Co-National Medical Director
NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

[redacted]

4 June 2025

Mr Andrew Harris
HM Assistant Coroner
South London Coroner's Service
2nd Floor House
Robert Street
Croydon
CR0 1QQ

[redacted]

Dear Mr Harris,

Re: Regulation 28 Report to Prevent Future Deaths – **Paul Timothy Dunne who died on 2 January 2020.**

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 13 March 2025 concerning the death of Paul Timothy Dunne on 2 January 2020. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Paul's family and loved ones. NHS England are keen to assure the family and yourself that the concerns raised about Paul's care have been listened to and reflected upon.

I am grateful for the further time granted to respond to your Report, and I apologise for any anguish this delay may have caused Paul's family or friends. I realise that responses to Coroners' Reports can form part of the important process of family and friends coming to terms with what has happened to their loved ones, and I appreciate this will have been an incredibly difficult time for them.

Your Report raised concerns around mental health staff and hospital staff in the Accident and Emergency (A&E) department writing their clinical records in different systems and hospital staff not having access to mental health records. You raised that this meant mental health staff attending A&E are asked to make a double entry in the A&E records which, if not completed, as was the case during Paul's care, can have fatal consequences. You heard evidence that the introduction of a combined electronic health record system (known as EPIC) has been very slow. My response to you focuses on the areas of concern within NHS England national policy or programme remit.

NHS England is committed to improving the maturity and quality of Electronic Patient Records (EPRs) across all NHS Trusts. NHS England has provided funding to ensure all NHS Trusts have an EPR implemented. It is, however, up to individual NHS Trusts to effectively procure and implement their chosen EPR system, and to agree and progress any convergence of EPR systems within their local systems.

NHS England is also committed to supporting the sharing of critical clinical information across NHS organisations. Since 2021, all primary and secondary care organisations have been able to share a subset of the patient information they hold (known as the core information standard) between providers within their own Integrated Care System

footprint, through their local Shared Care Record (ShCR). ShCR supplies must be assured against the Professional Record Standards Body's (PRSB) Core Information Standard, which has been specified by NHS England. Where local ShCRs are used therefore, the core information standard will be available. Building on this and recognising the clinical need, an initiative has been set to achieve national interoperability between SHCRs across England. This initiative has been commenced but does not have a defined timeframe as it is dependent on funding which has not yet been confirmed. It aims to enable any authorised health and care professionals to have access to safe, reliable and accurate records, regardless of the patient's location or where care is provided. It is, however, up to local care record organisations and participating NHS Trusts to agree what information, in addition to the core information standard, is held and shared through the local ShCR. It is also up to individual NHS Trusts to negotiate data sharing protocols and agreements to enhance localised information sharing outside of the local ShCR.

NHS England's Frontline Digitisation Team advise that the Princess Royal University Hospital implemented the EPIC Electronic Patient Record (EPR) on 6 October 2023 (as part of the King's College Hospital NHS Foundation Trust's implementation of the EPR). Oxleas NHS Foundation Trust use the Rio EPR system.

Integrated Care Boards (ICBs) / Systems, the responsible commissioners for the majority of services administered by NHS Trusts, should have in place a digital strategy. This would usually recognise and acknowledge the requirement to share information across frequently used patient pathways. The responsible system in this matter, South East London Integrated Care System (SEL ICS), has a digital strategy in place which includes the sharing of health information across health and care pathways. Currently, the London Care Record is the key solution that can be used to access a shared care record. Further details on SEL ICS's digital strategy can be found here.

My colleagues from the London region have been in contact with South East London Integrated Care System, who have informed us that King's College Hospital NHS Foundation Trust (KCH) conducted a Serious Incident review of Paul's care, with the final report dated 12 January 2021. Within the report, KCH made recommendations including the following: 'The Trust must discuss a process whereby Oxleas team record their assessments on Electronic Patient Records (EPR) going forward so that the King's team have access to their notes and decisions.'

Oxleas NHS Foundation Trust have also informed us that, in order for them to have access to KCH's EPIC EPR, their staff would need to have an honorary contract with KCH. At present, 16 of the 21 staff within Oxleas' Mental Health Liaison Team (MHLT) have access to EPIC, and those who do not currently have access are in the process of obtaining access. The mitigation for this is that the MHLT will always have someone on shift who has access and can assist with uploading the required information to EPIC.

The recently updated MHLT policy outlines the required documentation the MHLT will provide to acute trusts, as set out below:

> '5.3 Documentation on Acute Trust electronic systems

5.3.1 The MHLTs will transfer appropriate clinical documentation to the Acute Trust electronic recording system. This is to ensure all clinicians involved in the patient's care [are] aware of key information relating to presentation, formulation and plan and is crucial for sharing and minimising risk.

5.3.2 For iCare (QEH) – the 'Clinical Notes' section will be updated throughout the person's admission to QEH and the 'depart' section will be updated at the point of discharge from MHLT as this contributes to the GP Discharge Letter.

5.3.3 The MHLTs will ensure there is clear documentation on:

- impression/formulation and management plan
- current risk status and risk management plan, including advice regarding contingencies, as well as advice regarding any requirement for enhanced nursing observations, secure staff supervision and actions to take if [a] person expresses [an] intention to leave the department
- legal status
- diagnosis.

I would also like to provide further assurances on the national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around events, such as the sad death of Paul, are shared across the NHS at both a national and regional level and helps us to pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

[redacted]

[redacted]
Co-National Medical Director
(Secondary Care)