South London and Maudsley NHS Foundation Trust
Office of the Chief Executive
Maudsley Hospital
Denmark Hill
London SE5 8AZ
[redacted]

Mr Paul Rogers
HM Assistant Coroner
Inner West London Coroner's Court
33 Tachbrook Street
London
SW1V 2JR

16th June 2026

Dear Mr Rogers

Re: Inquest into the Death of Edward Muwanga who died 07.08.2023 - Response to Regulation 28 Report

I write in response to the Regulation 28 Report to Prevent Future Deaths in the case of Edward Muwanga. Specifically I write in response to the matters raised which are relevant to (i) NHS England, (ii) OneLondon Board, (iii) London Ambulance Service NHS Trust **("LAS")**, and (iv) South London and Maudsley NHS Foundation Trust **("SLaM")**, and to provide you with SLaM's responses to the concerns you have raised.

Evidence was heard at the inquest, and SLaM notes that concerns have been raised as follows:

I. The sharing and visibility of important health care records between medical agencies, (held on multiple platforms by multiple health care agencies) in particular here between the [SLaM] and NHS 111, and between the [LAS] (not NHS 111) and the treating Trust (SLAM).

II. Evidence was heard from LAS that *"it is recognised that there remain challenges with the visibility of information from healthcare settings across London. While advances have been made, the visibility of pertinent information depends on technological developments and the coordination of a complex healthcare system*."

III. Written evidence was received from LAS that "...*there is currently no single, comprehensive system that provides universal access to all patient records across NHS organisations. Access is influenced by information governance requirements, system interoperability, commissioning arrangements, and the extent to which partner organisations upload information to shared platforms*."

IV. Whilst this fragmented situation persists with a multiplicity of systems, platforms, screens, and process in which important patient safety information is embedded the risk such information is not identified or communicated to practitioners making healthcare decisions remains and as such gives rise to a risk of death due to decisions being made on incomplete information where more complete information exists.

1. Review of SLaM information sharing

1.1 Approach to the review

In response to the concerns identified by you, Sir, SLaM undertook a comprehensive internal review. The purpose of the review was to examine:

- the information recorded in relation to this patient, and
- the extent to which that information was available to other organisations at the relevant time.

The review was led by SLaM's Chief Clinical Information Officer who was supported by senior clinical, operational, and patient safety staff. The review included a detailed examination of:

- the patient's clinical records held within the Trust,
- information shared via the London Care Record (LCR), and
- documented interactions between organisations involved in the patient's care.

1.2 Platforms used to record and share information

Electronic Patient Journey System ("ePJS")

Within SLaM, patient information is primarily recorded in the Electronic Patient Journey System ("ePJS"), which has served as the Trust's main electronic health record and central repository for clinical documentation since 2002.

The London Care Record ("LCR")

Since March 2023, SLaM has adopted a London-wide sharing approach to ensure that appropriate information is available to clinicians at the point of need, regardless of where the patient presents.

The approach to sharing information through the LCR was developed in partnership with service users, families, and carers. This collaborative design prioritised the sharing of up-to-date contextual information about a patient's current clinical presentation, rather than relying solely on single structured data points, which may not fully reflect the person's most relevant situation.

Relevant information recorded in ePJS is shared automatically with the LCR in near real time. This includes:

- important alerts
- care team information
- the most recent 15 progress notes
- discharge notification summaries
- key clinical correspondence

Within the LCR, information from ePJS is presented under sections headed 'Mental Health' and 'Clinical Correspondence'. This is consistent with arrangements across other London mental health trusts. The LCR is a secure digital platform that enables authorised health and social care professionals to access key patient information from multiple organisations, providing a shared view to support clinical decision-making.

Crisis plans

Crisis plans provide guidance to support decision-making in anticipated crisis scenarios. They are recorded in ePJS and shared via the National Record Locator Service (known as NRLS or NRL). Taken Crisis Plans and LCR together, these sources can support continuity of care and clinical decision-making at the point of clinical need.

The Universal Care Plan ("UCP")

The UCP forms part of the broader LCR programme, and it has been developed and implemented incrementally across London, with key shared care record capabilities established by April 2024 as part of a national NHS England initiative.

Within this evolving digital infrastructure, there are ongoing developments to standardise crisis care planning across all London mental health trusts and to incorporate this information into a UCP model within the LCR.

This is intended to provide a more consistent and visible approach to sharing crisis-relevant information across organisations, complementing existing clinical records.

The UCP is also designed to support patient access through the NHS App and, in future, may enable closer integration with core electronic patient record systems. This would facilitate more timely updates as a patient's clinical presentation changes, reduce duplication across systems, and improve the availability of relevant information to clinicians at the point of need.

The electronic Mental Health Act system ("eMHA")

The eMHA by Thalamos is a digital platform used by five Mental Health Trusts in London to complete, process, and securely share statutory Mental Health Act documentation across organisations involved in a patient's care. It was implemented locally in SLaM from 24 March 2025, as part of a London-wide programme to improve the accuracy, timeliness and accessibility of MHA documentation.

The primary purpose of eMHA is to provide a longitudinal, structured record of Mental Health Act activity, including applications for detention, medical recommendations, treatment and renewal forms, and records of detention. It enables authorised professionals, including AMHPs, doctors and mental health law teams, to complete and share statutory forms electronically, supporting more coordinated and efficient care.

It is important to note that eMHA records formal MHA processes and outcomes, such as detention under the Act and subsequent legal documentation, rather than the earlier clinical decision-making or referral processes leading up to a Mental Health Act Assessment which applied to this case. For this reason, referrals for MHAA and wider clinical context remain recorded within the main clinical record (e.g. ePJS). In addition, while eMHA provides a structured record of MHA activity from its point of implementation, it does not retrospectively capture all historical detentions prior to go live. From 2026, information on current MHA status is also reflected in the London Care Record, to support cross organisational information sharing.

NHS 111 Mental Health

To facilitate timely access to specialist advice, support and triage in mental health crises, the NHS 111 mental health service became available to South London residents in December 2023. From 1 April 2026, the SLaM 24-hour mental health crisis line was transitioned into NHS 111 Mental Health. As a result, NHS 111 Mental Health became the single 24-hour access point for patients, carers, the public, and professionals seeking urgent mental health support.

Clinical safety of information sharing platforms

The information available through shared platforms is intended to support, but not replace, clinical assessment. It provides guidance to clinicians and should be interpreted alongside direct assessment of the individual and, where appropriate, discussion with relevant services. This may include:

- NHS 111 Mental Health services (single point of access),
- conveyance to a health-based place of safety, or
- consultation with the patient's treating team during working hours.

1.3 Information available for this patient

At the time of the events in question, the patient was under the care of a SLaM Community Mental Health Team and was recognised to be experiencing a deterioration in mental health.

This information was recorded within the ePJS (Electronic Patient Journey System) and shared to the LCR (London Care Record). Information visible within the LCR "Mental Health" section included documentation of clinical deterioration, referral for a Mental Health Act Assessment (MHAA), and ongoing liaison with the Approved Mental Health Professional (AMHP) service and supported accommodation staff. These entries reflected an escalation in clinical concern, including that the patient was awaiting an MHAA. A crisis plan dated 22 April 2023 was also available via the National Record Locator Service (NRLS), providing general guidance for the patient's management in crisis situations. However, documentation relating to an AMHP warrant reportedly obtained on 2 August 2023 was not present within ePJS and was therefore not available to be shared via the LCR.

It is important to consider the significance and presentation of the information available. A referral for an MHAA reflects professional concern regarding a potential escalation in risk, while the presence of a Section 135(1) warrant represents a further escalation with legal authority for assessment. In this case, key information regarding the patient's deterioration and level of risk was recorded primarily within free-text clinical notes rather than structured or prominently flagged fields. While this information was available via the LCR, it required active navigation and interpretation to identify the most relevant and recent updates.

At the time (2023), the LCR was in relatively early stages of adoption, and clinicians may also have relied on crisis plans accessed via NRLS. While the LCR provided up-to-date clinical context, crisis plans are inherently more general and may not reflect recent changes such as deterioration or a pending MHAA. In addition, the LCR provides a curated subset of the full clinical record and requires users to actively retrieve and interpret information across multiple entries. As such, while relevant information was available across systems, its visibility and immediate accessibility depended on familiarity with, and active use of, these platforms. Clinical judgement and, where necessary, direct communication between services therefore remained essential.

2. Discussions and joint learning with LAS, NHS England and OneLondon Board

In addition to the internal review, SLaM has engaged with the London Ambulance Service (LAS), NHS England and the OneLondon Board to reflect on the learning from this case, including the concerns raised during this inquest into the death of Edward Muwanga. These discussions have focused on how information is recorded and shared across multiple digital systems, and the risks that may arise from fragmentation, variable visibility of information, and differences in system use across organisations.

These multi-agency conversations have highlighted both the significant progress already achieved in developing shared care records and digital interoperability across London, and the ongoing work required to improve the consistency, visibility and timeliness of critical information. Partners recognised the need to mitigate risks during this period of transformation, including improving the prominence of key risk indicators, strengthening system integration, and supporting staff to effectively access and interpret information across platforms.

It is recognised that where a patient with severe mental illness is awaiting a Mental Health Act Assessment, this represents a period of increased clinical risk. Reflecting on this case, SLaM and LAS have identified that, in such circumstances, additional active information-seeking and clinical assessment may be required to support safe decision-making. It is also acknowledged that digital systems, while supportive, do not replace the need for direct clinical communication

between services, particularly where there are concerns regarding risk or deteriorating presentation. Clinicians have access to NHS 111, including the mental health option, on a 24-hour basis to support advice, triage and escalation where required.

3. Developments with respect to the sharing and visibility of important health care records since 2023 and ongoing

Since 2023, there have been significant developments across London to improve the sharing, visibility and accessibility of mental health information, particularly in crisis situations. The LCR has been implemented across all London mental health trusts, and it is used routinely in clinical practice, enabling organisations such as the London Ambulance Service (LAS) and NHS 111 to access relevant mental health information for direct clinical care. This has improved the ability of clinicians to view key information across organisational boundaries. In addition, from April 2026, the transition of local crisis lines into the NHS 111 mental health service has provided a single, 24-hour access point for crisis support, supporting more consistent triage and escalation across the system.

Alongside these developments, there has been increased focus on training, standardisation and system usability, including the consistent presentation of mental health information within the LCR and improved staff awareness of shared records. However, learning from this case has reinforced that, despite improved availability of information, in complex situations, challenges remain regarding the visibility of key risk indicators across systems, and the need for active information-seeking and interpretation by clinicians in time-critical situations.

Relevant to this case, there is ongoing work within the London Digital Mental Health Forum to standardise crisis care plans across mental health trusts in London, with the intention of incorporating these into a UCP model within the wider LCR (London Care Record). This work seeks to address current fragmentation, whereby crisis plans and clinical information may sit in separate systems, by improving the consistency, visibility and accessibility of crisis-relevant information across organisations. A key aim is for the UCP to integrate with core electronic patient record (EPR) systems such as ePJS, enabling information to be shared without duplication and to reflect changes in a patient's clinical presentation in a more timely manner. This programme of work is ongoing and aligns with wider NHS ambitions to improve integration between digital systems and move towards a more cohesive and accessible patient record, supporting safer and more efficient care across organisational boundaries.

Learning from this case has been discussed in a multi-agency forum focused on the management of Mental Health Act assessments, involving SLaM, local authority partners and other agencies. These discussions have specifically considered the role of information sharing in supporting timely and safe decision-making during periods of escalating risk. SLaM has also confirmed its willingness to engage with the LCR working group from July 2026, to contribute to system-wide improvements in the sharing and visibility of clinically relevant information across organisations.

4. Concluding remarks

This case highlights the complexity of information sharing across a multi-organisational healthcare system. Since 2023, there have been important advances in how clinical information is shared across organisations in London, in particular, with the established LCR, which enables secure, near real-time access to information from each organisation's electronic patient record; in addition, crisis plans are also shared via NRLS. There is now greater emphasis within training on both accessing shared information (which is 'read-only' via the LCR) and actively sharing relevant information from within each organisation's electronic patient record, recognising the need to support care beyond organisational boundaries.

More broadly, care pathways are increasingly structured to distinguish between routine care and crisis situations, with clear routes for escalation through the NHS 111 single point of access. In addition, specialist systems, such as the electronic Mental Health Act (eMHA) platform, support information sharing at later stages of the Mental Health Act process following a decision to detain.

While no single system currently provides a fully integrated, real-time view of all patient information, these developments represent meaningful progress in improving visibility of key information and supporting safer decision-making across organisations. The Trust recognises that safe clinical decision-making depends not only on the availability of information, but also on the ability of clinicians to identify and interpret it, alongside effective communication between services in crisis situations.

SLaM remains committed to working with system partners to further strengthen information sharing, improve consistency and usability of shared records, and support safe, coordinated care across organisational boundaries.

Yours sincerely

Interim Chief Executive Officer
South London and Maudsley NHS Foundation Trust

Encs.
- Copy Reg 28 Report dated 24.04.2026