Smith and Paul French who were in post from 2017-2025, have been consulted in the development of this statement.
16. A Service User and Carer Reference Group (SUCRG) is made up of six individuals who have lived experience of EIP mental health services, either as a patient or a carer for someone who has used an EIP service. They work in parallel with the Steering Group with the Service User Advisor to provide collective feedback on key decisions in the audit to ensure these reflect issues of importance to patients with first episode psychosis (FEP) and their families/carers.
17. The following services are mandated to participate in the audit as part of their funding:
- 17.1. All NHS-funded EIP teams in England and Wales
 - 17.2. NHS-funded Children and Young People's Mental Health/ Child and Adolescent Mental Health Services in England where EIP teams do not extend their offer to Children and Young People
18. All 54 Trusts in England providing EIP services take part in the audit. The number of teams participating in the audit has varied over time as teams reconfigure but numbered 156 for the most recent audit (2023-2024).
19. The frequency of data collection was historically annual, with spotlight focus on specific areas in some years e.g. on services for under 18s. For the current

programme, initially 2022-2025 with a two-year extension from 2025-2027, the audit has moved away from collecting bespoke (i.e. manually submitted) audit data and instead uses routine digital data (e.g., the nationally mandated Mental Health Services Dataset (MHSDS) in England). The intention is to reduce the burden of data collection on EIP teams, allowing teams to focus resources on patient care.

20. With the move to using routine data, the data are expected to refresh and be fed back to teams quarterly and then monthly, with an annual State of the Nation Report based on the total annual sample.

21. NCAP works with professional bodies, voluntary sector providers and campaigning organisations, and complies with the CCQI ethical audit standards. Ethics approval or patient consent are not required for the purposes of audit.

22. The NCAP standards, set by the steering group, are:

22.1. Standard 1: Timely access. Treatment started within two weeks of referral

22.2. Standards 2 & 3: Take up of psychological therapies

22.2.1. Cognitive Behavioural Therapy for psychosis (CBTp)

22.2.2. Family Intervention

22.3. Standard 4: Prescribing. Patient was offered clozapine where indicated

22.4. Standard 5: Take up of supported employment and education programmes

- 22.5. Standard 6: Physical health monitoring of all seven physical health measures; Smoking, Alcohol use, Substance misuse, Body mass index (BMI), Blood pressure, Blood glucose, Lipids
- 22.6. Standard 7: Physical health interventions are offered where problems are identified, for Smoking, Harmful/hazardous use of alcohol, Substance misuse, Weight/obesity, Elevated blood pressure, Abnormal glucose control, Abnormal lipids
- 22.7. Standard 8: Take up or referral to carer-focused education and support programmes
- 22.8. Clinical Outcome Measurement: 2 or more outcome measures were recorded at least twice.

23. Eligibility criteria for the audit, based on bespoke data collected from case-notes (up to 2024), were: Service users who were aged 65 and under, had first episode psychosis (FEP) and had been on the caseload for 6 months or more. Service users experiencing psychotic symptoms due to organic causes, or who spend most of their time in a different locality, such as students, were excluded.

24. For the bespoke audit, EIP teams were asked to provide eligible samples from which the NCAP team randomly selected 100 case-notes for the audit. For teams with less than 100 cases, all were included. This produced a dataset of approximately 10,000 cases for England and 200 cases for Wales. Data collection was through a CaseCapture platform; EIP teams submitted service user level data as well as team level data using the online audit tool. During 2022–2024, this also focused on EIP provision for children and young people (age 14-18). Each team

was also asked to complete a contextual questionnaire about the type of service they deliver, which considers issues (e.g. staffing levels) that may potentially impact on a team's ability to deliver the EIP access standard.

25. Data for each Trust was benchmarked against the National Average datapoint for that standard. This was conveyed in the form of a chart that allowed teams to visualise and compare their own data relative to others and a National Average.

26. Participating EIP teams were provided with individual reports of their own data compared to the National Standard, including their rating on the NHSE Scoring Matrix. In addition, NCAP reported its findings annually in a 'State of the Nation Report'. This report was made public and copies of past reports can be found on the NCAP website.

27. The NHSE Scoring Matrix is a tool made in partnership with NHSE to enable EIP teams to monitor their performance against objectives for EIP care set out in the NHS Long Term Plan (LTP) (RCPS0000002). Scores are allocated for each item in the table and an overall score is calculated based on performance across all items. The scores for each item fall into one of four categories: Level-1: greatest need for improvement; Level-2: needs improvement; Level-3: performing well, or Level-4: top performing. Item scores are then used to calculate domain scores for the three domains: timely access, effective treatment, and outcome measures. These three domain scores are then utilised to determine the team's overall score. There is no scoring matrix equivalent at an NHS Trust or Health Board Level; i.e. the scoring matrix is only used to rate individual team performance.

28. Where a team or Trust was performing below benchmarking standards on the NHSE scoring matrix this was highlighted to them on their team/service level report.
29. In addition, the NCAP team performed an outlier analysis, according to the HQIP outlier protocol. This means any team that was performing more than 3 standard deviations from the national average on a standard (identified with input from the NCAP statistical advisor) received a letter informing them of this. The outlier procedure is explained in more detail in paragraph 58 below.
30. Teams were given 25 days to respond to the letter. If no response was received, NCAP escalated concerns to the Care Quality Commission (CQC).
31. NCAP also sent health alerts to a team if a specific measure was outside the normal range at an individual patient level e.g. a patient had high blood pressure or low blood sugar and where there was no evidence that a referral or an intervention had been initiated in response to an identified physical health risk (based on the Lester Algorithm (RCPS0000010)).
32. NCAP expects teams to use their own data to support Quality Improvement (QI) activity. In addition, NCAP offers all EIP teams support for QI related to the NCAP standards in the form of QI focussed webinars and, since 2022, individual intensive QI coaching has been made available to a small number of teams. However, the majority of improvement support to teams performing below the expected standards historically came from NHSE Regional Teams.

33. To support the implementation of the NHS Long Term Plan, NHSE Regional EIP Leads were employed in each English region. Their role was to support the implementation of the national EIP standard through targeted improvement programmes including networking, shared learning, and QI activities. Using NCAP findings, they undertook detailed reviews of under-performing services and supported improvement activities with mental health trusts and commissioners. The NHS currently requires 95% of EIP teams to be rated Level-3 or better. Between 2019 and 2024 the number of teams rated Level-3 or better increased from 26% to 63%; however, this remains below the target 95%. With the creation of Integrated Care Boards (ICBs) in 2022, the role of NHSE in funding regional activities has diminished. Only three English regions have retained EIP Leads to date and there is no requirement for ICBs to fund these roles.

34. In recognition of the limitations of routine digital data in assessing progress of EIP teams against the NHS Long Term Plan, a further round of bespoke data collection audit was proposed and funded, which took place in 2023 and 2024. These currently provide the most up to date data on EIP team performance against the National Standards.

BACKGROUND TO THE EARLY INTERVENTION IN PSYCHOSIS NETWORK

35. The Early Intervention in Psychosis Network (EIPN) is a quality and accreditation network which aims to define a standardised measure of EIP service quality and support teams to improve the quality of care offered by EIP services, facilitate

learning, and promote continuous improvement. Like NCAP, EIPN is run by the Royal College of Psychiatrists. The EIPN and NCAP programmes are run independently of one another, have different management structures and are funded through different funding models.

36. Membership of EIPN is voluntary and subscription based. Members receive an annual peer review; a local report detailing performance against standards, including achievements, challenges, and recommendations for improvement; free or discounted access to learning opportunities, such as reviewer training and the EIPN Annual Forum; and access to an online learning hub (Knowledge Hub) through which discussions and resources can be shared. The standards that EIPN reviews services against differ from the NCAP standards.

37. EIPN was established in 2016 when guidance to support the implementation of the new EIP Access and Waiting Time Standard was published (NHSE0000032). EIPN later developed a more comprehensive set of quality standards in 2018 which were designed to support commissioners and providers of mental health services to develop EIP services to the standard necessary for full effectiveness. The standards have since been revised to reflect developments in national guidance and best practice, with the latest edition published in April 2025.

38. There is currently a total of 155 EIPN standards, substantially more than the 8 standards measured in the NCAP audit. The EIPN standards are split across nine domains: Access, Referral and Assessment; Care and Intervention; Joint Working

and Transfer of Care; Patient and Carer Experience; Information, Consent and Confidentiality; Staffing and Training; Environment and Facilities; Recording and Audit; and Provision for At-Risk Mental State (ARMS) Patients.

39. Each standard is categorised as one of the following types:

- 39.1. Type 1: failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment (100% compliance is needed to achieve accreditation);
- 39.2. Type 2: standards that an accredited team would be expected to meet (80% compliance is needed to achieve accreditation);
- 39.3. Type 3: standards that are aspirational, or standards that are not the direct responsibility of the team (60% compliance is needed to achieve accreditation).

40. Services can join the network under three different membership types:

- 40.1. Developmental: The service receives a discussion-based peer review, during which interviews are held with managers, frontline staff, patients, carers, and partner agency representatives. Scores of 'met', 'partly met', 'not met', or 'not applicable' are given against each standard following these discussions, and the service is provided with overarching achievements, areas for improvement, and recommendations.
- 40.2. Accreditation: The same as developmental reviews, but the service is also required to collate survey feedback from staff, patients

and carers; complete a case note audit; and provide evidence to support the standards.

40.3. Affiliate: The service does not receive a peer review but does have access to other membership benefits as outlined earlier in this section.

41. Peer reviews are led by a staff member on the EIPN project team, who are non-clinical but trained in facilitation. The wider review team typically comprises two to three clinical staff members from other EIP services and a paid patient or carer representative with lived experience of accessing/caring for someone who has accessed EIP services. All reviewers are required to complete EIPN reviewer training prior to attending a review. The statement-maker (Stephen McGowan) is a trained peer reviewer and has attended a number of peer reviews for the network.

42. Services undergoing accreditation have further opportunities to provide evidence for any outstanding unmet standards subsequent to the review day. These standards and the evidence required are outlined clearly within the service's local report.

43. All services are given one month following receipt of their report to provide further evidence. This, alongside the report, is then presented to the EIPN Accreditation Committee for consideration.

44. The EIPN Accreditation Committee comprises clinicians from a combination of member and non-member EIP services, a patient/carer representative, and

members of the EIPN project team who support the committee in making accreditation decisions.

45. The Accreditation Committee meets quarterly to review evidence submissions, ensure standards are scored consistently, and determine services' accreditation status.

46. The Accreditation Committee can award one of three possible outcomes to services undergoing the accreditation process:

46.1. Accredited: This outcome is awarded when services are deemed to be meeting 100% of type 1 standards, at least 80% of type 2 standards, and at least 60% of type 3 standards. Accreditation is awarded for a period of up to three years, subject to an interim review.

46.2. Deferred: This outcome is awarded when services are not yet meeting the required thresholds of standards, but accreditation is felt to be achievable within deferral timeframes. Services can be deferred up to two times (equivalent to six months from first presentation).

46.3. Not accredited: This outcome is awarded when a service is still not felt to be meeting the required threshold of standards by the point of their final presentation to the Accreditation Committee, *OR* accreditation is not felt to be achievable within deferral timeframes, *OR* the service is not felt to be engaging adequately in the process (e.g. by not submitting evidence when requested).

47. Peer reviews are designed to be supportive and focus on learning. Members of the review team are encouraged to share recommendations from their own services and experience, and time is allocated within the review day timetable for open discussions around challenges. Examples of topics from recent reviews have included implementing a new pathway for at-risk mental state (ARMS) patients, overcoming recruitment challenges, and involving people with lived experience in service development.

48. Distinction from NCAP: Whilst all EIP teams in England and Wales are expected by NHSE to participate in the NCAP audit, participation in the EIPN Quality and Accreditation network is entirely voluntary and requires subscription.

48.1. EIPN triangulates a range of information to determine scores against the quality standards, including documentation (e.g. anonymised assessments; care plans), findings from case note audits, and qualitative feedback obtained through interviews with staff, patients, carers, and partner agency representatives.

48.2. Peer reviews present an opportunity for review teams to 'deep-dive' into individual service performance, achievements, and challenges, taking into account current service context and individual experiences.

48.3. The reviews are founded on the sharing of learning and best practice, allowing EIP services to exchange resources and innovations.

49. Nottinghamshire EIP teams have joined the EIPN as 'Developmental' members of the network but have not taken up the offer of a peer review to date.

NCAP DATA ON NOTTINGHAM SERVICES

50. NCAP audit data from the Nottingham Healthcare Foundation Trust's ("NHFT") EIP teams are available from 2018 to 2024. Reports detailing the national average result alongside all Trust results were published in 2019, 2020, 2021, and 2022, with a State of the Nation report published in 2024, which covered bespoke audit data from 2022/2023 and 2023/2024. Local reports detailing team-level results were sent to teams in 2019, 2020, 2021, and 2022. Team, Trust, and national data were made available to teams on a restricted access online dashboard in 2023 and 2024.

51. Reporting has been designed to cover the following:

- 51.1. Provide strategic national EIP data picture, including themes and trends. This reporting supports NHSE at a national level.
- 51.2. Ability to drill down to individual Trusts/regions to understand better the local picture. This reporting supports NHSE at a regional level.
- 51.3. Individual Trust reporting, with specific areas highlighted against national/regional benchmarks. This allows individual trusts to respond to the audit findings.
- 51.4. Outlier/exception reporting. This reporting has a dual purpose and is designed to: (a) provide Trusts with clarity regarding areas where they deviate significantly from the national picture and (b) facilitate NCAP reporting of concerns to the regulators, CQC, HQIP and NHSE.

52. NHFT teams audited are as follows:

- 52.1. NCAP Audits 2018/2019 through 2020/2021:

52.1.1. 4501: Ashfield & Mansfield Early Intervention in Psychosis Team

52.1.2. 4503: County South Early Intervention in Psychosis Team

52.1.3. 4504: Newark & Sherwood Early Intervention in Psychosis Team

52.1.4. 4505: Nottingham City Early Intervention in Psychosis Team

52.1.5. 4506: Bassetlaw Early Intervention in Psychosis Team

52.1.6. 4507: Head 2 Head Child & Adolescent Mental Health Services

52.2. Please note that there is no team 4502.

52.3. NCAP Audits 2021/2022 through to present:

52.3.1. 4501: Early Intervention in Psychosis – North

52.3.2. 4502: Early Intervention in Psychosis – South

52.3.3. 4503: Head 2 Head Child & Adolescent Mental Health Services

52.4. Please note that the reduction in the number of Nottinghamshire EIP teams taking part in NCAP after 2021/2022 was due to service reconfiguration. Historically Nottinghamshire had stand-alone specialist EIP teams, but these had been disaggregated into generic teams prior to the publication of the new national EIP specification in 2016. We now understand that Nottinghamshire operate three stand-alone specialist EIP teams; one in the north, one in the south, and a separate Child and Adolescent EIP team, which is consistent with NCAP reporting.

53. NCAP audits EIP teams individually and assesses individual team performance against the Scoring Matrix. NCAP also aggregates all team-level data within a Trust to produce combined Trust-level audit data. However, Trusts are not evaluated against the Scoring Matrix, which only applies to teams.

54. We have supplied national reports inclusive of Trust-level data (RCPS0000009, RCPS0000008, RCPS0000007, RCPS0000028 and RCPS0000029). We have also exhibited an example of a report that was provided to each team detailing their team-level results (RCPS0000003). This report, chosen at random, is for EIP4501 from 2020/2021. It presents a breakdown of the data collected, including Scoring Matrix performance, team-level information, and patient-level results evaluated against the NCAP standards and scored per the scoring matrix. For example, on page 21 of the report it can be seen that for team EIP4501, of 32 service users who were not in work, education, or training at the time of their initial assessment, 7 (22%) had since started a supported employment programme. This has given them a score of 'performing well' in the supported employment standard.

55. We have exhibited a document with one data table per audit year detailing the assessment of each EIP team in each domain (RCPS0000011). Please note that the Timely Access standard utilizes data supplied to NCAP by NHSE's Mental Health Services Dataset (MHSDS) at a Trust-level; therefore, each team will have the same result for the timely access standard in the data table.

56. Audit results were communicated to NHSE and HQIP, as well as to Trusts via national and team-level report publication. Each year, team-level reports were

circulated to teams shortly after the national results were published. Please see the date of publication for national reports below.

- 56.1. National report for the Early Intervention in Psychosis Spotlight Audit 2018/2019 – published July 2019 (RCPS0000009)
- 56.2. National report for the NCAP Early Intervention in Psychosis Audit 2019/2020 – published July 2020 (RCPS0000008)
- 56.3. National report for the NCAP Early Intervention in Psychosis Audit 2020/2021 – published July 2021 (RCPS0000007)
- 56.4. National report for the NCAP Early Intervention in Psychosis Audit 2021/22 – published July 2022 (RCPS0000028)
- 56.5. State of the Nation Report 2024: Audit of Early Intervention in Psychosis Provision in England and Wales in 2022/23 and 2023/24 – published February 2025 (RCPS0000029)

57. For audit years 2018/19, 2019/20, 2020/2021, and 2021/2022, NHFT was flagged as a potential outlier. Teams that are more than two standard deviations below the national figures are flagged as an outlier with alert status. Teams that are more than three standard deviations below the national figures are flagged as an outlier with alarm status, and are reported to the Care Quality Commission (CQC), HQIP, and NHS Improvement (RCPS0000030).

58. NHS Improvement was responsible for overseeing the provision of consistently safe, high quality, compassionate care within local health systems that are financially sustainable. It was merged into NHS England in 2022.

59. Following the NCAP outlier procedure, in each year, NHFT received a letter informing them of their outlier status. Upon receipt of this letter, they were asked to review the data submitted to NCAP for accuracy. If any data amendments were requested and made, outlier analysis was repeated. If this repeat analysis showed that the Trust was still an outlier, or if the original data were confirmed as correct, the Trust was notified via letter that they were officially an outlier and were required to provide written acknowledgement of the letter receipt. If repeat analysis showed NHFT performing within three standard deviations of the national average, they received a letter confirming their outlier status had been demoted to alert status or dismissed. They were then flagged with the CQC and NHS Improvement if still at alarm status, meaning their result was more than three standard deviations below the national average. NCAP informs the CQC and HQIP of all outliers at alarm level. The expectation is that NHS Trusts should use 'alert' information (available within local NHS Trust reports) as part of their internal quality monitoring process. They should investigate alerts in a proactive and timely manner, acting accordingly before they potentially escalate to alarm level status. Where there are 'alarm' level outliers, the Healthcare provider CEO should confirm that a local investigation will be undertaken with independent assurance of the investigations' validity, copying in the CQC. Details of each audit year and NHFT's outlier proceedings are provided below, and all correspondence held by the NCAP team and referred to in paragraphs 59.1 through 59.4 below are exhibited. The exhibited correspondence displays the steps of outlier proceedings for each year: first letter with notification of potential outlier status from NCAP, revision or confirmation of submitted data by NHFT, final notification of outlier status issued by NCAP, and acknowledgement of outlier status by NHFT.

- 59.1. 2018/2019: Flagged for performance against physical health and timely access standards (RCPS0000022), as NHFT results were greater than two standard deviations below the national results for these standards. NHFT responded to the first notification letter confirming their submitted data were correct (RCPS0000006). NHFT remained an outlier with alarm status for physical health, and alert status for timely access (RCPS0000025, RCPS0000024, RCPS0000015).
- 59.2. 2019/2020: Flagged for performance against Family Intervention and physical health standards (RCPS0000023). NHFT responded to the first notification letter with amendments to the data submitted for Family Interventions and confirmed submitted data for physical health were correct (RCPS0000017). After reanalysis, NHFT remained an outlier with alert status for family intervention, and an outlier with alarm status for physical health (RCPS0000012). We have no record of response from NHFT to the second letter confirming alarm status for physical health. The CQC and NHS Improvement were informed of non-compliance.
- 59.3. 2020/2021: Flagged for performance against the Family Intervention standard (RCPS0000014). NHFT responded to the first notification letter confirming their submitted data were correct (RCPS0000018). NHFT remained an outlier with alarm status for Family Intervention (RCPS0000013, RCPS0000019).
- 59.4. 2021/2022: Flagged for performance against the Family Intervention standard (RCPS0000004). NHFT responds to the first notification letter confirming their submitted data were correct

(RCPS0000016). NHFT remained an outlier with alarm status for Family Intervention (RCPS0000021, RCPS0000027).

60. The response from NHFT to outlier notifications was fairly typical – in most instances it appears they responded to our first and second outlier letters in a timely fashion and did not need a reminder email. Only once did they not respond – this was for the 2019/2020 audit, and it was the second letter confirming their alarm outlier status that went unacknowledged. Six other Trusts that year also did not acknowledge their outlier status, so NHFT's non-response was not unusual. Aside from that, we have a record of all responses, so they appear to have been engaged in the process overall.

61. NCAP offers Quality Improvement (QI) support through the NCAP QI Collaborative. In February 2023, NHFT registered to participate in this collaborative and receive one-to-one coaching on a QI project of their choosing. The team that registered for support was the Head 2 Head Child & Adolescent Mental Health Service, and their intended focus for their QI project was on the Supported Employment and Education standard. They had a representative attend an NCAP QI training day in March 2023 and attended a few QI calls throughout the year but missed important events and one-to-one calls with the QI coach. They did not fully engage with the QI programme and ultimately agreed with the NCAP QI coach that there had not been enough work done to continue with the project (RCPS0000026). This exhibit is a project tracker created by the NCAP QI coach which demonstrates the lack of engagement from the NHFT team. It is noted that they struggled to finalise their overall project aim and did not plan their 1st or 2nd Plan-Do-Study-Act cycles for

continuous quality improvement. The NCAP QI coach noted concern related to the amount of time spent identifying a project aim and their reluctance to look at alternative project aims.

62. Evidence submitted in paragraph 53 includes team-level results. As stated above, NCAP only provides team level performance data based on the scoring matrix. There is no combined Trust level performance rating.

63. The data table exhibited and referred to in paragraph 54 provides information on the standard of EIP services in Nottingham between 2018 and 2024, as measured by NCAP. In 58 we note that they were identified as outliers predominantly on the Physical Health and Family Intervention standards compared to the national average.

64. A review of the overall NCAP scores for the Nottinghamshire EIP teams between 2018 and 2024 shows a picture of improvement, which is in line with improvements seen nationally as reflected in the latest NCAP 'State of the Nation' report (RCPS0000029). Between 2018 and 2021, EIP teams in Nottinghamshire were rated as either 'needs improvement' or 'greatest need for improvement'. In 2021-22 none of the teams were rated 'greatest need for improvement' and since 2022-23 all teams have been rated as 'top performing'.

65. For the purposes of the inquiry, VC was admitted to EIP in 2020 when NCAP rated the Nottingham City team, which we believe provided his care, as in 'greatest need

for improvement'. He was discharged to his GP in 2022 when the team was rated 'needs improvement'.

COMMENTARY ON WHAT HAPPENED IN NFHT IN RESPONSE TO REPORTED UNDERPERFORMANCE

66. We are unable to comment in any detail on what happened in NFHT in response to the reported underperformance prior to 2023. NHS England, as funders of the audit, would naturally see these results and we know that they asked the Intensive Support Team (NHS Improvement) to conduct an in-depth review in 2018 (WITN0319003). A regional support programme for EIP was active in NHSE East Midlands between 2016 and 2021 when NHSE East Midlands was merged with NHSE West Midlands to create NHSE Midlands.

67. It is beyond the scope of NCAP to know what processes and plans were enacted at national, regional and local level NHS to address the identified problems. Since 2023-2024 Nottinghamshire EIP teams have been rated 'top performing' in NCAP audits. We are bound to highlight though, that the NCAP audit does not measure an EIP teams' delivery of assertive and intensive care.

68. Regional performance was reviewed by NHSE Regional Leads and discussed at regional network meetings, and regional results were used to inform regional training and support priorities. NCAP audit data were also used to inform commissioning priorities at a Trust and individual team level. However, please note that there is no requirement for Trusts or teams to feedback to us on this and NCAP

does not collect data on it. We are therefore unable to provide any specific information about what happened in NHFT when the audit results were received.

EIPN DATA ON NOTTINGHAM SERVICES

69. NHFT joined EIPN on 1st December 2022 under a multi-site developmental membership, listing two teams: 'North Team' and 'South Team'. Their current membership is due to expire on 30th November 2025. To note, the service contact has since clarified that each of these 'teams' comprise five sub-teams which would not be eligible to receive a combined review and would need to be separated out.

70. Neither 'team' has participated in a review process as yet. Repeated attempts have been made by the project team to organise a review since NHFT joined the network, with the service contact citing "We are working through lots of pressure and learning within the service currently" in their latest correspondence with the EIPN project team.

71. No staff from NHFT have attended EIPN peer reviewer training or a review of another service during their membership period.

72. Attendance records show that NHFT staff have attended every Annual Forum (EIPN's national conference) since the network began in 2016, except for 2017.

73. No concerns have been raised via EIPN with or about NHFT during their membership period. Membership of EIPN is voluntary and would usually show a

commitment to best practice and improving quality; however, we note that NHFT's engagement with the network has been limited to date.

RECOMMENDATIONS

74. We recommend continuation of the NCAP audit as a key mechanism for monitoring the quality of services and driving the provision of effective EIP care.

74.1. EIP has a strong evidence base and the NCAP audit is an established and proven data driven method for monitoring service quality. It provides the NHS with a regular, detailed and independent review of every team's performance against a set of national quality standards, highlighting where improvement has been made and where improvement is needed.

74.2. NCAP data and analysis provide the ability to track change over time and supports investigations and inquiries such as this. Participation in national audits is fundamental to our understanding of service quality, effectiveness and safety, and the ability to track change over time supports the NHS to deliver continuous improvement. As such, the NCAP audit plays an important role in the prevention of future serious incidents.

74.3. Maintaining the audit will be dependent on the NHS successfully implementing the transition in audit methods to digital data collection. The NCAP audit is currently commissioned to 2027.

75. We recommend that the NHS ensures national and regional mechanisms and systems are in place to support quality assurance and improvement in EIP teams.

- 75.1. The NHS commissions NCAP to measure the quality of EIP teams and has set a target for 95% of teams to be rated Level-3 (Performing Well) or above in annual NCAP audit. Where the NCAP audit identifies problems there should be an expectation that this leads to action.
- 75.2. There must be an effective feedback mechanism to NHS leaders, the Department of Health and Social Care and the CQC where service quality failings are identified, with clear responsibility for assuring remedial action and improvement.
- 75.3. There must be an obligation on Regional NHS and/or ICBs to provide support systems that ensure high-quality, effective and safe EIP teams. Historically, NHS regions operated EIP support and improvement programmes. However, since 2020 five regional EIP programmes have been discontinued, and the abolition of NHS England threatens the remaining three programmes.
- 75.4. Regional EIP leads should work with commissioners and providers to identify and agree remedial action, including investment requirements, where under-performance is identified.
- 75.5. Under-performing EIP teams should be supported to participate in quality and safety networks or collaboratives to enable ongoing peer support, benchmarking and access to resources to support ongoing service improvement.

76. We recommend an increased focus on patient and public safety for EIP teams.

76.1. NHS service quality and assurance mechanisms should ensure that EIP teams are equipped to provide optimal safety for patients, families and the public, and that safe clinical practice is consistently delivered. Support and improvement systems need to be updated to reflect and monitor this and ensure that action is taken where needs are identified. This should include the monitoring of service characteristics related to assertive and intensive capability in EIP, i.e. specialist multidisciplinary teams, safe staffing levels and risk management procedures for example.

76.2. Research should be commissioned to better understand how improvement methods such as audit and quality standards can be most effectively deployed to improve reliability of care processes and organisational functions that improve safety and outcomes in EIP care.

Statement of Truth

I believe the content of this statement to be true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

GRO-B

Dated: 09-01-2025

Index to First Witness Statement of Stephen McGowan on behalf of RCPS

No.	Inquiry URN	Document Description
1.	NHSE0000088	Achieving Better Access to Mental Health Services by 2020.
2.	NHSE0000032	Implementing the early intervention in psychosis access and waiting time standard, NHS England.
3.	WITN0319002	NHS Mental Health Implementation Plan 2019/20-2023/24.
4.	RCPS0000002	EIP Scoring Matrix 2024.
5.	RCPS0000010	The Lester Algorithm.
6.	RCPS0000009	Report, dated 2019, compiled by RC Psych and NCAP. Re: National Clinical Audit of Psychosis, National report for the Early Intervention in Psychosis Spotlight Audit 2018/2019.
7.	RCPS0000008	Report dated 2019/2020, compiled by the National Clinical Audit of Psychosis Project Team, re: National Clinical Audit of Psychosis, Early Intervention in Psychosis Audit, National Report 2019/2020.
8.	RCPS0000007	Report compiled by the National Audit of Psychosis Project Team, re: National Clinical Audit of Psychosis, National Report Early Intervention in Psychosis Audit 2020/2021.

9.	RCPS0000028	Report dated 2021/22 compiled by The National Clinical Audit of Psychosis project team, Re: National report for England Early Intervention in Psychosis Audit.
10.	RCPS0000029	Report dated 02/2025, compiled by the NCAP Project Team, re: State of the Nation Report 2024, Audit of Early Intervention in Psychosis Provision in England and Wales in 2022/23 and 2023/24.
11.	RCPS0000003	Report, dated July 2021, compiled by NCAP and RC Psych. Re: NCAP EIP Audit Report 2020/21, Ashfield & Mansfield Early Intervention in Psychosis Team, NHFT.
12.	RCPS0000011	NCAP Audit 2018/2019 including Standards and Standard Description, Trust result and National result.
13.	RCPS0000030	Outlier Process Information for Services: EIP spotlight audit 2019/20, NCAP and RC Psych.
14.	RCPS0000022	Letter from Mike Crawford to Tracey Taylor. Re: National Clinical Audit of Psychosis (NCAP) EIP Spotlight Audit.
15.	RCPS0000006	Letter from Tracey Taylor (NHFT) to Mike Crawford (Royal College of Psychiatrists) Re: National Clinical Audit of Psychosis (NCAP) EIP Spotlight Audit.
16.	RCPS0000025	Letter from Mike Crawford to Tracey Taylor. Re: National Clinical Audit of Psychosis (NCAP) EIP Spotlight Audit.
17.	RCPS0000024	Letter from Mike Crawford to Tracey Taylor. Re: National Clinical Audit of Psychosis (NCAP) EIP Spotlight Audit.
18.	RCPS0000015	Letter from Tracey Taylor to Beatrice Tooke. Re: National Clinical Audit of Psychosis (NCAP) EIP Spotlight Audit.

19.	RCPS0000023	Letter from Professor Mike Crawford to Tracey Taylor [NHFT] re: National Clinical Audit of Psychosis: Early Intervention Psychosis 2019/20 Audit.
20.	RCPS0000017	Letter from Alma Gallagher to Professor Crawford. Re: National Clinical Audit of Psychosis: Early Intervention Psychosis (EIP) 2019/20 Audit) Outliers Response.
21.	RCPS0000012	Letter from Mike Crawford to Alma Gallagher. Re: National Clinical Audit of Psychosis (NCAP) EIP Audit 2019/20.
22.	RCPS0000014	Letter from Mike Crawford to Alma Gallagher. Re: National Clinical Audit of Psychosis: Early Intervention in Psychosis (EIP) 2020/21 Audit.
23.	RCPS0000018	Letter from Alma Gallagher to Professor Crawford. Re: National Clinical Audit of Psychosis: Early Intervention Psychosis (EIP) 2020/21 Audit Outliers Response.
24.	RCPS0000013	Letter from Mike Crawford to Alma Gallagher, re: National Clinical Audit of Psychosis: Early Intervention in Psychosis (EIP) 2020/21 Audit.
25.	RCPS0000019	Email from Taylor Tracey (NHFT) to NCAP (RC Psych), Clinical Audits (CQC), Caroline Rogers (HQIP), and others. Re: NCAP EIP 2020/21 Audit - Confirmation of Outlier Status.
26.	RCPS0000004	Letter from Dr Dasha Nicholls to Fiona Warren. Re: National Clinical Audit of Psychosis: Early Intervention in Psychosis (EIP) 2021/22 Audit.
27.	RCPS0000016	Letter from Fiona Warren and Kelly Simpson to Dr Nicholls. Re: National Clinical Audit of

		Psychosis: Early Intervention Psychosis (EIP) 2021/22 Audit Outliers Response.
28.	RCPS0000021	Letter from Dr Dasha Nicholls to Fiona Warren [NHFT] re: Outlier Status regarding First Episode Psychosis Family Interventions.
29.	RCPS0000026	QI call & project tracker
30.	RCPS0000027	Email re: National Clinical Audit of Psychosis Early Intervention in Psychosis EIP.
31.	WITN0319003	Nottinghamshire EIP IST Review final 2018