King's College Hospital
NHS Foundation Trust

Denmark Hill
SE5 9RS

[redacted]

Assistant Coroner Liliane Field,
London Inner South Coroner's Court
1 Tennis Street,
London
SE1 1YD

SENT BY EMAIL ONLY

23rd December 2025

[redacted]

Dear Assistant Coroner Field,

Response to Regulation 28 Report to Prevent Future Deaths: Mrs Joan Talbot

We are grateful to you, for bringing matters of concern to the attention of King's College Hospital NHS Foundation Trust (the Trust), through your Regulation 28 Prevention of Future Deaths report dated 11th November 2025 (PFD). This was a very sad case, and the Trust wishes to express its sincere condolences to the family of Mrs Talbot. The Trust has given careful and thorough consideration to the concerns you have raised, and its formal response is set out below.

Your summary and recommendations were as follows:

" In many respects, the Trust has moved on in a positive way from the systems in place at the time when Mrs Talbot was under its care. The functions of EPIC outlined by [redacted] *clearly have the potential to improve continuity of care. However, setting aside the training in EPIC necessitated by its introduction, it is not clear that training has evolved at the same pace or reached all those who need it. As* [redacted] *has pointed out, the standards* [redacted] *referred to in her statement should have been in place at the time. 3 17. I do not feel it would be proportionate to defer my decision on this issue in order to ask the Trust to provide the further evidence suggested by* [redacted] *for the simple reason that I have been left with the overall impression that, despite having the tools with potential to help improve continuity of care between different admitting teams in patients with multiple admissions, the Trust has not taken the additional necessary step to ask itself how these tools can be used most effectively in this specific scenario, whether further refinements to the existing systems and processes may be required and therefore what further targeted training may be necessary to support healthcare professionals, as well as how to evaluate the effectiveness of these tools. Their effectiveness appears to be assumed."*

Patient safety and quality are central priorities for the Trust. Accordingly, the issues highlighted in the PFD have been subject to thorough review by both the Patient Safety Team and the Executive Team.

The Trust has further considered the PFD in collaboration with colleagues at Guy's and St Thomas' NHS Foundation Trust (GSTT), recognising that all EPIC-related development and configuration is undertaken on a cross-Trust basis following the joint procurement of the EPIC electronic patient record system. Since EPIC Go-

Live in October 2023, a number of quality improvement pieces of work have been undertaken to improve patient safety & quality, through an initial 'stabilisation phase' of urgent work, followed by an 'optimisation phase' of improving functionality across a number of domains. We are conscious that further improvements are required and we are not complacent with regard to pace and scope of this work. Improvements in medical notes documentation commenced over the last few months, in particular a 'Problem List Etiquette Guide' has been produced, which outlines expectations for the use of problem lists and associated documentation fields. Although the referenced problem list functionality was not yet deployed at the time of the incident (as the previous electronic patient record system was still in operation), the Trust acknowledges there is scope to enhance both EPIC's documentation capabilities and the guidance provided to clinicians regarding its use. Therefore, in response to the concerns raised, the Trust has committed to establishing a cross-Trust EPIC Documentation Quality Group ('DQG'). The DQG will be responsible for developing mechanisms to assess and monitor data quality, overseeing enhancements to documentation functionality, and leading targeted quality improvement initiatives. The drafting of the DQG's terms of reference has specifically addressed the matters raised within the PFD, ensuring that the DQG's work programme is both data-driven and aligned with identified risks. Subject to final approval, it is anticipated that the DQG will be operational from early 2026 and will report through existing EPIC governance and oversight structures. The draft terms of reference can be found in Appendix 1 (attached). It is planned to signed off the scope and membership of the meeting across both Trusts in January. In the meantime, the Problem List Etiquette Guide will be tabled and discussed at the Clinical Directors Meeting and the Governance Lead Forum in early 2026 so that learning in relation to the PFD can be facilitated.

We trust that this response provides assurance that the matters raised in the PFD have been carefully considered and that appropriate actions are being taken to reduce the risk of similar incidents occurring in the future. The Trust will continue to monitor the effectiveness of these actions through its established governance and reporting arrangements.

Should you require any further information or clarification in relation to this response, the Trust would be pleased to provide this.

Yours sincerely,

[redacted]

[redacted]
Chief Executive

Appendix 1

Medical Documentation Quality Taskforce

Problem:
Poor quality medical documentation has several important consequences:

1. Patient safety

A recent Prevention of Future Deaths notice issued to KCH has highlighted the utilisation of problem lists as a mechanism to deliver continuity of care across multiple admissions. While the incident in question took place before the implementation of Epic, there is a requirement that the trust now examines whether the relevant tools available in Epic are being used optimally.

2. Suboptimal coding

While improvements in coding should not be the only goal of driving change in clinician behaviour, there is no doubt that improved documentation quality will also lead to benefits in coding depth and accuracy; this has been demonstrated in other Epic organisations. Additionally, future AI tools will depend on the accuracy and completeness of the medical record in generating useful and safe outputs.

3. Poor clinician experience

The problem of information overload in Electronic Health Records is recognised to be an important contributor to EHR-related clinician burnout. Across GSTT and KCH clinicians are spending more time in notes and making less use of charting efficiency tools than in most other UK Epic sites.

Most clinicians can describe ways in which documentation falls short, but there has been no systematic effort to define best practise and target quality improvement. Problem areas include:

1. Excessive use of copy/paste leading to 'note bloat' and difficulty identifying key new content. The use of copy/paste is greater at GSTT and KCH than most other UK Epic organisations
2. Care plans are often out of date if copied forward from previous entries
3. Poor use of tools summarising active problems during inpatient episodes, and patchy use of problem lists which span across episodes of care
4. Key discussions and assessments are often not recorded, and relayed verbally or using handover tools instead

Aims and objectives:

1. Agree in-Epic metrics and audit standards to baseline quality and track impact	Potential in-Epic metrics include use of copy/paste, note length, % problem lists reviewed within first 72h of admission, number of problems created
2. Engage with residents and senior clinicians to identify barriers to best practise	
3. Oversee build changes within Epic which will facilitate quality improvement (changes to navigators, note templates etc)	Recent changes in the Critical Care ward round template promise to drive improvements in problem list accuracy: this will be monitored and implemented elsewhere if successful. UCLH has introduced changes to the inpatient documentation workflow which have brought about in increase in the proportion of problem lists updated daily.

4. Design and oversee broader quality improvement projects	Engage with QI Fellows in both trusts. Targeted areas such as Medicine, Maternity, Critical Care before widespread roll-out
5. Review current EPIC teaching & training	Ensure that the audit end-points are adequately covered in current induction / other training. Update materials to cover the completed build changes

Proposed membership (cross-Trust):

- Medical Information Officers/representatives
- Interested Clinical Directors
- Chief Specialist Registrars
- Analyst support (Orders)
- Patient Safety / Quality and Assurance / Governance representative(s)