

Mrs Lydia Brown
Senior Coroner for West London
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Chief Executive
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Date: 27th March 2026

Dear Mrs Lydia Brown

Inquest touching upon the death of Mr Kallum Josh Reed (Deceased)
Response to Regulation 28 Report to Prevent Future Deaths dated 5th February 2026

I am writing further to your report dated 5th February 2026 issued under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013 as directed to West London NHS Trust ("the Trust").

I am aware that during the inquest hearing in January 2026 you heard evidence pertaining to delays for referral, assessment and diagnosis of autism spectrum disorder (ASD) and

attention deficit hyperactivity disorder (ADHD) for adults along with evidence pertaining to access to the Crisis, Assessment and Home Treatment Team (CAHTT) and that as a result of this evidence, a Regulation 28 report was issued to the Trust.

The purpose of this letter is to provide you with a full response to these concerns as set out in your report in so far as these are issues that can be addressed by the Trust. Below I have set out your concerns and the Trust responses.

***Your concern regarding** the "unacceptably long wait" for referrals, assessments and diagnoses of ASD and ADHD, which you raised with the Minister for the Department of Health and Social Care and with the Trust.*

Our response:

The Trust is the provider for adult ASD assessments in Ealing. This service has had a significant number of patients waiting for an assessment, with the longest wait being 2 years. When this service was established in 2021, it was modelled upon historical trends in activity referred to providers outside North West London, and commissioned and resourced by North West London ICB to complete 86 assessments per year. In the last three full financial years against this target, we delivered 547 assessments (212%), however demand continued to grow leading to a considerable backlog of patients awaiting diagnostic assessment experiencing unacceptable delays.

Having successfully obtained additional interim funding we have commissioned a private partner provider to provide additional autism diagnostics capacity, and we are on schedule to reduce our waiting list to under twelve months by the end of March 2026 and to reduce this further to under six months by the summer of 2026. Robust monitoring and quality assurance measures are in place to track delivery and monitor waiting lists. In tandem with this we are working on our internal pathways, to ensure that these are more streamlined and productive. Finally, whilst we have received non-recurrent resources, we

have also now agreed with commissioners that the previously commissioned service was insufficient and will be augmented. The commitment of our commissioners to expand the service will be critical if we are to deliver shorter waiting times on a sustainable footing.

The Trust is not the commissioned provider for adult ADHD assessments in any of our boroughs and therefore cannot respond on this matter. This would best be addressed to the NW London Integrated Care Board as the commissioner.

***Your concern regarding** the 'crisis team' gatekeeping referrals into their service and the failure of pathway in Kallum's case; regarding the Trust's internal report conclusion that Kallum should have been assessed in person by the 'crisis team' contested in court by the service manager, re-emphasising the challenges faced by patients seeking crisis care; and regarding no route to access the 'half-way house' provisions of care unless via the 'crisis team'. You raised this concern with the Trust.*

Our response:

From April 2025, the Trust moved from a *service-line* to a *borough-based* structure. This means that all mental health services are now managed within the borough rather than the previous model which saw all inpatient, all community, all liaison and talking therapies teams managed across the three directorates based on functional similarities. This change ensures that the organisation's structure better supports integration of care and aims to reduce fragmentation for individuals whose care pathways previously spanned multiple service lines. The new structure supports more joined-up working within boroughs and stronger relationships with partners (both internal and external to the organisation) in place-based systems within the local areas.

As part of the work flowing from this reorganisation, and to maximise benefits arising from this organisational change, the Trust decided that integrated pathways and whole person care would be a key element of the Trust Quality Priorities for 2025-2028 (supporting a refreshed Clinical Strategy). As part of this work and directly linked to your

concern, Ealing borough mental health services are undertaking a pilot testing the implementation of 'trusted assessments'. This means that services are 'trusted' to have conducted a thorough assessment for the purposes of being accepted by the CAHTT (or 'crisis team'). In Kallum's case, this would have meant that the recommendation from the psychiatric liaison team in the Accident & Emergency unit that he should be admitted either to the Recovery House with CAHTT support, or for home treatment with the CAHTT team, would not require a further assessment by the CAHTT team and this referral would be automatically accepted for onward support. The CAHTT team will then continue to undertake their own ongoing assessment to validate current presentation, risk, protective factors, required interventions and onward care, but this will determine acceptance to the team nor affect timelines.

To fully support this roll-out, we have adjusted the management portfolios in Ealing and brought the Psychiatry Liaison and CAHTT teams together under a single new senior manager with previous experience of working within a trusted assessment framework. We have also recruited a new Clinical Lead who will work across the same portfolio to support the new service manager and implement all necessary changes and improvements supporting the medical staff. This interface and smooth transition remain a priority for the Clinical and Associate Directors within the borough.

Notwithstanding these recent changes, the Trust notes that Kallum did receive a timely follow-up and input from the Mental Health Integrated Network Team, mitigating delays caused by the decision of the CAHTT team to decline his referral.

You also raised a concern about the disagreement expressed by a Service Manager, when attending as a witness, with the conclusions of the Patient Safety Incident Investigation (PSII). The Trust places a very strong emphasis on the independence of the PSII Panel and acknowledges that staff may hold differing clinical views regarding specific decisions and findings. The learning from our PSII reports and learning events clarifies that it remains imperative that the findings of a PSII are treated as a true record of events and

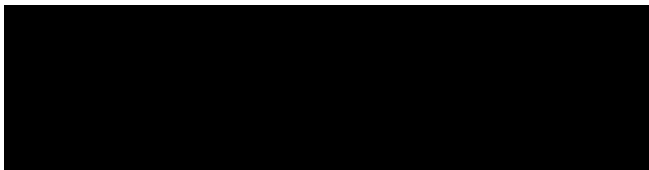
recommendations are given the status necessary to implement required changes. We continue to work across services to promote the understanding that change and learning following a PSII is a fundamental part of being an evolving, learning and improving organisation.

Your concern has highlighted a need to strengthen our processes at the point where investigators provide feedback to involved teams, ensuring that any concerns or disagreements are identified and addressed before the report and recommendations are finalised. This improvement work is already being implemented and will include a focus on the implementation of learning and the significance of the service flexibility and openness to change. We anticipate completion of the first tranche of this learning by May 2025 but appreciate it is an ongoing learning need.

I hope that this letter sets out the current and planned actions from the Trust to ensure that the concerns you have raised are being addressed and mitigated.

I would like to take this opportunity to further offer my deepest condolences to the family and friends of Kallum for their loss.

Yours sincerely

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Chief Executive