NHS
East London
NHS Foundation Trust

Office of the Chief Medical Officer
Trust Headquarters
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Private & Confidential

[redacted]

HMC Emma Whitting

26 February 2026

[redacted]

Dear Madam

RE: REGULATION 28 REPORT – Inquest touching the death of Mr Mohammed Choudhury.

I am writing to provide a formal response to the concerns set out in the Regulation 28 report that you issued on 8 January 2026 following the inquest touching the death of Mr. Mohammad Choudhury. I have set each of the individual concerns and the Trust's response out below.

Regulation 28 Concerns:

i. *The risks identified in respect of Mr [redacted] on his discharge from his second hospital admission in August 2020, which included the fact that his paranoid schizophrenia (unusually) was associated with violent behaviour and that he lacked insight into his mental illness, were not adequately addressed by his mental health provider. This was of particular concern when he became non-concordant with his anti-psychotic depot medication from mid-September 2022.*

Response:
The Trust has reviewed and reinforced its operational policy and standard operating procedures regarding medication non-concordance. These now require that missed depot injections or concerns about adherence be formally discussed in the weekly multidisciplinary team (MDT) meeting and documented comprehensively in the electronic patient record.

An audit cycle has been embedded into routine practice to ensure compliance with these standards. A retrospective review conducted during 2024–2025 examined 275 service users on depot within Luton

CMHT, identifying nine individuals where non-compliance had been recorded. In each case, MDT discussion and documented action plans were evident, including increased monitoring, medication review, proactive liaison with families and liaison with relevant agencies involved in the patient's care. Weekly compliance monitoring is now embedded as business as usual, overseen by Team Managers, with findings reported to the local Health & Social Care Governance Group and escalated through Directorate governance structures where required.

In parallel, risk assessment and safety planning training are being delivered across Community Mental Health Teams. This training strengthens staff skills in formulation-based risk assessment, relapse prevention, recognition of disengagement, and appropriate use of escalation processes, including legal frameworks and multi-agency working. Attendance is mandatory for all CMHT clinical staff.

As the Trust has already taken the steps set out above, I am satisfied that no further action is required.

ii. There was no MDT plan to address the significant development of Mr. [redacted]'s non-concordance with his anti-psychotic depot medication from mid-September 2022.

Response:

The MDT has reflected on this learning and strengthened processes accordingly. Where a service user misses a depot injection or demonstrates medication non-adherence, the matter is now formally raised within the weekly MDT and added to the MDT risk register where appropriate. All MDT meetings are attended by the team Consultant, Operational Lead, Depot Clinic Lead, Care Coordinator, Psychologist, Occupational Therapist and wider MDT members. Risk is reviewed, RAG rated, and monitored weekly until resolved or stabilised. Managers and senior clinicians have reiterated the requirement that all discussions, decisions and responsibilities are clearly recorded in the electronic clinical system, including the named clinician responsible for agreed actions.

Where risk escalates or engagement deteriorates and an urgent response is required, cases are reviewed by senior clinicians in real time, and a clear management plan is formulated. This may include increased frequency of contact, liaison with primary care, involvement of family members where appropriate, and consideration of statutory powers if indicated. The emphasis is on timely escalation and documented oversight to ensure risks are neither isolated nor unmanaged.

As the Trust has already taken the steps set out above, I am satisfied that no further action is required.

iii. Despite knowing that Mr. [redacted] lacked insight into his mental illness and of the need to ensure that he remained compliant with all medication, the support provided to him with medication administration, in addition to his depot, was withdrawn without there being any

checks made with his GP as to whether he was remaining complaint with this medication (which he was not).

Response:

To address this gap, all relevant clinical staff have now been trained to access and use the NHS Summary Care Record (SCR). This enables clinicians to verify prescription issues and collection, thereby reducing reliance solely on self-report. The SCR is now routinely checked, where medication adherence forms a significant component of risk management.

Where a service user with capacity declines medication, enhanced monitoring and documented risk management plans are implemented. If non-compliance persists and risk increases, the case is reviewed to consider the need for a formal Mental Capacity Assessment, involvement of crisis services, or application of Mental Health Act powers where clinically appropriate. Clinicians are also required to have documented discussions regarding family involvement, recognising the important role carers may play in identifying early signs of relapse.

As the Trust has already taken the steps set out above, I am satisfied that no further action is required.

Conclusion

The Trust deeply regrets the circumstances surrounding Mr Choudhury's death and the distress this has caused to his family. We are committed to learning from this case and have implemented strengthened governance, clearer MDT accountability, enhanced documentation standards, and objective verification processes for medication adherence.

We hope this response provides reassurance that the concerns raised have been carefully considered and that meaningful improvements have been embedded to support patient safety.

I would like to offer my sincere and heart-felt condolences to his family at this difficult time.

Yours sincerely

[redacted]

Chief Medical Officer

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