Mr Darren Stewart OBE,
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The Coroner's Court and Offices
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[redacted]

National Medical Director
NHS England
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7 August 2026

Dear Mr Stewart,

Re: Regulation 28 Report to Prevent Future Deaths – Indy Storm Mason Kidd who died on 21st October 2023.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 6th July 2026 concerning the death of Indy Storm Mason-Kidd on 21st October 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Indy's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Indy's care have been listened to and reflected upon.

Your Report raises the following concerns:

1. Issues with NHS trusts being able to access records from other NHS trusts involved with the care of a patient and access information such as scan results.
2. The ability of ambulance services to identify the precise location of a patient more accurately through the use of location identifier systems.

1. Accessibility of patient records by other NHS Trusts

NHS England recognises that limited information-sharing between care settings can contribute to less effective continuity of care, particularly when patients are receiving care from a number of different Hospital trusts in England.

NHS England (Frontline Digitalisation) has reviewed the electronic patient record (EPR) position relating to East Suffolk and North East Essex NHS Foundation Trust, Cambridge University Hospitals NHS Foundation Trust, Ashford and St Peter's Hospitals NHS Foundation Trust and Royal Surrey County Hospital NHS Foundation Trusts. This is outlined below.

East Suffolk and North East Essex NHS Foundation Trust

As part of the Frontline Digitisation (FD) Programme, the Trust was assessed against the Digital Capability Framework (DCF) and identified as not meeting the Programme's core Electronic Patient Record (EPR) standards at that time. Through the FD

Programme, the Trust secured funding to support the implementation of the Epic EPR system, which went live in October 2025. This implementation consolidated a number of legacy systems into a single integrated platform across Ipswich Hospital, Colchester Hospital and five community hospitals.

Cambridge University Hospitals NHS Foundation Trust (including Addenbrooke's Hospital)

As part of the FD Programme, the Trust was assessed as meeting the Programme's core EPR standards against the DCF. The Trust self-funded the implementation of its Epic EPR system, which was deployed in 2014. The Trust received funding through the Global Digital Exemplar (GDE) Programme, the predecessor to the Frontline Digitalisation Programme, to support ongoing optimisation of its digital capabilities. Subsequently, the Trust achieved a high level of digital maturity and was awarded HIMSS EMRAM Stage 7 accreditation in October 2020.

Ashford and St Peter's Hospitals NHS Foundation Trust and Royal Surrey County Hospital NHS Foundation Trust

Ashford and St Peter's Hospitals NHS Foundation Trust and Royal Surrey County Hospital NHS Foundation Trust use the Oracle Health Millennium (formerly Cerner Millennium) EPR system, implemented through the Surrey Safe Care Programme in May 2022. As part of the FD Programme, both organisations were assessed against the DCF and identified as not fully meeting the Programme's core EPR standards. Consequently, funding was secured through the FD Programme to support further optimisation and enhancement of the EPR environment.

It should be noted that The National Care Record Service (NCRS) National Care Records Service - NHS England Digital provides access to a patients' Summary Care Records (SCR). The SCR is a national database that holds electronic records of important patient information such as current medication, allergies and details of any previous bad reactions to medicines. It is important to remember that information in the SCR is sourced from the patient's GP record only. If information was not passed to the patient's GP, it cannot form a part of the patient's SCR. Furthermore, the structure of the SCR message with regards to 'Additional Information' is that it is intended to include a clinical code, associated text and an associated date. The structure of the SCR message is not intended to include the full detail of an ultrasound scan report (which commonly will be 2 or 3 paragraphs in length).

Whenever a GP record is updated, the changes are synchronised to SCR. It can be seen and used by authorised staff in other areas of the health and care system who are involved in the patient's direct care but do not need access to the patient's full record. As such, the SCR is intended to provide a summary of the patient's GP record, including key information most likely to be of benefit to patients during an unscheduled care encounter.

Further information regarding SCR is available here: Summary Care Record - NHS Digital

As a minimum, the SCR contains important information about:

- current medication
- allergies and details of any previous reactions to medicines
- the name, address, date of birth and NHS number of the patient

In addition, details of long-term conditions, significant medical history, or specific communications needs, is now included by default for patients with an SCR, unless they have previously told the NHS that they did not want this information to be shared;

- Additional Information in the SCR (Additional Information in SCR - NHS England Digital) includes the active problems and significant past problems as recorded by their registered GP practice.
- significant medical history (past and present)
- reason for medication
- anticipatory care information (such as information about the management of long-term conditions)
- end of life care information (from the [redacted]national dataset)
- immunisations

Radiology images (Xray's, ultrasound examinations, MRIs and CT scan can be shared between hospitals and we have been provided with further information from the Picture Archive Communication System (PACS) project team.

The three trusts that were involved in the care of Indy were Ashford and St Peters Hospitals NHS Trust, Royal Surrey County Hospital NHS Trust and Cambridge University Hospitals NHS Trust.

Of these organisations, Ashford and Royal Surrey are within the same Imaging Network (Frimley Surrey and Sussex, within the South East NHS Region) and one would expect them to regularly share images and reports as part of normal patient workflow. They have the same PACS vendor (Sectra) and technically they have been in a position to undertake Cross Site sharing of images and reports and Cross Site reporting since August 2025. It is not clear from the information available whether this took place or not in the care of this patient.

Indy was also treated at Addenbrookes Hospital which is a site within the Cambridge University Hospitals NHS Trust and is geographically remote from the trusts within the Frimley Surrey and Sussex Imaging Network. It is possible that there is an existing referral pathway for certain patients and conditions. However, because these trusts are not in the same Imaging Network and therefore would not be routinely expecting to collaborate on patient care (specifically working towards Cross Site Reporting) another mechanism would be required in order to share the records of a patient. In the

early days of electronic records this would include the use of portable media such as a DVD and more recently during the last 15 or so years the use of the Image Exchange Portal (IEP) Sectra Image Exchange Portal | Sectra Medical, may be used to facilitate transfer of images.

Further investigation would be required to establish if IEP was used to transfer any images or reports between these hospital trusts.

The National Imaging Registry (NIR) National Imaging Registry (NIR) - NHS England Digital is a strategic digital service developed as part of NHS England's Diagnostics Digital Capability (DDC) Programme. It provides a standards-based national infrastructure that enables interoperable access to diagnostic imaging and reports across NHS and approved independent sector organisations.

NIR enables and supports healthcare providers and clinical systems in accessing prior imaging, supporting safer clinical decision-making, reducing unnecessary repeat scans, and improving coordination of care across pathways and organisations.

When the NIR is fully deployed this will enable the sharing of imaging scans and results using the Application Platform National Imaging Registry API - NHS England Digital

NHS England and DHSC have published Fit for the Future: 10 Year Health Plan for England, which sets out the government's plan for healthcare in England over the next decade. The Plan includes a commitment to give patients 'a single, secure and authoritative account of their data – a single patient record' to support more coordinated, personalised and predictive care.

We note you have directed your Report to the trusts involved who would be better placed to comment on the specific content and details of the medical records held in each trust. NHS England is unable to comment with regards to the specific details of the content of the hospital medical records.

2. Ambulance ability to identify the patient's precise location

Ambulance services should maintain robust processes and technology to accurately identify and locate patients, including within high-density residential settings, ensuring that crews can access patients safely and without avoidable delay. The specific technologies and operational processes used to support patient location, including 'What3Words', are determined locally by individual ambulance services.

I would also like to provide further assurances on the national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around events, such as the sad death of Indy, are shared across the NHS at both a national and regional level and helps us to pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

[redacted]

[redacted]
National Medical Director
NHS England