

**From:** Lynne Hunt, Chief Operating Officer  
**To:** Trust Board  
**Date:** 25 January 2007  
**Subject:** Report of the Independent Inquiry into the care and treatment of  
Mariam Miles

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## **1.0 Purpose of the Report**

An independent inquiry into the care and treatment of Mariam Miles was published by NHS London on 4 December 2006. The inquiry panel was:

Kate Markus (Chair)	Barrister
Prof Sashi Sashidharan	Consultant Psychiatrist, University of Warwick
Zoe Reed	Executive Director, South London & The Maudsley NHS Foundation Trust

The action plan produced in response to the inquiry have also been published by and is attached for information. Full copies of the inquiry report can be obtained from the Trust Board Secretary.

## **2.0 Background/Introduction**

In July 2004, Mariam Miles was convicted of the manslaughter on the grounds of diminished responsibility of her husband Mr Edward Miles in May 2003.

Mrs Miles had been receiving treatment for mental illness since July 1996. She had been admitted to hospital on four occasions, most recently being discharged in December 2002.

Following her conviction a hospital treatment order, under Section 37 of the Mental Health Act with additional restrictions set out in section 41 Mental Health Act (without limit of time) was made and she was transferred to a secure psychiatric ward.

The inquiry was commissioned to examine the care and treatment of Mariam Miles by North East London Strategic Health Authority in accordance with Department of Health guidance.

The panel makes five recommendations aimed at strengthening the quality of mental health services in Tower Hamlets:

- Clinical practice and culture – improving, for example, the effectiveness of clinical and managerial leadership of mental health services in the Tower Hamlets area and implementing proposals for consultant time to be spent in community mental health teams. The Trust should undertake an investigation into the work of Dr Falkowski, the consultant psychiatrist who worked with Mrs Miles.

- Therapeutic options. Recommendations include increasing psychological and other therapeutic interventions across community mental health teams and the wards.
- The Care Programme Approach – the team manager should have responsibility for ensuring that the care programme approach is fully implemented.
- Serious Untoward Incidents – the Trust must establish procedures for ensuring that it learns from each serious incident and there is effective change.
- Equality and diversity – the Trust should explore and support the development of cultural mediation services to be deployed in the most effective way.

In response to the report a joint action plan has been agreed by the Trust, Tower Hamlets Primary Care Trust and the London Borough of Tower Hamlets. The action plan describes what has already been done to deliver improvements, and sets out what else will be done to continue this work. The action plan has also been used to assist the development of the Tower Hamlets 5-year service plans.

Action already carried out includes:

#### **Clinical Practice and Culture**

The Trust has recently appointed new leadership to manage services in Tower Hamlets, a borough director and clinical director. Five new permanent consultant posts have appointed to Tower Hamlets, and two more permanent consultants will soon be appointed. There have also been five staff grade doctors that have been appointed.

The amount of consultant time spent in community mental health teams has increased from 14 hours per week to 24 hours and we have plans in place to increase this further when we upgrade our community premises.

An investigation into the work of Dr Falkowski has been commissioned. Two external experts will review his clinical practice in the light of the findings of the Inquiry. Terms of reference for the investigation have been agreed and the work will begin shortly. Dr Falkowski will not be involved in clinical practice until the outcome of the investigation has been considered.

#### **Care Programme Approach**

The Trust has reviewed the care programme approach policies and practice, and has reviewed paperwork to make it more useful to both staff and service users. Plans now in place have set clear targets to provide comprehensive care programme approach arrangements for every service user.

#### **Serious Untoward Incidents**

A major audit has been carried out of all serious untoward incidents and action plans showing where practice had been improved, and where further work and resources are required.

#### **Equality and diversity**

Three community development workers have been recruited in 2005 and 2006. These workers are based in the Primary Care Trust, and will work with communities and across primary, secondary and voluntary sector services, with the aim of bridging

gaps between communities and mental health services, and building cultural capacity in services.

These improvements are being supported by increased financial investment. Between the 2003/04 and the current financial year annual investment from the Tower Hamlets Primary Care Trust into local mental health services has increased from 27-and-a-half million to just over 48 million

### **3.0 Equalities**

3.1 The report makes recommendations relating to equality and diversity issues, which are detailed in the action plan.

### **4.0 Assurance**

4.1 The recommendations made by the inquiries are relevant to the following principal objectives set out in the Board Assurance Framework:

- a) Patient safety is enhanced by the use of health care processes, working practices and systematic activities that prevent or reduce harm to patients.
- b) Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.
- c) Health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well- being.

### **5.0 Action being requested**

5.1 The Board is asked to **RECEIVE** and **NOTE** the report for information.

### **Additional Supporting Papers** (Available from Trust Board Secretary)

1. *Independent inquiry into the care and treatment of Mariam Miles*

**REPORT OF THE INDEPENDENT INQUIRY  
INTO THE CARE AND TREATMENT OF  
MARIAM MILES**

**December 2006**

**ACTION PLAN**

Recommendation	Action taken to date	Further action	Responsible	Date
<b>Clinical Practice and Culture</b>				
<p>The Trust Board must immediately ensure the effectiveness of clinical and managerial leadership of the Tower Hamlets area, including putting in place appropriate remedies</p>	<p>Implementation of sectorisation across Tower Hamlets. Increased consultant psychiatrist input to all community services. Substantive Clinical Director and Borough Director in post</p> <p>Review of Community Services conducted in 2005, action plan implementation underway</p>	<p>Revised management and clinical nurse leadership structure to be implemented</p>	<p>Borough Director/Associate Director Nursing</p>	<p>Dec 06</p>
<p>The Trust should ensure that there is an increased amount of consultant time spent within the community mental health teams, the assertive outreach team, home treatment teams and other community teams. This should include</p> <ul style="list-style-type: none"> <li>• Implementing the proposals for consultant time spent in the community teams proposed by the Medical Director in The Review of Teams in Adult Mental Health Services in Tower hamlets, Newham and City &amp; Hackney</li> <li>• Once those proposals have been implemented, further increasing consultant time spent with community teams with a view to doctors moving their offices to from hospitals into community mental health team premises</li> <li>• Holding medical outpatient clinics on community mental health team premises</li> </ul>	<p>Consultant time within CMHTs, Home Treatment and Assertive Outreach services across the Trust has significantly increased in 2005/06. Monitored through annual job plan and appraisal by Clinical Director</p> <p>One consultant based within CMHT. Existing community team bases preclude basing consultants there due to lack of space.</p>	<p>Continue to monitor consultant time through job plan reviews and Multi Disciplinary Team feedback</p> <p>All future capital and service developments need to consider this issue and make allowance for consultant office space.</p> <p>In Tower Hamlets the Assertive Outreach Team consultant psychiatrist will be based in the team following the move to the new hospital at Mile End in 2006/07</p>	<p>Clinical Directors</p> <p>Clinical Director/ Director of Estates and Facilities</p>	<p>Ongoing</p> <p>Ongoing</p>

Recommendation	Action taken to date	Further action	Responsible	Date
<p>The Trust should undertake a full investigation into Doctor Falkowski's work within the Trust and review his position. The investigation should encompass</p> <ul style="list-style-type: none"> <li>• His clinical practice</li> <li>• Whether, and if so, the extent to which his practice in relation to Mrs Miles is symptomatic of his practice more generally</li> </ul>	<p>An independent investigation has been commissioned by the Trust with the support of NHS London</p>	<p>To be determined based on the outcome of the investigation</p>	<p>ELCMHT Chief Executive</p>	<p>January 2007</p>
<b>Therapeutic options</b>				
<p>The Trust should increase the availability of psychological and other therapeutic interventions across the community mental health teams and on the wards</p>	<p>Occupational Therapy (OT) recruitment has significantly improved within the Trust and all CMHTs have a full establishment of staff. OT staff provide generic and specialist input to the teams.</p> <p>All CMHTs have part-time psychology input. A senior psychologist provides supervision and support to all CMHTs</p> <p>The majority of care coordinators have undertaken motivational interview training</p> <p>A number of care coordinators have undertaken THORN training</p>	<p>Maintain recruitment and retention and links with colleges and employment schemes such as Routes To Employment</p> <p>All Care coordinators to complete MI training to be monitored through Personal Development Plan</p>	<p>Director of Therapies</p> <p>Service Managers</p>	<p>Ongoing</p> <p>Ongoing</p>

Recommendation	Action taken to date	Further action	Responsible	Date
The Trust should ensure that NICE guidelines on schizophrenia as to the allocation of resources between medical and other forms of treatment are implemented	A senior psychologist is undertaking consultancy and some direct clinical work with all CMHTs to further implement the NICE guidelines	Funding has been allocated to this work but is subject to review due to financial constraints across the Trust	Borough Director	Ongoing
<b>Care Programme Approach</b>				
The Team Manager should have responsibility for ensuring the Care Programme Approach is fully implemented in respect of every patient, including those treated as outpatients. The Trust should ensure that this function is performed effectively through appropriate supervision and audit	<p>The Trust has developed a robust and clear CPA policy that is supported by a defined training programme. The CPA policy, guidance and documentation have been reviewed in 2006 in consultation with the Trust's partners and its' service users.</p> <p>Compliance with key targets is subject to monitoring as part of the Annual Health Check conducted by the Healthcare Commission. Monthly reports are submitted to the Trust Board.</p>	<p>Completion of Trust-wide review of CPA policies and procedures. Trust Board to approve revised policy.</p> <p>Achieve 100% compliance for all patients including crisis planning and allocation of dedicated care coordinator.</p> <p>Continue routine audits, patient surveys and rolling training programme for all staff</p>	<p>ELCMHT</p> <p>ELCMHT</p> <p>ELCMHT</p>	<p>Oct 06</p> <p>March 07</p> <p>Ongoing</p>
Every patient in an acute admission ward should have a ward round on a weekly basis, as a minimum, attended by all clinical staff including consultants and care coordinators. Carers and others involved in the patient's care should be invited to attend.	Every patient in an acute ward has a weekly 'ward round' through the clinical review process which has consultant input and attended by the relevant staff. The patient's care coordinator attends when a CPA review is undertaken. Carers and significant other are invited where appropriate.	<p>Weekly ward rounds will be audited through the clinical audit department.</p> <p>Full discussion around discharge planning will be undertaken as part of the CPA process and will involve all relevant carers/support providers</p>	<p>Clinical/Borough Director</p> <p>Clinical teams</p>	<p>Immediate</p> <p>Immediate</p>

Recommendation	Action taken to date	Further action	Responsible	Date
<p>In respect of every patient on enhanced CPA there should be a systematic assessment of the needs of any children associated with the patient and a plan for meeting their needs in accordance with the Trust's child care policies. Such assessment should not be limited to child protection issues but should embrace the full range of children's needs in accordance with the Framework for the Assessment of Children in Need and their Families.</p>	<ol style="list-style-type: none"> <li>1. The Trust's Safeguarding and Promoting the Welfare of Children Policy has a full section on Minimising Risk and Promoting Welfare of children as part of the CPA process</li> <li>2. Monthly Safeguarding Children training for new and existing staff covers the use of the assessment triangle</li> <li>3. Support for teams is available in each borough from specialist parental and perinatal mental health staff and the Safeguarding Children Team. The Team attend team and ward based meetings as well as providing specific training</li> <li>4. The CPA forms include details about children</li> <li>5. Children's Social Care Services notify the Trust's Safeguarding Children Team of all Child Protection Conferences to ensure appropriate and effective mental health involvement and input is available</li> <li>6. A pilot scheme introducing the use of a Child Protection Conference Report proforma in adult services has been launched</li> </ol>	<ol style="list-style-type: none"> <li>1. ELCMHT and Children's Social Services to agree thresholds for intervention and assessment protocols for children of adult patients</li> <li>2. New Trust-wide risk assessment training to include child welfare</li> <li>3. ELCMHT to work with partner agencies to agree model for conducting assessments using the Common Assessment Framework</li> <li>4. Implement rollout of Child Protection Conference Proforma following evaluation of pilot scheme</li> <li>5. Continue programme of bespoke training for all wards and teams</li> </ol>	<p>Dec 06</p> <p>Oct 06</p> <p>Dec 06</p> <p>Nov 06</p> <p>Ongoing</p>	



Recommendation	Action taken to date	Further action	Responsible	Date
Regular clinical audits of the work of Community Mental Health Teams should include their effectiveness with regard to child protection and welfare	Past audits have included checking information on patients files regarding children	<ol style="list-style-type: none"> <li>1. Include child protection and welfare audit in Trust Audit Priorities for 2006/07</li> <li>2. Specialist audit tool for Community Mental Health Teams to be developed and implemented</li> <li>3. Audit Community Mental Health Teams</li> </ol>	Safeguarding Children Team/ Assurance Department/Borough audit leads	<p>Mar 07</p> <p>Dec 06</p> <p>Mar 07</p>
<b>Serious Untoward Incidents</b>				
The Trust must establish procedures for ensuring that learning arising from each serious untoward incident is translated into effective change, in particular in service delivery. The Trust must be able to demonstrate such change with concrete evidence	<p>The Trust has invested in Root Cause Analysis training in order that staff are trained to undertake investigations and implement learning from them.</p> <p>Serious Untoward Incidents are reviewed quarterly through the Trust's Clinical Governance structures and feedback provided through line management systems</p>	<p>Continue to provide training to staff</p> <p>Establish borough-based Serious Untoward Incidents groups and incorporate learning into professional development programme for staff</p>	ELCMHT	<p>Ongoing</p> <p>Dec 06</p>

Recommendation	Action taken to date	Further action	Responsible	Date
<b>Equality and Diversity</b>				
The Trust should explore and support the development of cultural mediation services to be deployed in the most effective way	<p>The Trust is focussed on becoming a culturally competent organisation. A range of a advocacy and mediation services may be part of this and will be developed by locality/service directors with partners on the basis of local needs and resources</p> <p>The Trust is an implementation site for the Department of Health's national programme Delivering Race Equality in Mental Health. The Trust is one of four trusts specifically piloting the Race Equality Cultural Capability programme. Upon its successful completion it will be rolled out across the Trust</p> <p>Over 500 staff in the Trust have participated in the 4site development consultation and training programme. Tower Hamlets will take the programme forward in 2007</p>	<p>Implement the Equality and Diversity Action Plan across the Trust</p> <p>Complete Cultural Capability pilot including evaluation and agree options for taking forward across the Trust</p> <p>Implement Tower Hamlets programme</p>	<p>Service and Borough Directors</p> <p>Director of Partnership/Service &amp; Borough Directors</p> <p>Borough Director</p>	<p>Ongoing</p> <p>Mar 07</p> <p>2007</p>
The Trust should ensure that the Equality and Diversity Action Plan includes concrete, measurable actions and that it is implemented within the set timescales, with sufficient resources allocated in order to do so. The Trust should ensure that Board level director's post has explicit responsibility for ensuring the implementation of the plan in the Trust	<p>The Action Plan agreed in April 2006 is a long term plan, it is reviewed 6 monthly with progress reported to the Trust Board.</p> <p>The Trust has a specific director post responsible for Equality and Diversity. The Board has a designated Non-Executive Director responsible for this area of work</p>	Continue to review and assess progress biannually	Director of Partnerships	ongoing

<b>Recommendation</b>	<b>Action taken to date</b>	<b>Further action</b>	<b>Responsible</b>	<b>Date</b>
The Trust must monitor on a regular basis whether and how the Action Plan affects the nature, quality and effectiveness of services to patients	Performance on Equality and Diversity is monitored via the quarterly performance reviews in each Borough. Information gathered through the national Patient Survey and local surveys is also used to inform the Trust's actions	Continue quarterly monitoring process	Service and Borough Directors	Ongoing
The Trust should ensure appropriate representation at every level of the organisation to reflect the diversity of the community that it serves, including at Board and top management level.	<p>The Trust continues to support and encourage applicants from all under represented groups at Board and senior management level</p> <p>The Trust is fully committed to ensuring the Board and senior managers reflect the diversity of the communities served</p>	<p>Implement Quality and Diversity Action Plan</p> <p>Appoint Associate Director Equality and Diversity</p>	<p>All Directors</p> <p>Director of Partnerships</p>	<p>Ongoing</p> <p>2007</p>

