



**North London**  
NHS Foundation Trust

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**Private and Confidential**

Ms Melanie Lee  
Assistant Coroner  
Inner North London  
St Pancras Coroner's Court  
Camley St  
London N1C 4PP

21st November 2024

Dear Coroner Lee

**Re Inquest touching the death of Maria Kelly**

I am writing following the inquest for Maria Kelly which concluded on 12<sup>th</sup> September 2024 and following which you issued a Prevention of Future Deaths report to the Trust. The matters of concern raised were as follows:

*Ms Kelly's medical records show that she suffered from a large number of medical conditions including steatosis of the liver, hydronephrosis, left anterior fascicular block, chronic kidney disease, iron deficiency anaemia, gastrooesophageal reflux, hyperlipidaemia, simple schizophrenia, borderline personality disorder, recurrent depressive disorder and anorexia nervosa (possibly in remission). She had been also diagnosed with Non-Hodgkins Lymphoma in the past. She was prescribed repeat medications of Atorvastatin and Lansoprazole for her physical health problems, and Flupentixol (as directed by her consultant) and Mirtazapine for her mental health. A prescription appears to have been last issued by her GP on 1 August 2024. From 23 August 2023 until the practice was notified of her death, her GP summary showed 31 failed encounters for mental health reviews, as well as failed encounters for blood tests and bowel screening. Her last medical (mental health) review with South Camden Rehabilitation of Recovery Team (SCRRT) was on 7 March 2023. Ms Kelly's care coordinator went on leave in September 2021. Ms Kelly was placed onto the waiting list for allocation of a new care coordinator on 29 December 2023 after a review of the team's patient list found that there had been no contact with her since 11 August 2023. It was recorded that there were "many attempts" (not quantified) to contact her. After a review on 29 December 2023 there were then 12 unsuccessful home visits and 6 failed telephone attempts. Despite this, no welfare check was undertaken, nor any request for a welfare check made to her housing officer or police, until neighbours raised concerns on 14 May 2024.*





The Trust acknowledges the serious concerns raised by the Coroner following the inquest into the death of Ms Kelly. The Trust is committed to addressing these concerns through a series of actions aimed at preventing future incidents and ensuring the safety of all service users. A summary of the actions we have already taken and the further steps we plan to implement to mitigate risk and improve service delivery is provided below:

### **1. Re-allocation and Handover Process**

We have reviewed and strengthened our re-allocation and handover processes to ensure continuity of care during staff transitions. A new handover template is now in use, standardising the transfer of key information when a staff member leaves. This ensures that service users and carers are promptly informed of any changes and are provided with clear contact details for their new care coordinator.

For service users who are still unallocated, we have implemented a welfare call system. These patients are regularly contacted to check in on their well-being. New guidance has also been put in place to ensure effective management of these patients, including clear instructions on when to escalate concerns. This initiative forms part of an ongoing Quality Improvement (QI) project aimed at improving care continuity and safety.

### **2. Staffing Challenges and Recruitment**

Between May and September 2023, there were a number of vacancies within the team (South Camden Rehabilitation and Recovery Team). This resulted in cases being added to the waiting list, impacting service continuity. The Trust has been actively recruiting to address this shortfall, including organising targeted recruitment events.

All substantive social work posts have now been recruited to. We have successfully recruited into three nursing vacancies and put long term experienced agency staff in place to address current shortfall. Additionally, we have introduced new roles, such as a Band 7 position to supervise Band 4 Assistant Practitioners, reducing the reliance on harder-to-recruit Band 6 nurse posts. Recruitment to these posts will continue.

Our new locality teams, set to be mobilised from February 2025, will work in collaboration with Integrated Community Teams to offer more flexible staffing options. This will enable us to manage resources more effectively during periods of reduced staffing, ensuring continued care for service users. We have also replaced two locum social workers with permanent social workers, ensuring greater stability in the team. A nursing Team Manager has been put in place to ensure effective nursing management and support.

### **3. MaST (Management and Supervision Tool) Implementation**

The MaST tool will play a key role in improving caseload management and prioritisation. Staff training is currently underway, with sessions delivered throughout October to enable the implementation of MaST. A MaST Champion has been appointed to guide the team through the implementation process. Training will be completed by November 2024, after which MaST will enable real-time tracking and prioritisation of high-risk service users. This will ensure close monitoring of service users on the waiting list, and timely follow-up.

### **4. Case Tracking and RAG System**

We have reinforced our case tracking procedures using the RAG-rating system which identifies levels of risk (Red, Amber, Green). Weekly allocation meetings are held to ensure that high-risk cases are prioritised for follow-up. While we await MaST full implementation,





manual audits are conducted to ensure all cases are responded to effectively. The newly launched Integrated Community Teams will support service users through shared Multi-Disciplinary Team (MDT) meetings, improving communication between GPs, housing officers, and social workers.

#### **5. DNA (Did Not Attend) Policy**

The DNA policy is currently under review to formalise new working processes in the management of DNA. The policy outlines clear steps for escalating cases after two consecutive missed appointments, ensuring disengaged service users are followed up promptly. The revised policy will be implemented through staff training to ensure consistent implementation. The impact of this policy will be monitored through a Quality Improvement (QI) project.

#### **6. Right Care Right Person (RCRP) Guidance**

We have provided guidance to staff on the use of the Right Care Right Person (RCRP) protocols to ensure effective escalation to external agencies (specifically the Police) to support the management of welfare checks and missing persons. This includes escalating within the Police system when requests for support with welfare checks are declined by Police.

To note, a police welfare check for Ms Kelly was requested by the team on 3 April 2024 but this was declined by the Police. Police advised the duty worker to call an ambulance.

#### **7. Escalation of Declined AMHP Referrals**

We are strengthening our procedures for managing situations where AMHP (Approved Mental Health Professional) service requests, such as Section 135(1) warrant applications, are declined. When a request is refused, staff are required to escalate the matter to senior management for further review. These cases are also discussed during Multi-Disciplinary Team (MDT) meetings to explore alternative actions and ensure the safety and wellbeing of the service user are prioritised. Social workers in the team are being trained as AMHPs to improve interface working.

#### **8. Communication with GPs and LCR (London Care Record)**

Improving communication with GPs is a priority to ensure coordinated care for service users. We are organising additional training on the use of the London Care Record (LCR) to enhance information sharing between our teams and primary care providers. This will ensure that GPs are promptly notified if concerns arise or if service users disengage from care. The integration of our teams into the new Integrated Community Teams will strengthen collaboration with GPs and other community services, enabling a more coordinated, collaborative and effective approach to care.

#### **9. Staff Wellbeing**

We are prioritising staff wellbeing through regular check-ins and support initiatives. These include reminding staff about Trust-wide initiatives such as weekly mindfulness sessions and access to mental health support services. We are also focused on workload management, ensuring staff have the necessary resources and support to prevent burnout and maintain a healthy work-life balance.





#### **10. Clinical Governance**

We are enhancing and standardising governance meetings across the division to ensure staff are kept informed and have opportunities to discuss cases requiring urgent attention. These governance meetings will prioritise attendance and focus on sharing key learning from incidents, promoting a culture of continuous improvement.

#### **11. Client Contact Information Accuracy**

To address ongoing challenges with service users being unreachable due to outdated contact details, we have instructed team administration to lead an initiative to ensure all client contact details are accurate and up to date in RiO (the Trust's electronic patient records system). Care Coordinators are being allocated time slots to review and update their client contact details. This proactive step is expected to improve contact and engagement, reducing risk associated with missed appointments or service disengagement.

It is noted that the Trust was not invited to give evidence at Ms. Kelly's inquest. We would have welcomed the opportunity to address the Court directly on this matter and provide assurance to the Coroner and family around the learning that has taken place following Ms. Kelly's sad death. We would be grateful if this could be considered in future cases where any issues of concern may arise.

I hope that this response provides the necessary assurance. Please contact me if you have any queries.

Yours sincerely



[Redacted name]

**Chief Medical Officer**

