

Derby and Derbyshire Integrated Care Board  
First Floor  
The Council House  
Corporation Street  
Derby  
DE1 2FS

15 January 2026

**PRIVATE AND CONFIDENTIAL**

Ms Susan Evans  
HM Area Coroner for Derby and Derbyshire  
St Katherine's House  
St Mary's Wharf  
Mansfield Road  
Derby  
DE1 3TQ

Dear Madam

**HANNAH BOOTH: REGULATION 28 REPORT RESPONSE**

I am writing in response to the Regulation 28 Report dated 9 December 2025, following the inquest into the death of Hannah Louise Booth. The Regulation 28 Report was addressed to Sett Valley Medical Centre, Derbyshire Community Health Services NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust, NHS Derby and Derbyshire Integrated Care Board (DDICB), and NHS England.

At the outset, and in the knowledge that this report will be read more widely, I want to extend my personal condolences to the family of Hannah Booth and reiterate the ICB's condolences.

**Derby and Derbyshire ICB Response**

We acknowledge the Matters of Concern you raise and have taken them seriously. We have considered whether there are improvements which we as an integrated care board can make as part of our statutory responsibilities. Discussions have taken place between the ICB and relevant system partners and providers, including with the two Foundation Trusts also referenced in this Report.

DDICB notes the coronial concern around difficulties encountered because different IT systems were being used for record keeping in different services; essentially a lack of a shared patient record between health visitor teams and primary care providers. We acknowledge and recognise this difficulty at scale, which is compounded in this case by differences in commissioning arrangements (primary care is commissioned by the NHS ICB, whereas health visiting is commissioned by Derbyshire County Council).

Resolving these issues are a priority for us. As an ICB we are already working at speed to remove existing barriers to information sharing. This includes the creation of system-wide information governance agreements, and application for Section 251 agreements to share information for

primary and secondary healthcare use. Our current expectation is that S251 agreements will be approved by relevant national bodies in Q1 26/27.

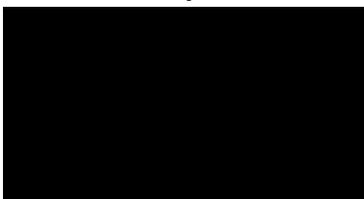
DDICB is committed to ensuring that providers understand their obligations to share information between providers, where that information relates to the delivery of patient care. We note the coronial concern around the lack of policy or guidance relating to the recording of information potentially relevant to both mother and baby; and guidance relating to information sharing between healthcare providers in the case of a pattern of more frequent access to services.

The ICB will work with Derbyshire Community Health Services NHS Foundation Trust, and Derbyshire Healthcare NHS Foundation Trust, to ensure relevant guidance is provided in these areas by Quarter 1 of the 26/27 financial year. The coronial concerns have been raised with both organisations in quality assurance meetings in the last month and we have also requested that the issue of recording information in both mother's and baby's notes is discussed at the next local maternity network meeting for shared learning.

Delivery of outputs in relation to these concerns, will be regularly reported into the ICB through our established quality oversight arrangements, which will be maintained and strengthened as part of current ICB Clustering arrangements.

DDICB notes that some of the matters of concern extend substantially beyond the borders of our organisational influence. We are committed to work with NHS England on these areas; in particular, the matter of concern related to cross-referencing of information in records of mother and baby, which will have a national impact.

Yours sincerely



Executive Director of Outcomes (Medical)  
Derby and Derbyshire ICB, Lincolnshire ICB, Nottingham and Nottinghamshire ICB