

Please respond to:


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6th November 2017

Senior Coroner M E Hassell
Inner North London
Poplar Coroner's Court
127 Poplar High Street
London
E14 0AE

Dear Madam

Inquest touching upon the death of Songul Bozdag

This is a formal response to your Regulation 28 Report dated 8th August in which you set out your concerns relating to the care Ms Bozdag received from East London NHS Foundation Trust.

I am aware that during the course of the Inquest you heard evidence from Ms Bozdag's care coordinator that led you to have concerns about the systems in place at the CMHT to monitor the work of care coordinators.

Before setting out the steps that the Trust is taken in relation to improving systems I would like to reassure you that the issues highlighted in relation to the conduct of the care co-ordinator. One of the first actions taken was an audit of the care coordinators case load to ascertain if she was working to agreed record keeping standards and practice. The gaps in the care that she provided to Ms Bozdag are currently being dealt with by her employer, the London Borough of Tower Hamlets, through formal processes with the full support of the Trust and the individual in question is not working with patients whilst these processes are ongoing.

In relation to systems within the Community Mental Health Team (CMHT) it is acknowledged that during 2016 and early 2017 the leadership and oversight was compromised and significant work has been undertaken to improve this position.

There is now a new Operational Team Lead in post and this member of staff has imbedded robust systems within the CMHT. The first change is the implementation of an Inbox based system to communicate discharge care plans to CMHT staff.

This system will ensure that details of patient discharges, including discharge plans, are sent from wards to Community Mental Health Teams through a central email referrals inbox. The system will enable oversight of care plans, including medication changes. The Inbox is managed by a Duty Administrator within the CMHT who is rostered daily and reviews all incoming mail during the day and is overseen by a senior practitioner in each team along with the lead administrator.

A seven day follow up following discharge from hospital is a key intervention and has now been extended to include all individuals following discharge from hospital, not just those under the Care Programme Approach.

Senior Practitioners are now responsible for ensuring that actions arising from discharge plans are allocated to care coordinators and monitored to ensure they have been followed up. This will include seven day follow ups, medical reviews and changes in medication. This new process will also allow senior practitioners to allocate actions to a duty worker if the care coordinator is absent from work or unable to undertake an intervention for any reason.

The key system for monitoring the ongoing support provided to service users by a care coordinator is monthly supervision. This had not been robustly undertaken within the CMHT and I am pleased to report that this is now working in line with Trust procedures with all care coordinators receiving monthly supervision. Standing agenda items in supervision include CPA status, delivery of the care plan including monitoring of visits and medical reviews and the standard to record keeping. Regular audits are being undertaken to maintain a robust oversight on the process and also actively respond to any gaps in the system in a timely way and to provide assurance that staff are working to agreed record keeping standards and practice.

In addition to the above a review of internal monitoring process has been undertaken to assure the Trust that systems are sufficiently robust and will flag up any cases where service users on CPA are not being seen regularly or reviewed by their consultant. Teams have access to live reports which allows real time activity by the Team and can be drilled down to provide data on an individual service user. The Team administrator also sends out weekly prompts around key performance indicators to the Operational Team Lead and this includes activity for patients on CPA.

With the systems that are now implemented at the CMHT I hope you will be content that the Trust has taken these issues seriously and adequately addressed your concerns.

If you do require any further information please do not hesitate to contact me.

Yours faithfully



Interim Chief Medical Officer