London Ambulance Service
NHS Trust

Headquarters
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Mr Paul Rogers
H.M Assistant Coroner
Inner West London
Westminster Coroner's Court
65 Horseferry Road
London
SW1P 2AA

16 June 2026

By email - HM Coroners Inner West London Coroners Court

Dear Sir

Re: Inquest into the death of Edward Muwanga - Regulation 28 Prevention of Future Death Response

I write in response to the Regulation 28 Prevention of Future Deaths (PFD) Report issued following the inquest into the death of Edward Muwanga. In advance of responding to the specific concerns raised in your report, I would like to extend my sincere condolences to Mr Muwanga's family and loved ones. London Ambulance Service NHS Trust ("the LAS") is keen to assure the family and yourself that the concerns raised have been listened to and reflected upon.

Your report has raised the following concerns:

The integration and accessibility of patient health care records which contain important patient safety information about risks they may present to themselves and others, and more generally contain information that will assist a treating clinician with little or no knowledge of the patient to make properly informed decisions about treatment or risk management

Following the conclusion of the above inquest, and in consideration of the LAS evidence previously outlined in detail by way of disclosure of a joint Patient Safety Incident Investigation Report, witness statements and live evidence heard during the course of the Inquest hearing, the Trust will address your concerns below.

LAS recognises and accept the Coroner's concerns raised regarding the accessibility and visibility of critical patient information, and the challenges faced by clinicians in identifying key risk factors in time pressured emergency situations.

Current Position:

At present, the platforms that are available to LAS clinicians to facilitate access to patient information are through a range of systems (Appendix 1), which include the London Care Record (LCR), National Care Records Service (NCRS), National Record Locator (NRL) and Universal Care Plan (UCP). All of these facilitate sharing of information on secure platforms.

These systems provide access to extensive clinical information; however, the Trust recognises that:

- Critical risk information may be embedded within lengthy unstructured documentation.
- Clinical information may be not published consistently across different systems (e.g. the availability of Mental Health Crisis Plans published via the National Record Locator are not accessible via the London Care Record).
- Not all care plans or safety plans are consistently recorded in a format designed for rapid identification.
- Records produced by one organisation may not be immediately visible or prioritised in another organisation's clinical systems.
- Clinicians unfamiliar with a patient or the originating organisation's record structure may find it difficult to identify key risk information at the point of care.
- There is currently no nationally mandated approach to sharing of key clinical information, nor how patients can access and modify this information – though there is a national Single Patient Record programme in train which may address certain issues.

LAS acknowledges that access alone does not guarantee effective use, and that how information is structured, highlighted, and prioritised is fundamental to patient safety. In consideration of this and the Coroner's concerns raised within the PFD report, the Trust has recently facilitated meetings with participants from NHS England (London Regional ICB'S), OneLondon and South London & Maudsley NHS Foundation Trust (SLaM) to discuss these findings. These meetings were arranged to ensure that all considerations have been explored in relation to the visibility of pertinent information providing an opportunity for improved awareness of the challenges faced by LAS and partner organisations. It also provided an overall understanding that better integration, the ability to surface key critical information quickly and the developments by future digital improvements are essential to the prevention of future harm. The Trust will continue to work closely with partner organisations to ensure patient safety remains central to future developments.

Actions Taken - Planned and Ongoing Work:

LAS recognises that improving integration and accessibility of patient risk information requires a system-wide approach and continued collaboration with partner agencies and key stakeholders in digital platforms. Ongoing and planned activities include:

Promotion of Universal Care Plans
The Trust has and continues to highlight the clear benefits to our partners in the development of UCP for shared care plans across organisations.

Digital Flagging and Visual Prompts
Enhancements have been implemented (Appendix 2) within clinical systems to alert clinicians when a shared care plan or key document exists, prompting review at the point of care. This is intended to reduce the likelihood that critical information is overlooked due to time pressures in clinical interactions or where patient data records contain a volume of information.

Training and Clinical Guidance
Training materials and clinical guidance have been reviewed and updated to reinforce expectations regarding:

- When and how shared care records should be accessed.
- The importance of actively seeking documented care plans and safety information.

These updates are embedded within induction, mandatory training, and ongoing clinical communications.

Improved System Integration
The Trust has invested in improved in-context integration between the electronic patient care records (ePCR) and the LCR platform to reduce access time and streamline navigation between systems. Further developments are underway to improve visibility of NCRS held documents (on the National Record Locator) and alerts by the implementation of a flagging indicator which will highlight that a document exists in the patient's record and prompt the clinician to access NCRS.

From the 12th of May, functionality to improve visibility between internal systems has been enabled (notably, the visibility of information currently only visible within the Computer Aided Dispatch [CAD] system in ePCR), which will assist clinicians to access extra incident information, and support decision-making. This will provide the additional benefit of improved visibility of information which has been received by other providers into our CAD (e.g. from the Metropolitan Police Service (MPS) or NHS 111 services).

LAS Mental Health Team - Actions Taken - Planned and Ongoing Work
Recent updates undertaken have strengthened the emphasis on accessing care records and obtaining collateral information in Mental Health assessments. The ePCR Mental Health Documentation Tool (launched in November 2025) now includes embedded Mental Health assessment guidance prompting crews to review care records, with further enhancements to be proposed through planned and ongoing work.

Alongside this, training within LAS has been expanded significantly to include:

- An updated induction session for frontline staff on Mental Health.
- Conference teaching delivered by the LAS Mental Health Practice Lead.
- A new rolling training programme which covers case-based discussions and reinforces these practices.
- Targeted sessions for different staff groups.
- Accessible resources such as the Crisis Management video series which is available to all frontline staff and covers shared decision making, obtaining collateral information and accessing care.

Improved communication with Mental Health Services
A further development which has occurred since the conclusion of the inquest has been the introduction of a single point of access for mental health services. This is a relatively new 24/7 NHS 111 telephone service which is delivered by SLaM, and will support LAS clinicians with access to collateral information and direct clinical advice to inform referrals and onward care. Full regional rollout across South London is planned by the end of summer 2026. This development will improve shared decision making and awareness of 999 interaction, which will assist in obtaining pertinent information for patients related to their mental health, current circumstances and offers the opportunity to discuss potential deterioration.

Electronic Mental Health Act (eMHA)
Electronic Mental Health Act (eMHA) information is now available in the London Care Record via the eMHA Thalamos system. The system has been introduced at five of London's Mental Health Trusts and their partner organisations - East London NHS Foundation Trust, North East London NHS Foundation Trust, Oxleas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust and South West London and St George's Mental Health NHS Trust. LAS clinicians can see whether a patient is or has been detained under the MHA, including dates and the responsible organisation, with data retained for four years after detention ends.

This will assist to support safer, more informed decision-making at the point of care. If an MHA status is shown, this will likely prompt contact with the detaining organisation for further details.

Key points:

- Shows current or past MHA detention status, dates, and organisation.
- Acts as a prompt to gather further information.
- Improves patient oversight, assisting in coordination and improved patient safety.
- It is recognised that currently not all cases will appear, as not all organisations use the system.
- This is a new development which currently is not available pan-London, and is dependent on Trusts who have engaged with the system.

Collaboration with System Partners

The Trust continues to work collaboratively with the London regional NHS and Integrated Care Boards, Acute Trusts, Mental Health providers, and national programme teams to promote consistent use of shared care planning tools and improve understanding of how information recorded by one organisation is accessed and used by another.

- LAS is actively involved and participates in the One London board, as the only pan-London NHS provider organisation. Other representation is at an ICB and regional level. Consideration will be given to developing further enhancements to improve interoperability between the LCR and the NRL– notably the consumption of NRL records in the LCR in the first instance, with a longer-term view to also share information from the LCR into the NRL. This will be achieved through influence over the direction of procurement and strategic planning of the OneLondon 2.0 programme and approach to London Care Record, UCP and enhanced access and integration.

- At an operational level, LAS has a touchpoint every other month with the Universal Care Plan team and are part of the UCP Clinical Transformation & Advisory Group. The LAS will be collaborating with the UCP team to develop the next two specific personalised care planning use cases – mental health and catheter care. As part of this learning, consideration for how information may be consistently shared across the correct platforms will be made. In addition, the UCP have received confirmation of funding which will allow them to develop integrations into two key Electronic Patient Records (Rio and Mosaic) to support the sharing of mental health information in the UCP. As previously referred to, strategically and operationally, LAS continued to influence this and the wider OneLondon programme to ensure increasing alignment between LCR and UCP – this is informed by the learning access from Mr Muwanga's case, but also other cases where access to information would support safer, better care.

- LAS's paramedic Chief Clinical Information Officer and Deputy are part of the NHS England Single Patient Record Programme Clinical Reference Group. The SPR programme aims to create one unified, secure view of a patient's health and care information across NHS services in England. This intends to bring together data currently held in multiple systems (e.g. GP, hospital, ambulance, mental health etc.) into a single, joined-up record, and is a core part of the NHS 10-year plan. The initial roll-out will focus on two identified priority areas (maternity and frailty) before looking to further areas. It is intended that the first priorities will go live around 2028.

- Some concerns have been raised with the SPR programme from groups including the British Medical Association and Unions about data security, confidentiality and access. This proposal forms part of wider NHS reforms intended to streamline services and improving patient care and outcomes.

Conclusion:

London Ambulance Service NHS Trust recognises the seriousness of the concerns raised, and the importance of ensuring that clinicians have access to the right information, at the right time, in a format that supports safe and effective decision-making.

LAS remains fully committed to continued collaboration and engagement with partner organisations to strengthen information sharing, improve usability and contribute to system-wide solutions that support safe informed clinical decision making, and prevent future harm. In addition to this, the LAS recognise that further Single Patient Record developments are likely to change the digital landscape in forthcoming years ahead of our continued commitment to collaboration.

I hope this information is of assistance in responding to your Regulation 28 concerns.

Yours sincerely,

Chief Executive Officer

Appendix 1 - Platforms available to LAS clinicians are outlined below:

London Care Record (LCR)

This is a digital combined clinical record that draws its information from a number of sources including LAS ePCR (clinical records) which are published to LCR. The aim is to provide a comprehensive digital clinical record for the patient, LCR is accessible to ambulance clinicians. One of the strengths, but also challenges, of LCR is that it draws information from across the health service and is extremely comprehensive which does mean that reviewing the information in a timely manner when treating a critically unwell patient can be difficult. To address this, LCR and UCP are designed to co-exist with UCP drawing vital care plans into a single source which can be reviewed rapidly removing the need to review extensive records.

National Care Record System (NCRS)

NCRS is the core national digital platform used by the NHS in England to store, manage, and share key patient information securely across health and care organisations. Clinicians are required to access NCRS to view any documents that are available via the National Record Locator (NRL), which currently is not available within LCR.

National Record Locator (NRL)

The National Record Locator (NRL) is an NHS service that allows health or social care professionals across England quickly find and access patient information shared by other health and social care organisations across England, improving coordinated care. Instead of storing records itself, NRL holds “pointers” containing key details (such as NHS number, record type, and provider) that direct clinicians to the full record held elsewhere, which they access via their existing clinical systems The Benefits of NRL are an improved integration of care pathways across providers, Prevents unnecessary conveyances to A&E by giving paramedics more information about the individual when making clinical decisions and reduces time patients spend in an inappropriate setting like Accident and Emergency (A&E).

Universal Care Plan (“UCP”)

This is a documented care plan which is the pan London approved method of sharing a patient’s care plan with other clinicians who may become involved in their care. Originally developed for sharing information for a patient’s end of life care plans and preferences, the UCP has been formally adopted as the tool for sharing key clinical information and action pan London. UCP is a single document that can be accessed via a number of modalities such as via the LAS clinical record software (Electronic Patient Care Record (“ePCR”)), National Care Record Service (“NCRS”) via the National Record Locator (“NRL”) as well as the London Care Record (“LCR”). As a single core document, one of the principles is that it is accessible during a time-critical situation without the need to review multiple digital records and that it highlights care plans and key information pertaining to a patient. To assist LAS clinicians, the LAS has developed a flagging mechanism. This highlights to clinicians whether a UCP exists based on the patient’s address and/or NHS number.

Appendix 2 – Integration and flagging of clinical systems

Universal Care Plan:

- The UCP is fully integrated into all three of our core clinical systems.
- Flagging:
- Within Adastra: A 'Special Patient Notes' appears to users of Adastra to highlight the existence of a UCP should one exist.
- Within ePCR: An indicator appears to highlight to the clinician if a UCP exists. Further functionality was developed and released in November 2025 to display a pop-up to further alert the clinician.
- Within CAD: Functionality to alert and open the UCP in-context was released in November 2025. Furthermore, this included an improved flagging system to match based on address (in addition to NHS Numbers) - to permit flagging information to be sent before patient identification to our crews via the National Mobilisation Application (NMA).
- Within the London Care Record – A banner is displayed in both the London Care Record web portal (in-context launch from Adastra), and from the London Care Record Mobile Viewer

National Care Record System:

- Integration is planned for both ePCR and Adastra and is confirmed on the roadmap. It is anticipated that this will be delivered in the next 12 months. CAD integration has been funded by NHS England and is anticipated in the next 18 months.
- Flagging will focus on specific elements within the NCRS, as it is expected that every patient registered with a GP in England will have a NCRS record. Notably, through the Patient Flags Application Programming Interface (API) and NRL API, which are being developed separately.

National Record Locator:

- Access will be achieved via in-context integration of NCRS in our core clinical systems.
- NRL flagging is currently funded and planned for ePCR and CAD. We continue to work with the supplier for Adastra (One Advanced) to influence the roadmap to support NRL flagging.

London Care Record:

- In-context access is supported in Adastra, and was enabled for ePCR in November 2025.
- As most patients we attend will contain information published to the London Care Record, flagging is not deemed to bring any benefit.

Record type	Adastra	ePCR	CAD
UNIVERSAL CARE PLAN (UCP)			
Access	Live — full integration	Live — full integration	Live — in-context UCP launch released Nov 2025
Flagging	'Special Patient Notes' banner shown when a UCP exists	UCP indicator shown to clinicians; pop-up alert added Nov 2025	Improved flagging via address matching (not only NHS number); alerts sent to crews via NMA implemented Nov 2025
NATIONAL CARE RECORD SYSTEM (NCRS)			
Access	Planned — confirmed on roadmap; ~12 months	Planned — confirmed on roadmap; ~12 months	Planned — funded by NHS England; ~12-18 months
Flagging	*Flagging to focus on specific NCRS elements via Patient Flags API and NRL API (both in development). Near-universal patient coverage for NCRS expected, so flagging will be selective.*		
NATIONAL RECORD LOCATOR (NRL)			
Access	In discussion — via NCRS integration; working with One Advanced to influence roadmap	Planned — via NCRS in-context integration	Planned — via NCRS in-context integration
Flagging	In discussion — engaging One Advanced to support NRL flagging	Planned — funded and confirmed	Planned — funded and confirmed
LONDON CARE RECORD (LCR)			
Access	Live — in-context access; also via web portal and mobile viewer	Live — in-context access enabled Nov 2025	Planned
Flagging	*Not applicable — near-universal patient coverage means flagging adds no meaningful benefit.*		