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National Medical Director
NHS England
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By email: [redacted]

[redacted]

19 October 2026

Dear Dr Henderson,

Re: Regulation 28 Report to Prevent Future Deaths – Jaxon Vasco Oliveira who died on 27th March 2025.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 11th May 2026 concerning the death of Jaxon Vasco Oliveira on 27th March 2025. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Jaxon's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Jaxon's care have been listened to and reflected upon.

I am grateful for the further time granted to respond to your Report, and I apologise for any anguish this delay may have caused to Jaxon's family. I realise that responses to Coroners' Reports can form part of the important process of family and friends coming to terms with what has happened to their loved ones, and I appreciate this will have been an incredibly difficult time for them.

Your Report raises the following concerns:

1. Advanced Nurse Practitioners (ANPs) are not sufficiently able or experienced nor specifically qualified to independently review and assess undifferentiated paediatric patients.
2. A GP, with no post-graduate experience in paediatrics, performed a sub-optimal abdominal examination against expected practice.
3. Whether it was appropriate for a Foundation Year 2 (FY2) doctor to assess and discharge undifferentiated paediatric patients without direct supervision by a more experienced clinician, when they have no experience on ward-based paediatrics.
4. Jaxon's parents were not listened to nor were their concerns acted upon.

1. Assessment by Advanced Nurse Practitioners

ANPs are autonomous professionals and complement the multidisciplinary team, working alongside doctors. They practise within their own professional scope of practice and competence.

Employers have governance responsibilities and the Nursing & Midwifery Council (NMC) expects organisations to ensure appropriate education, supervision, credentialing and continuing professional development

The NMC does not regulate the title “Advanced Nurse Practitioner” separately at present and sets out expectations for those practising at an advanced level through its Principles for Advanced Practice published in 2025.

ANPs usually complete postgraduate level 7 (Masters level) modules or a Masters in Science in Advanced Clinical Practice which includes: advanced history taking, comprehensive physical examination, clinical reasoning and diagnostic decision making, interpretation of investigations where appropriate, risk assessment and management of undifferentiated and complex presentations.

Clinical assessment skills are not acquired soley through university, and NHS England expects supervised clinical practice, educational and clinical supervision, workplace-based assessments, portfolio evidence and demonstration of competence before independent practice.

2. **Sub-optimal abdominal examination by a GP without post-graduate paediatric experience**

The RCGP Curriculum Being a General Practitioner provides the following information:

The Royal College of General Practitioners (RCGP) curriculum acts as the educational framework for the three-year specialty training programme for doctors entering general practice in the UK. One of the topics is 'Life Stages' and includes:

- Children and young people
- People living with long-term conditions including cancer
- Older adults
- People at the end of life

Passing the General Practice assessments and the Annual Review of Competence Progression (ARCP) leads to a Certificate of Completion of Training (CCT) in General Practice which includes all life stages as detailed above and therefore includes children and young people (paediatrics).

The Royal College of General Practitioners oversees GP training in England Competencies for examinations fall under Workplace-Based Assessment (WPBA) and Clinical Examination and Procedural Skills (CEPS).

NHS England acknowledges the Coroner's concern regarding the abdominal examination undertaken during the consultation and the subsequent failure to identify hepatomegaly.

NHS England South East Region has sought advice from senior clinical and professional standards colleagues in considering this concern. Information available to NHS England confirms that General Practitioners are trained and

assessed to provide care across all life stages, including children and young people. NHS England is not in a position to retrospectively determine, on the basis of the information currently available, whether the examination undertaken in this individual case fell below the standard expected. This concern, however, has been passed to the NHS England South East Region Professional Standards Team to look into further, as it is within their remit to look into concerns relating to an individual GP's practice.

3. FY2 doctor's assessment without direct supervision by a more experienced clinician

NHS England has liaised with the South East Regional Team regarding this concern. Ashford and St Peter's Hospitals NHS Foundation Trust have advised that an Emergency Medicine (EM) Consultant with a sub-specialty in Paediatric Emergency Medicine was recruited as Lead for the Children and Young People's Emergency Department (CYPED) in April 2025. The role oversees governance, training, and induction to the department. The CYPED now also has dedicated clinical EM consultant presence between 11:00–18:30 on weekdays. Outside these hours, extended EM consultant availability covers the emergency department on site from 07:00–00:30, seven days a week, with an ST4 level or above Resident available for advice on site from 00:30–07:00. An ST4 or above Resident Doctor is a doctor who is around 4 years into speciality training following completion of foundation training. The EM consultant remains contactable and available for advice and support off site from 00:30-07:00.

Tier 2 Residents (Foundation Year 2/GP trainee grade) are now typically only sent to CYPED during hours of direct consultant cover, allowing supervision and bedside teaching. All patients seen by a Tier 2 doctor must now be discussed with a senior decision-maker, and reviewed where appropriate, before discharge. This provides opportunities to refine paediatric history taking, support examination of children and ensure identification of an unwell child. Tier 2 clinicians are rotated through CYPED allowing them the opportunity to get a balanced exposure of all emergency department presentations.

The Trust has advised that all Residents working in CYPED undergo induction covering the escalation and referral process. They are told senior advice is always available, and that no Tier 2 clinician should discharge a paediatric patient without senior input. They are shown where to find updated paediatric guidelines and encouraged to make use of supervised shifts to support their learning.

The Trust have outlined the learning and reflection the FY2 involved in Jaxon's care has undertaken and training he has undertaken as a result.

4. Parental concerns were not listened to nor were their concerns acted upon.

It is disappointing to hear that Jaxon's parents did not feel listened to or that their concerns were acted upon. Since 2024 NHS England has been implementing Marthas Rule, a patient safety initiative designed to ensure that the concerns about

a patient or child's deterioration are recognised and acted upon in a timely manner. The rule enables patients, relatives, carers and staff to request an urgent review if they are worried that the patient's condition is worsening and they feel their concerns have not been addressed.

Ashford and St Peter's Hospitals NHS Foundation Trust has a dedicated lead for implementation of Martha's Rule, and this will be implemented in paediatrics from September 2026 (Martha's rule for adult inpatients was rolled out in August 2026).

The Trust has advised that their induction process makes clear that ongoing parental concern, even after assessment and management, is a reason to escalate to a senior decision-maker. A family should not be discharged while they remain concerned. Ongoing parental concern is now explicitly built into Resident induction as a trigger for senior discussion, regardless of clinical findings or observations. The Trust is committed to recognising parental concerns about escalation of acute care for their children.

We note that your Report was also addressed to St Peter's hospital who are best placed to respond to these points further.

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 Jaxon, 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