Department of Health & Social Care

[redacted]
Minister of State for Health (Secondary Care)

39 Victoria Street
London
SW1H 0EU

Our ref: [redacted]

HM Coroner Louise Hunt
The Birmingham and Solihull Coroner's Court,
Steelhouse Lane, Birmingham,
B4 6BJ

By email: [redacted]

24th March 2025

Dear Ms Hunt,

Thank you for the Regulation 28 report of 13 January 2025 sent to the Department of Health and Social Care regarding the death of Aarav Pal Chopra**.**

Firstly, I would like to say how saddened I was to read of the circumstances of Aarav's death, and I offer my sincere condolences to their family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention. Please accept my sincere apologies for the delay in responding to this matter and thank you for the additional time provided to the Department to provide a response to the concerns raised in the report.

The report raises six matters of concerns, related to:

1. Prophylactic antibiotics for severely immunocompromised patients
2. Experience and competence of trainees
3. Consent forms
4. Individual patient risk factors
5. Learning from deaths
6. Electronic patient records

In preparing this response, my officials have made enquiries with NHS England, the Care Quality Commission (CQC), and the National Institute of Health and Care Excellence (NICE), to ensure we adequately address your concerns. I will do my best to address each of the concerns sequentially.

1. Prophylactic antibiotics for severely immunocompromised patients:

We have confirmed that there is no specific guidance from NICE relating to the management of immunosuppression or immunocompromise specifically. Although immunocompromise is discussed, as appropriate, in disease-specific guidance, NICE does not have such guidance on the care of children or young people following liver transplant. There is also no specific guidance from NICE relating to a liver biopsy in a person following a liver transplant.

NICE feel that this is a highly specialised area that is likely to have limited evidence, and therefore, the subject would be best covered by a consensus-based clinical practice guideline developed by a specialist medical society.

Such guidance has been produced as a position paper by the European Society for Paediatric Gastroenterology, Hepatology, and Nutrition. (Dezsofi et al. Liver Biopsy in Children: Position Paper of the ESPGHAN Hepatology Committee. JPGN 2015;60: 408–420).

Guidance relating, primarily, to adult practice has also been produced by the British Society of Gastroenterology, the Royal College of Radiologists, and the Royal College of Pathology (Neuberger J, Patel J, Caldwell H, et al. Guidelines on the use of liver biopsy in clinical practice from the British Society of Gastroenterology, the Royal College of Radiologists and the Royal College of Pathology. Gut 2020; 69:1382-1403).

Although these guidelines recommend that antibiotic prophylaxis should not be used routinely, they do not cover the specific situation outlined in your report. Similarly, the use of prophylactic antibiotics in immunocompromised children following a liver transplant is a highly specialised area that would be best covered by a consensus-based clinical practice guideline developed by a specialist medical society.

2. Experience and competence of trainees

The National Education and Training Team, via NHS England have explained that where a resident doctor is on a training placement in a Trust, information relating to their level of experience and competence is available via TIS (the Trainee Information System) and in their portfolio, which their Clinical and Educational Supervisors have access to.

The Trust has advised the team that the doctor involved in this case was on a fellowship. I am aware that Birmingham Women's and Children's NHS Foundation Trust (BWCH), which is responding to you directly, should be able to provide details of how this was arranged, and what information was shared in advance. The doctor had been working in the department for 3 months, and the team understand from the Trust that no concerns had been raised about their performance, prior to this event.

3. Consent forms

The National Team Children and Young People, via NHS England, have confirmed that the current consent forms specifically state that the consent does *not* specify which individual will undertake a procedure.

They have suggested that, if consent for training is required, this will potentially greatly impact the ability to train the next generation of clinicians. Furthermore, the evidence is that outcomes are better when procedures are performed by trainees under supervision, as compared to procedures performed by consultants. Clearly there are confounding factors, but this demonstrates that the current system largely works.

4. Individual patient risk factors

The National Team Children and Young People have suggested that all Electronic Patient Records (EPRs) should have summary problem lists that detail all diagnoses for that patient. The NHS Federated Data Platform (NHS FDP) holds promise in joining primary and secondary care records to share diagnostic and therapeutic data. Further information about NHS FDP can be found at: NHS England » NHS Federated Data Platform

5. Learning from deaths

The Department has approached NHS England to comment on the point raised regarding the 'inadequate' Mortality & Morbidity (M&M) meeting that was held following Aarav's death. NHS England has confirmed that Birmingham Women's and Children's NHS Foundation Trust will address these concerns in their own response to the report.

The Care Quality Commission (CQC) has confirmed that they it is aware of this death and has reviewed it under its Specific Incident Guidance. As part of this review, the case has also been progressed to the Criminal Cases Assessment Progression Panel (CCAPP) for a decision as to whether CQC will begin a criminal investigation in line with the organisation's enforcement policy.

The CQC has stated that it cannot comment on a live investigation, however, it is considering all aspects of this incident including the report's matters of concern. The CQC was also in attendance at the Inquiry and will use any relevant evidence to inform their investigation. Further information will be communicated to the family in due course.

6. Electronic patient records

NHS England has informed the Department that BWCH are implementing EPIC Electronic Patient Records (EPR), which should help with the Trust's progress towards improved data integration. Further information regarding NHS EPR system expansion can be found at: Digitising the frontline - Digitise, connect, transform - NHS Transformation Directorate As discussed in point 4., NHS FDP should enhance information sharing further by integrating primary and secondary care patient data.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,

[redacted]

[redacted]

MINISTER OF STATE FOR HEALTH