

14<sup>th</sup> May 2025

Rachael Griffin  
HM Senior Coroner to Dorset  
BCP Council Civic Centre  
Bourne Avenue  
Bournemouth  
BH2 6DY

Integrated Care Board  
County Hall  
Colliton Park  
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DT1 1XJ

Dear Mrs Griffin

**Re: Prevention of Future Deaths Report for Marta Elena Vento**

Please accept my apologies for the delay in submitting our response to your letter of 11<sup>th</sup> March regarding the Prevention of Future Deaths Report issued following the inquest touching the death of Marta Elena Vento.

The full report was considered as part of the system Mortality Surveillance Group on the 4<sup>th</sup> of April with intention of assuring proposed actions triggered by your findings of:

- Slippage in mental health care following discharge from HMP Winchester
- Communication breakdown between prescriber, 111 clinicians, GPs and patient about medication required.
- No processes in place to ensure medication continued in community.
- Learning around communication across sectors and across county boundaries.

We were assured that the case has been subject to an independent review [Case-no.-2020-23751-Summary-Report-Final-Version.pdf](#). The Independent Investigation report was published by NHS England 7/11/23. No specific recommendations were identified for NHS Dorset although we have supported system and regional partners in the subsequent improvement work. To this end an in-person learning event, led by the NHSE regional team, took place in November 2024 with the aim to help understand how different parts of the system work together to meet the needs of an individual who presents with mental health needs in addition to their sexual and violent offending behaviours.

Themes for learning included information sharing, however this was not specific to the availability of information in the National Record Locator used by the ambulance service referred to in your report but on risk information shared through Multi-agency Public Protection Arrangements (MAPPA), in PPN (public protection notices) and in transferring the prescribing and clinical needs of prisoners on release from prison, particularly when at short notice.

With regards to your specific concerns regarding information sharing within Dorset:

*(4) The National Record Locator (NRL) allows health or social care workers to find and access patient information shared by other health and social care organisations across England to support the direct care of a patient. Evidence was given by the Head of Clinical Development and Organisational Development at South West Ambulance Service NHS Foundation Trust (SWAST) that in the South West region all Integrated Care Boards (ICBs), apart from the ICB in Dorset, NHS Dorset, are at some stage of implementing the use of NRL so that SWAST can access this information to assist in the provision of care to those they treat. Evidence was given that as this would limit the information SWAST had access to about a patient in Dorset, this would impact upon the care provided to those in Dorset by SWAST which could lead to a future death.*

It is important to point out that some of the allegations made are not factually accurate regarding the involvement of Dorset ICB in addressing the issues of connection to the National Record Locator.

NHS Dorset and the Dorset Care Record (DCR) Partnership are involved in the regional and national work to adopt sharing information via the National Recorder Locator and were in fact founding members of the One South West Programme. This is a complex area and although a number of ICSs in the South-West are making progress, there is much work to be done. The issue is not as simple as suggested, and the current focus of the work across the One South West programme is supporting ambulance crews to access care plans supporting patients with frailty and palliative care. The One South West programme would need to expand their activity significantly to also support the sharing of mental health care plans. We would actively support the expansion of this work.

Meanwhile in the absence of this capability DCR is looking to have the technical capability to share information with others using NRL from March 2026 onwards. Currently our system supplier has not been able to delivery this capability. Importantly, this will meet the national deadline set by NHS England, which is important because the benefit of using a single system to share is enjoyed when all parties are consistent. Shortly after this, DCR will then start sharing records to others using NRL, which will mean that SWASFT can access the data through this method.

Although this technical capability is essential, there are other critical requirements, including that Dorset Healthcare NHS Trust shares the mental health care plans (and other data), and that SWASFT themselves make sure that their existing system has a significantly improved uptake by their ambulance crews.

NHS Dorset remain keen to work with SWAST to enable access to Dorset Care Record directly, which is a possibility today, meaning that SWAST personnel could access all the information held on our ICS shared care record (DCR). However, SWASFT have prioritised the NRL approach to sharing data, meaning that the delivery is pushed back.

The DCR partnership is continuing to work with Dorset Healthcare to share their information to DCR in 2025, another critical part of the solution. This has been highlighted as an urgent area of focus for the Dorset Healthcare team.

NHS Dorset and the DCR Partnership remain at the forefront of using shared care records to support the efficient, effective and safe delivery of care, allowing professionals across organisational boundaries to see the information they need to give the best and safest possible care to their patient.

However, it is recognised that this is not the first Prevention of Future Deaths notice that has been issued where the lack of visibility/accessibility of important information across system partners has been raised. The solutions to this lie across different partner organisations and not within the ICB. In order to ensure that there is active scrutiny of this area and to ensure that progress is being made a risk has been opened on the system risk register where all system partners have a role in ensuring active mitigation of any on going risk.

Please let me know if you require further information. I hope that I have been able to address your concerns.

Yours sincerely



Chief Executive Officer  
NHS Dorset