

National Medical Director &
Interim Chief Executive, NHSI
Skipton House
80 London Road
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Ian Pears, HM Assistant Coroner
West Yorkshire
City Courts,
The Tyrls,
Bradford
BD1 1LA

26th November 2021

Dear Mr Ian Pears

Re: Regulation 28 Report to Prevent Future Deaths – Maya Zab, 6th August 2020

Thank you for your Regulation 28 Report dated 16 September 2021 the death of Maya Zab on 6 August 2020. Firstly, I would like to express my deep condolences to Maya's family.

I note that the inquest last year concluded that Maya's death was a result of:
1a Multiorgan Failure
1b Chronic Severe Microcytic Hypochromic Anaemia with Severe Iron Deficiency

Further following the conclusion of the inquest, I note that you have raised the following concerns within your Regulation 28 Report for NHS England to consider:

During the course of the evidence it became clear that in the Yorkshire & Humber region there has been an increased incidence of severe nutritional anaemia in 2020 in a paediatric setting, resulting in 2 deaths, Maya's death being one of the two. The witness had not seen any deaths previously in her career.

The witness had consulted 9 colleagues over the data. They surmise that a number of factors arising indirectly from the pandemic may explain the findings:

1. The "stay at home" message resulted in less 1 to 1 consultations, so health professionals were not able to spot the signs of anaemia.
2. Limitation of social contact meant other professionals and friends and family were not able to report concerns about a child's health.



3. Widening of socio-economic inequalities (including unemployment and reduced household earning capacities) means that certain members of society are not able to purchase a balanced, good quality nutrition for their children.

Whilst contact with the NHS was reduced during the pandemic, there was also a clear narrative that the NHS remains open for patients who need care, and this remains the message. NHSEI is working hard to restore services across the country.

We recognise the impact the pandemic has had on the delivery of health visiting services. With the onset of COVID-19, some public health nurses were redeployed, however I can confirm that they were all repatriated by the end of July 2020.

In response to Winter Planning in 2020, Public Health England and NHSEI Chief Nurses, together with the Local Government Association, wrote to Directors of Nursing across the country to advise that professionals supporting children and families, such as health visitors, school nurses, designated safeguarding officers and nurses supporting children with special educational needs, should not be redeployed to other services and should be supported to provide services through pregnancy, early years and to the most vulnerable families. ([Joint letter on Winter Planning: Support to Children and Families, 7 October 2020 | Local Government Association.](#))

Further an updated health visiting and school nurse service delivery model, together with commissioning guidance, was also published in March 2021. ([Health visiting and school nursing service delivery model - GOV.UK \(www.gov.uk\).](#))

Even before the start of the pandemic, I can confirm that local authorities had a mixed model of delivery for health visitors. Specialist community public health nurses should use their clinical judgement to identify whether virtual, other digital or blended approaches can be used to support the needs of a child or family. During the pandemic, community health services have continued to provide such support, albeit with greater use of digital and remote technologies and the prioritisation of higher needs families.

I am able to confirm that DHSC are currently working with academics from Keele University to identify available evidence on the impact of digital technologies on public health service delivery to children, young people and families. The specific objective of this work is to identify the quality of digitally delivered services in relation to quality of engagement and development of therapeutic relationships. This evidence will then be made available to local service commissioners, their providers and professionals to inform future service design.

In terms of your concern regarding the widening of socio-economic inequalities, I can confirm that NHSEI are working to integrate care across the country with a particular focus on addressing inequalities and supporting children, young people and their families who may be vulnerable.

It was agreed that working with the NHS Business Services Authority (NHS BSA) to raise the profile and uptake of the Healthy Start programme would benefit both

pregnant mothers and children to provide children with the best start in life regardless of circumstances.

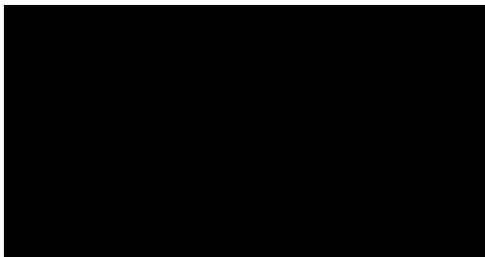
The [Healthy start programme](#) helps parents with children under the age of 4 and pregnant women to buy healthy food and milk. The scheme is in the process of transferring from paper vouchers to a digital cards, this will support quicker application decisions, allow use of the cards anywhere that accepts Mastercard®, automatic top up every 4 weeks, allows partial use of allowance (not previously available) and is discreet payment option.

National data sets do not show any national or regional increases in malnutrition. The data used was the secondary user service (SUS) data in the NHS England national clinical data repository (NCDR), the equivalent data is available on the NHS Digital website, where the data is available as a provisional dataset.

The SUS malnutrition data using ICD diagnosis codes D508 - Other iron deficiency anaemias and D509 - Iron deficiency anaemia, unspecified, in any position (primary or secondary) does not show any significant increase nationally or regionally. The numbers regionally by month are generally quite low and can vary considerably month to month however the overall trend shows no significant increase.

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,



National Medical Director &
Interim Chief Executive, NHSI