

Chief Nursing, Experience and Quality Officer

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Maidstone
ME15 6NB

Private and confidential**Catherine Wood**

Area Coroner for Kent and Medway
Kent and Medway Coroners' Service
Oakwood House Oakwood Park
Maidstone Kent
ME16 8AE

Sent via email

2 September 2026

Dear Ms Wood

Regulations 28 Report regarding Adegboye Prince AZEEZ MUKAILA

I write in response to the Prevention of Future Death Report dated 10 June 2026, sent pursuant to paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 concerning the death of Adegboye Prince AZEEZ MUKAILA on 23 March 2024.

The Coroner raised the following concern:

The Trust (Darent Valley Hospital) does not have an electronic medical records system and staff treating the deceased were unable to access his clinical records from other organisations.

We are responding on behalf of NHS Kent and Medway Integrated Care Board (ICB) to the concern raised in your Regulation 28 Report about the risk to patients where important clinical information is not easily available to the staff caring for them at Darent Valley Hospital.

NHS Kent and Medway ICB recognise the seriousness of the concern raised within the Prevention of Future Deaths Report and extends its sincere condolences to Mr Mukaila's family. The ICB has worked with the Trust to review the digital and information-sharing aspects of this case and to identify learning and improvements that may help reduce the risk of similar incidents occurring in future.

The purpose of the review has been to understand what happened, identify learning, and ensure that actions are taken to support safer care. In doing so, the ICB has been mindful that this response

will be read by Mr Mukaila's family as well as by the Coroner and has sought to explain the digital issues as clearly as possible.

Darent Valley Hospital uses electronic systems to support care. These include systems that hold administrative and some clinical information, such as patient details, appointments, attendances, letters and local records of care. The hospital also has access to shared records, including the Kent and Medway Care Record and the Summary Care Record, which can allow clinicians to view information held by other NHS organisations where it is available and appropriate to access.

These arrangements are not the same as a fully integrated Electronic Patient Record (EPR). A fully integrated EPR would bring more information together in one place within the hospital, support clearer recording of clinical decisions and tasks, and help different teams see and act on information more consistently. Under the current arrangements, information may be available through more than one system, but it may not always appear automatically in the clinician's usual workflow.

The ICB recognises that this distinction is important. The issue identified should not be understood as meaning that clinicians at Darent Valley Hospital were unable to access any information held outside the Trust. Rather, the review identified limitations in how information and referrals moved between systems and teams, and in how reliably those referrals were visible, received and acted upon. This is the key area of learning from the review.

The ICB has therefore considered both the wider digital position, including the Trust's future EPR ambitions, and the more immediate question of whether existing referral and information-sharing processes are clear, safe and consistently followed. This included reviewing electronic referral processes, shared care records, clinical alerts, user access arrangements and the governance controls in place to support safe care.

The review identified three areas where further improvement and assurance are required:

- Electronic referrals must be consistently seen by the right clinical team, accepted, tracked and acted on in a timely way.
- Staff must be clear about what information can be viewed through shared records, including the Kent and Medway Care Record and the Summary Care Record, and when those records should be checked.
- Existing systems must support teams to share information effectively when a patient's care involves more than one organisation.

The principal learning relates to how a referral was made, received and followed up. While broader digital interoperability remains important, the immediate safety issue is to ensure that referrals made through existing electronic processes are visible to the right teams and are acted upon reliably.

The analysis undertaken with the Trust has identified learning relating to referral visibility, responsibility for acting on referrals, staff access to relevant information and the consistent use of existing digital processes. This learning will be taken forward through relevant ongoing work, rather than through the commissioning of further reviews specifically in response to this report.

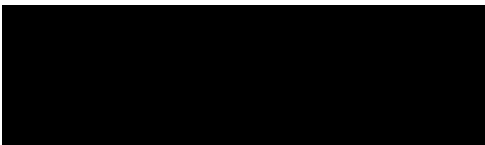
These ongoing activities include the ICB's continued support to Dartford and Gravesham NHS Trust in progressing the procurement of a modern EPR solution, alongside the use of the ICB's commissioning role to support safer information-sharing, effective use of shared records and appropriate assurance of commissioned services. These activities form part of existing programmes and established governance arrangements.

The learning concerning electronic alerts, clinical flags and access to relevant information will similarly inform ongoing digital, clinical and commissioning activity where applicable. This approach enables the lessons from the case to be considered within the wider work already under way.

The findings have been shared with the relevant Trust, digital, governance and clinical leads. The ICB will use its established governance and commissioning arrangements to maintain appropriate oversight as the learning is taken forward through relevant ongoing work.

The ICB remains committed to learning from this case and to supporting improvements that reduce the risk of similar incidents occurring in future. The analysis completed for this response will inform the ICB's continuing work with the Trust and its wider responsibilities as commissioner, with appropriate governance in place to support safer care for patients and families.

Yours sincerely

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Chief Nursing, Experience and Quality Officer