Derbyshire Community Health Services
NHS Foundation Trust

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[redacted]

Ms. Susan Evans
Area Coroner for Derby and Derbyshire
St. Katherine's house
St. Mary's Wharf
Mansfield road
Derby
DE1 3TQ

Date: 26 January 2026

Dear Ms. Evans
I am writing in response to the Regulation 28 Report dated 9 December 2025, following the inquest into the death of Ms. Hannah Booth. May I first begin on behalf of the Trust by conveying my condolences to the family of Hannah for their loss.

At the conclusion of the Inquest, you identified three areas of corner; firstly, difficulties encountered because different IT systems were being used for record keeping in different services. Essentially a lack of a single patient record.

The second area of concern was a lack of shared understanding of what is relevant information and needs to be made available to other services.

The third area of concern was that relevant notes being made in records of baby and not repeated in notes of the mother.

I would like to assure you that we take the outcome of this inquest extremely seriously and we have undertaken a review as a Trust and also discussed this matter with Derbyshire Healthcare NHS Foundation Trust (DHCFT) Perinatal Mental Health team to ensure we can work more collaboratively moving forward. We have consequently agreed to some actions.

I will address each issue you have highlighted in turn.

Different IT systems. Lack of a single patient record:

The Trust has given careful consideration to the coroner's first area of concern relating to the absence of a single, shared electronic patient record across organisations using different IT systems.

The Trust acknowledges that variations in clinical IT systems across NHS organisations can present challenges to the timely sharing of patient information. However, the configuration, interoperability and alignment of clinical record systems across NHS providers and GP practices are determined at a national and system level and sit outside the direct control and remit of the Trust.

Within Derbyshire, the majority of NHS provider services, including DCHS, utilise SystmOne as their electronic patient record system. The Trust does not have the authority to mandate the system used by independent GP practices or to require system-wide interoperability across different platforms.

Notwithstanding these system-level constraints, the Trust has robust arrangements in place to ensure that children and young people receive universal health visiting services, and GP practices are aware of and able to engage with those services.

The Trust provides a universal Health Visiting Service for all children and young people aged 0-5 years residing within the Trust's area. Health visiting is not a referral-based service. Every child within this age range is open to the Health Visiting Service by default, and this remains the case even where contact is declined by parents or carers. As such, all GP practices are aware that any child registered at their surgery will be known to the Health Visiting Service.

Where GP practices use SystmOne, they are able to access the Health Visiting record directly, subject to appropriate role-based access and information governance permissions. For GP practices using alternative clinical systems, awareness of the child's health visiting involvement is maintained through established professional communication routes.

In addition, the Trust operated a GP liaison model whereby each GP practice is linked with a named Health Visitor, and regular liaison meetings take place at least every 8 weeks. These meetings support information sharing, professional dialogue, and discussion of relevant clinical cases.

The Trust notes that the absence of a single, unified patient record across all NHS and GP settings is a longstanding national issue, overseen by NHS England. Any substantive resolution to this issue would require system-wide and national action, rather than action by an individual NHS Trust.

Lack of shared understanding of what is relevant information and needs to be made available to other services:

On the 20th of January 2026, senior representatives from the Health Visiting Service (DCHS) and the Perinatal Mental Health Service (DHCFT) met to consider the coroner's concerns, with a specific focus on information sharing between services.

During this meeting, it was agreed that the Perinatal Mental Health Service should be utilised by the Health Visiting Service as an advice and consultation resource, in addition to the existing formal referral pathways. Health Visitors are able to contact the Perinatal Mental Health Service advice line to discuss concerns, seek professional advice, or share relevant information without the need to submit a formal referral.

It was further agreed that where a patient is already open to the Perinatal Mental Health Service, relevant contextual information identified by the Health Visiting Service, such as repeated contacts relating to parental concerns of child development, should be proactively shared via the advice line. This approach is intended to support a more holistic understanding of the family's circumstances and ensure that emerging concerns are considered within the wider clinical picture.

To support clarity and consistency in practice, the Perinatal Mental Health Service has agreed to develop an infographic for Health Visiting staff. This will provide clear, accessible guidance on:

- The purpose of the advice line
- When and how it should be used.
- The types of information and concerns that should be shared.

This infographic will include practical examples of concerns raised by parents that would warrant contact with the Perinatal Mental Health Service. Once finalised, it will be circulated and made available to all Health Visiting Staff.

It has also been agreed that advice line discussion will take place via telephone and that these conversations should be documented within the mother/father's health record, rather than child record, where the information relates specifically to parental mental health (for both services).

Both services have committed to ongoing joint working and have scheduled a follow-up meeting on the 23rd of February 2026 to review progress and agree further actions.

In addition, the Perinatal Mental Health Service shared information about its multidisciplinary team (MDT) meetings and agreed that the Health Visiting Service could contribute to these discussions where appropriate. This will further support shared understanding, improve collaborative working, and ensure families receive coordinated and appropriate support. The Health Visiting staff have also been offered the opportunity to observe MDT meetings as a learning opportunity. These meetings are held weekly and involve consultants, psychiatrists, perinatal mental health staff, and now health visitors, to discuss complex cases.

The Perinatal Mental Health Service will also be invited to attend Health Visiting Service preceptorship sessions, which are structured support and development sessions for newly qualified health visitors. The team has agreed to deliver a session outlining their role, referral pathways, and how our service can effectively engage with them. This will be delivered as a discussion-based session incorporating case examples and a question-and-answer element. Additionally, the Perinatal Mental Health service will attend Health Visiting locality meetings on an ad hoc basis and

contribute to selected annual skills development days. Dates for these sessions are to be agreed and will be discussed further at the meeting on the 23rd of February 2026.

Finally, links to the Perinatal Mental Health Service and the agreed infographic will be incorporated into the Health Visiting Service induction pack for all new starters. This induction resource provides comprehensive information on policies, procedures, and key contacts, and will be updated to ensure that new staff are aware of the service, how to access advice, and the importance of timely and appropriate information sharing.

As a result of this discussion, the Health Visiting Service is in the process of updating its Standard Operating Procedures to reflect the agreed approach to information sharing and the use of the Perinatal Mental Health Service advice line. This update will provide clear, consistent guidance to staff and reinforce expectations regarding early consultation and the sharing of relevant information.

Relevant notes being made in records of baby and not repeated in notes of the mother:

The Health Visiting Service recognises the importance of clear and accurate documentation to ensure that relevant information is accessible to all professionals involved in family care. The established principle remains that information relating to a parent's mental health should be documented within the specific parent's health record, while information relating specifically to the child should be recorded in the child's record.

In response to the coroner's concerns raised, the service has taken steps to clarify expectations for staff and to strengthen record keeping within parental records. Where information arises in the context of child contact but is also relevant to parental mental health, staff are required to ensure this information is cross-referenced and documented in both the child's and the parent's records. This ensures that relevant information is visible and accessible to professionals reviewing either record, and reduces the risk of important contextual details being missed.

To support this in practice, an auto-consultation function has been implemented within SystmOne. This functionality enables clinicians to promptly create an entry within the parent's record that references relevant information arising from a child contact, supporting consistent and timely documentation and strengthening the visibility of parental mental health information.

Best practice guidance on documentation and cross-referencing between child and parent records will be formally incorporated into the Trust's Perinatal Mental Health Standard Operating Procedure. This will provide clear, consistent guidance and support improved documentation standards.

Locality Managers have been briefed on the findings of the inquest and the learning identified. Strengthening documentation within parental records has been identified as

a priority area for education and professional development, and this will be reinforced through training and supervision.

A one-page document clarifying the expected standard of record keeping about parental mental health has been shared with all staff via team meetings, which took place during the week commencing 26th January 2026. Further information will be shared with all staff when the perinatal mental health team infographic is available to disseminate.

We hope that the above goes some way to address your concerns, and we thank you for the opportunity to review our systems and processes to improve patient care.
If you require any further information, please do not hesitate to contact us.

Yours Sincerely

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[redacted], Chief Executive
Derbyshire Community Health Services NHS Foundation Trust