

Mr Tom Osborne  
HM Senior Coroner  
Milton Keynes Council  
[REDACTED]

23 September 2025

Dear Mr Osborne

### **Regulation 28 Report following Inquest into the death of Mrs Suzanne Edwards**

I am writing following receipt of a Regulation 28 report dated 01 August, relating to the Inquest concluded on 24 July 2025. Mrs Edwards died from septic shock secondary to pneumonia and urosepsis, the latter associated with a calculus. I was sorry to learn of Mrs Edwards' death. I understand that MKUH was not named as an interested party prior to the Inquest, the Trust was not legally represented, and Trust witnesses were not called to provide oral testimony. Over a period of 48 hours, Mrs Edwards had contacts with her GP and the MKUH Emergency Department and had then been admitted to Bedford Hospital under urology where she subsequently died. MKUH and Bedford Hospital operate a shared urology 'out of hours' service at Consultant level.

Whilst the Record of Inquest suggests that you were satisfied that management was appropriate at each specific step, you were concerned that there had been a failure to recognise signs of urinary tract obstruction resulting in a lost opportunity to treat this prior to the onset of sepsis.

The Regulation 28 report (sent to MKUH and separately to neighbouring hospitals) articulates a concern that staff in Emergency Departments do not have reliable access to patients' primary care records. You expressed the view that this lack of access can *delay or misdirect diagnosis and undermine patient safety and continuity of care and lead to avoidable deaths*.

Whilst challenging to provide a comprehensive response having not been party to the Inquest, I shall outline the issues in this area as seen by MKUH and the actions we have taken and continue to take on this issue.

It is perhaps useful to consider the historic position of paper-based notes where all different care providers maintained a physically separate clinical record. Primary Care and some hospitals have moved decisively towards electronic records. Electronic records have many benefits including the potential to share content across providers (at least in a 'read-only' manner). Concerns do naturally persist in relation to the legal status of the record (and a reluctance therefore to have 'third parties' edit or write into the record) and information governance (in terms of ensuring that access to confidential personal data is appropriate and has a legal basis). MKUH is relatively advanced in terms of its digital infrastructure and has rolled out Oracle Health's Millennium product incrementally since 2018 (known locally as eCare). Our tertiary

provider (Oxford University Hospitals) uses a separate instance of the same product. Neighbouring providers use other systems including SystmOne (Primary Care, CNWL community and Buckinghamshire Hospitals), Nerve Centre (Bedfordshire Hospitals NHS Foundation Trust) and EMIS / System C (Primary Care in Oxfordshire and Buckinghamshire).

One important element of Oracle Health's product is the Health Information Exchange (HIE). The HIE acts as an interface between the MKUH instance of Oracle Health's Millennium and other instances, or third-party products (including SystmOne, System C and Nerve Centre). In some cases (specifically Nerve Centre), some 'middleware' known as Intersystems is required for this connection. The HIE acts as a 'window' through which selected content of one record system can be seen from within another system. This works in both directions: for example, selected content from SystmOne can be seen from within Millennium, and selected content from Millennium can be seen from within SystmOne. The entire record is not typically visible through HIE, rather a selected subset of documents and data items within the record. The range of documents and data items that can be seen through HIE is determined by the owner of the clinical record: in other words, MKUH determines what information to render visible to others through the HIE window. Only a subset of the record is shared for several reasons: the volume of data which is collected during a relatively short secondary care inpatient episode is very large (as you are aware from records provided to assist in your coronial inquiries); some parts of the record would be of no discernible use to those outside the hospital; some of the data are such that interpretation is required in order to generate usable information; and, the ability to structure records within HIE is very limited (such that there is limited 'search functionality', and it can be difficult to find the desired information within 'background noise').

The information shared by Primary Care through HIE is variable but can offer a more complete view of the primary care record. The patient can have limited input into determining how much of their Primary Care record is visible through HIE. There remain challenges as to how HIE users locate important and pertinent information within the view that they are afforded. The way in which information is arranged is not intuitive. Whilst key information may be accessible in theory, it can be less so in practice.

MKUH has developed HIE linkages with many other providers.

Specific challenges in the MKUH footprint include:

1. Variable maturity of digital records (meaning that in some instances there is still relatively little digital information to share). Bedfordshire Hospitals NHS Foundation Trust is still in the implementation phase of its electronic record (Nerve Centre).
2. Variable willingness of other providers to establish HIE links. This is a particular challenge with Primary Care in Oxfordshire and Buckinghamshire (including

Aylesbury Vale / Buckingham from where patients frequently access urgent and emergency care at MKUH). Leaders in the Thames Valley have a strategic preference for sharing the content of care records via the Thames Valley Shared Care Record. Whilst this is rational (from the perspective of wanting to drive real patient benefits from this shared care record), it does lead to gaps in the HIE environment described above. Discussions are ongoing.

At MKUH, we continue to:

- optimise our eCare record for sharing via HIE;
- establish HIE links with all providers with whom we have a significant number of common patients;
- educate clinicians internally and externally about the benefits and possibilities of HIE; and,
- encourage other providers to share more pertinent content from their records with us via HIE.

I append several illustrations to demonstrate our activity and energy in this area.

**Fig. 1 HIE Connections to other provider record systems set up by MKUH**

MKUH Health Information Exchange (HIE) Connections	
Connection	Type
BLMK GP Practices	Primary Care
Willen Hospice	Community
MK Urgent Care	Urgent Care
CNWL Community	Community
One London	Various
Oxford University Hospitals	Tertiary
Bedfordshire Hospitals	Acute
MKCC – Adult Social Care	Social Care
MKCC – Children’s Services	Social Care
<b>Connection available but not activated</b>	
Swan and North Bucks PCNs	Primacy Care
Thames Valley Shared Care Record	Primary Care / Various

**Fig. 2a HIE Interface as seen in MKUH's eCare (Oracle Health's Millenium)**

**ZZZTESTPATIENT, SEVEN** x

**ZZZTESTPATIENT, SEVEN**  
Allergies: Banana, Simvastatin

Weight: 80kg 30.11.2022 10:57  
PDD:  
CP-IS: Not Performed

Age: 42 years  
DOB: 01/May/80  
Resus:

**Menu**

- Obstetrics View
- Neonate Summary
- Results Review
- Requests/Care Plans + Add
- Drug Chart
- Task List
- Assessments/Fluid Balance
- Clinical Notes
- Allergies + Add
- Problems and Diagnoses
- Form Browser
- Histories
- Documentation + Add
- Patient Information
- Appointments
- Drug Chart Summary
- Procedures and Diagnoses
- Medication Supply
- HIE Community View**
- Pre-operative Doc
- Quick Orders
- EDM
- MultiMedia Manager + Add

**Clinician Workflow**

75%

Clerking x Progress x Post Take x Outpatient Clinic Note x Inpatient

**Patient Information**

**Visits (3)**

**Problems**

**Allergies (2) +**

**Home / Discharge Medication (4)**

**Inpatient Medications +**

Selected Visit

Δ Scheduled (2)

Next Dose

atorvastatin 40 mg, oral, ONCE a day (night)	02/03/23 22:00
bisoprolol 2.5 mg, oral, ONCE a day (morning)	03/03/23 08:00

Δ Continuous (0)

Δ PRN/Unscheduled Available (0) Last 48 hours

▶ Administered (0) Last 24 hours

Δ Suspended (0)

▶ Discontinued (0) Last 72 hours

**Procedure History (0)**

**Family History (0)**

All Visits

No results found

**Social History (1)**

All Visits

Alcohol: Details

**Pathology (0)**

Selected Visit

No results found

**Measurements and Weights**

**Labs**

Selected Visit

Δ Capillary Blood Glucose POC (1)

Capillary Blood Glucose POC

**Diagnostics (0)**

Selected Visit

No results found

**Vital Signs +**

Selected Visit

BP

HR

Temp

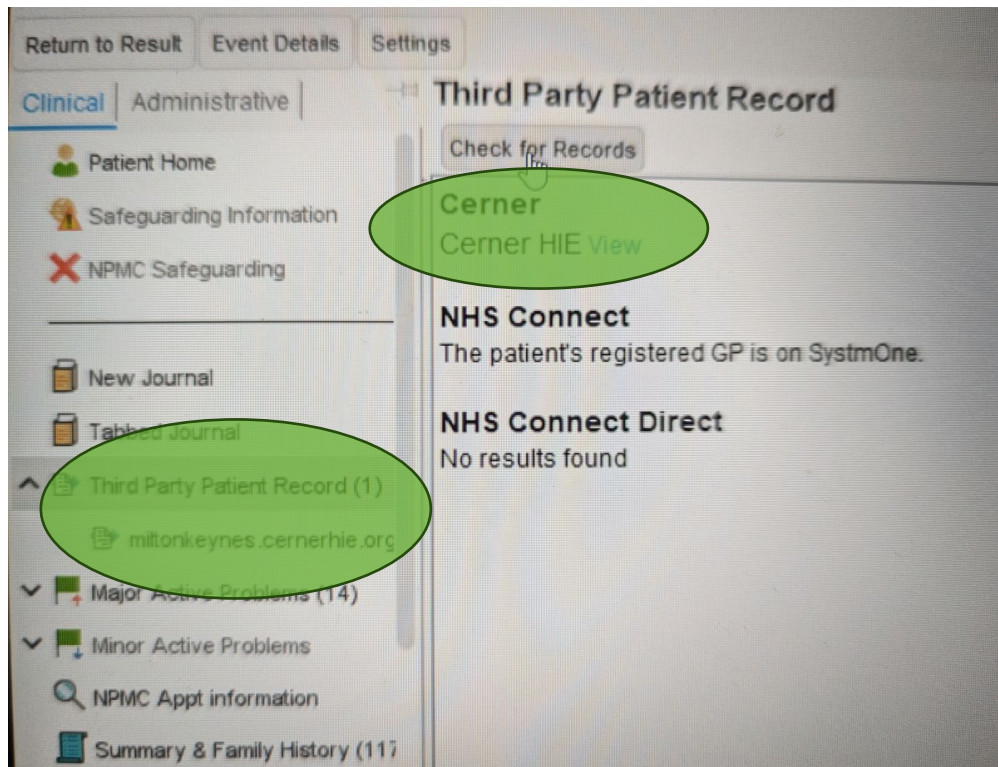
ACVPU Conscious Level

Respiratory Rate

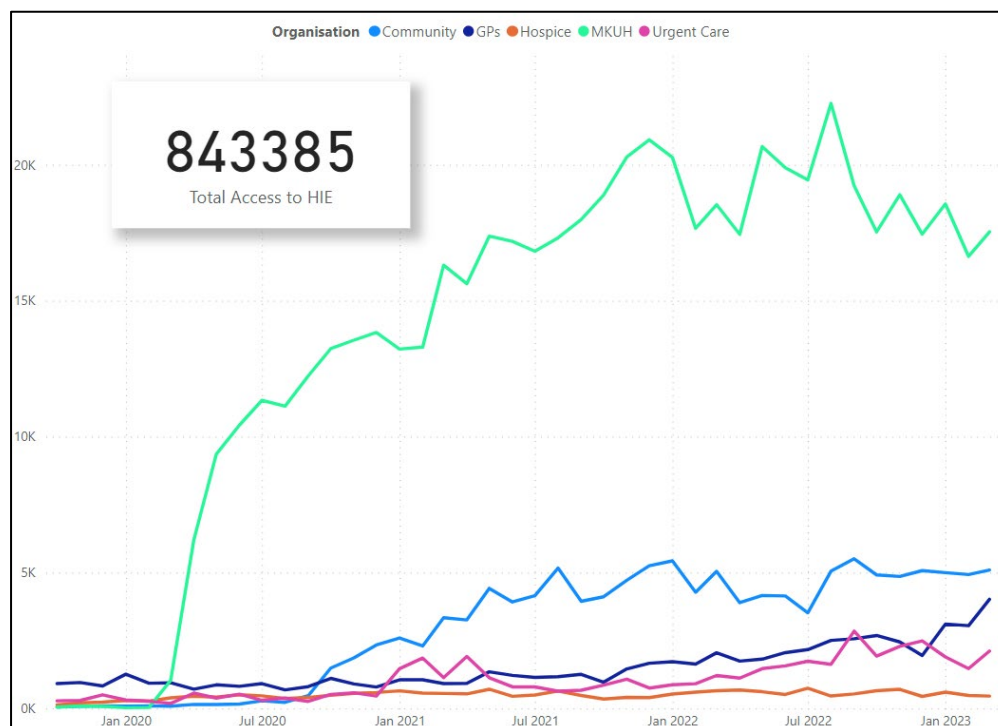
**Intake and Output**

Selected Visit: Last 3 days

**Fig. 2b HIE Interface as seen in Primary Care's SystemOne**



**Fig. 3a Upsurge in HIE usage by sector, 2020-23**





**Fig. 3b**      **Items accessed through HIE, 2020-23**

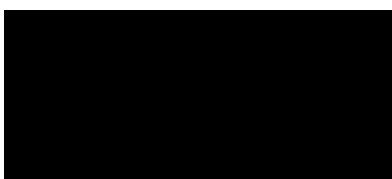
## Sections most commonly viewed by GPs / MKUH

(data 1 -31 Jan 2020 – 2023)

# Views by GP		# Views by MKUH	
Report_Name	Sum of Total	Report_Name	Sum of Total
Emergency Department GP Letters	342	Medications	24997
GP Discharge Letter	184	Encounters	12024
CBC	167	Problems and Issues	8732
CRP	139	Immunisations	5125
DIFF COUNT	137	Observations	2474
RENAL	136	Clinical Items	2299
Patient Discharge Letter	123	Summary	1884
LFT	122	Allergies and Adverse Reactions	1859
ESTIMATED GFR	117	CBC	1484
Maternity GP letter	53	Administrative Items	1368


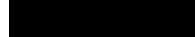
I trust that this response is helpful.

Yours sincerely,



**Chief Executive Officer**

**Copies**

 CEO, Bedfordshire Hospitals NHS Foundation trust  
 Interim CEO, Buckinghamshire Healthcare NHS Trust

