NHS
Ashford and St. Peter's Hospitals
NHS Foundation Trust

Ref: Regulation 28 report – Jaxon Oliveira

Date: 17th September 2026

Dr Karen Henderson
HM Assistant Coroner for Surrey

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[redacted]

Dear Dr Henderson,

Thank you for your Regulation 28 Prevention of Future Deaths Report issued following the inquest into the death of Jaxon Oliveira. On behalf of Ashford and St Peter's Hospitals NHS Foundation Trust I would like to express our sincere condolences to the family of Jaxon. I acknowledge the concerns raised within your report and welcome the opportunity to provide assurance regarding the actions taken, and those planned, to address the matters identified. Patient safety remains our highest priority, and the Trust is committed to learning from this tragic event to reduce the risk of similar occurrences in the future.

Consultant Leadership and Supervision of Tier 2 residents

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 1100–1830 on weekdays. Outside these hours, extended EM consultant availability covers the emergency department on site from 0700–0030, seven days a week, with an ST4+ Resident available for advice on site from 0030–0700.The EM consultant remains contactable and available for advice and support off site from 0030-0700.

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.

Response from the individual doctors involved in Jaxon's care
The ED Resident doctor who initially assessed Jaxon has been supported and guided on the learning arising from this case. He has documented his reflections in his portfolio, including the recognition of an unwell dehydrated child, the assessment of a distressed child and possible organomegaly, the interpretation of blood results, and escalation to a senior clinician.

As a result of this reflection, he identified a learning need relating to the recognition of serious illness in children and has completed the NHS England e-learning module, "Spotting the Sick Child." He is also exploring relevant paediatric resuscitation training, including the Advanced Paediatric Life Support (APLS) course, to further develop his knowledge and skills in managing acutely unwell children.

There was a meeting between the Paediatric Registrar involved in Jaxon's care and his educational Supervisor in May 2026, where he was supported to reflect on this case in his learning portfolio. He was also advised to attend relevant courses regarding the recognition and management of the sick child and to review the departmental guidelines on management of dehydration in children. The learning from this case will also be discussed at his next appraisal meeting.

Referral pathway and recognition of repeated healthcare contact
The updated Standard Operating Procedure (SOP) for CYPED sets out a clear referral and documentation process. Advice on ongoing management is sought first from ED seniors. Accepted referrals must be assessed and managed by the specialty team, not discharged back with advice to the referring clinician. Where a referral is deemed inappropriate, senior members of both teams must be involved. Informal, undocumented discussion between Residents in place of a formal referral — as happened in Jaxon's case— is no longer acceptable practice.

Jaxon had two prior contacts with other services in the 72 hours before his final ED attendance. The SOP now mandates direct referral to paediatrics where a patient has had two or more previous contacts with any healthcare provider for the same illness. This question now forms part of CYPED triage to ensure appropriate streaming of patients.

Initial results of the first audit of this SOP for attendances in June 2026, showed a compliance rate of 81%. This will continue to be monitored, and additional action will be taken to resolve any ongoing gaps in compliance.

I have included a copy of the SOP for reference.

Awareness of escalation pathways and parental concerns
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.
Induction also 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. Martha's Rule is an NHS patient safety initiative that gives patients and carers 24/7 access to an urgent, independent clinical review if a health condition worsens and concerns are not heard by the immediate team. The Trust has a dedicated lead for implementation, and this will be implemented in paediatrics from September 2026.

Documentation and discharge
Nursing staff are expected to document fluid intake and whether a child has passed urine for any child on a fluid challenge. They are also expected to document when a fluid challenge is commenced and update the results of this throughout the child's stay in CYPED. This requirement has been reiterated by the CYPED matron to all nursing staff. Resident doctors are expected to ask about this directly as part of a structured routine paediatric history-taking, and this is covered in induction. There is also the option of admission to the Children and Young People's Observation Area for a period of fluid challenge and monitoring rather than discharge.

A learning slide is now included in our CYPED induction slide deck covering appropriate and contemporaneous documentation of clinical reviews including requests for fluid challenges and ensuring adequate urine output before children are discharged from CYPED. This also includes ensuring that referrals to the paediatric team are reviewed and escalated appropriately to avoid informal discussions and the discharge of a sick child, as occurred in Jaxon's case. Discussions with parents about their concerns should be documented and escalated appropriately to senior colleagues as necessary.

The CYPED team are exploring the recording of fluid challenges within a bespoke form on the electronic patient record, to ensure clarity and uniformity of the documentation.

An audit of the paper-based fluid challenges and fluid balances in CYPED has been conducted twice weekly since June 2026. Whilst initial compliance with the expected documentation standards was low, this has now improved to 100% following education and training across the department.

Learning event at Educational Half-Day following Coroners' Court case for paediatric staff
A learning event was held for all paediatric staff members following the Regulation 28 report considering the new evidence presented during the court proceedings. The learning from the initial investigation which was well attended but relied on verbal accounts and limited clinical notes was shared with staff members. The court findings regarding his attendances were also shared with the team. These findings highlighted the missed opportunity for an abdominal examination; a lack of understanding that Jaxon was clinically dehydrated; no fluid challenge having been conducted; limited documentation and retrospective entries including a failure to recognise parental concerns.

As part of our ongoing commitment to listening with appropriate responses to parental concerns, the CYPED team are organising an Educational Half Day in September 2026 which will be focused on sharing parental experiences of healthcare delivered to children. They have recruited a parent to share their personal experience, and this will be followed by medical mediation training delivered to staff by a trained specialist team who will be facilitating the session.

Clearer badges/lanyards for medical staff in the Trust
Preliminary discussions have been held about a trust-wide initiative to introduce clearer badges for medical staff, depicting their roles. This is to ensure patients and families know the hierarchy of doctors they are dealing with and to provide clarity between different grades and levels of experience.

The Trust is grateful for the Coroner's observations and the opportunity to review the matters raised. We have carefully considered the concerns identified and have implemented, or are in the process of implementing, the actions outlined within this response to reduce the risk of recurrence and strengthen patient safety.

I trust that this response provides assurance regarding the steps being taken by the Trust. Should the Coroner require any further information or clarification, I would be pleased to provide this.

Yours sincerely,

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Chief Executive Officer