Countess of Chester Hospital MHS

NHS Foundation Trust

Confidential: EXECUTIVE TEAM NOTES

Wednesday 6th July 2016

Attendees: TC, IH, SH, DON, AK, SPC, IB, LB

Apologies: SHo

Notes: Sue Hodkinson

Actions	
	Security Review – SH
	Supportive report. ICU recommendation can be removed but all need to be
	considered.
SH	Action: SH to discuss with Tim Lister.
	Notes of investigation
SPC	File – Action: SPC to receive overview and undertake review.
	Summary of NNU Deaths (RM in attendance)
	Paper presented and discussed.
RM	 Case reviews need to come back to SI panel so RM to put this in place immediately.
	 10 babies reviewed 9 onsite with one baby who died externally. Near miss incidents were not escalated, no Datix or individual case review. We understand there are 5 near misses, with a sudden and unexpected deterioration.
	 Neonatal data goes into Badgernet on a national basis, HEAD data and then Meditech data.
	 1 death in 2014/15 died immediately following delivery in (labour suite).
	• 11 deaths 2015/16 and transferred 2 babies out who died externally to the Trust.
	• 2 deaths in 2016/17.
AK/LB/RM	 Concern around data validation as being provided from 3 data sources. Agreed that we would need to establish a core team to support this. Action: Separate meeting to agree team who can validate number of deaths, trends, staffing, where with they from, multiples, cause of death. John Gibbs to be involved.
	• Definitions need to be set and we need to be clear on the years that we are focusing on.
	Operational Management & clinical model LB advised that we have agreed the clinical model, which has been agreed with CD in network. No deliveries below 32 weeks. Any babies above 32 where support is required will need to be transferred out.
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Teleconference with WUTH and network 10.30am. Concern regarding pressures on the network. Currently, we have 1 baby who will need to be transferred out from ITU, WUTH full but will agree transfer. Communication Communication lines ready to go. Headlines regarding why we are taking the action we are taking. Seen variation and do not answer any detail. GG to revise lines re national data and retain CQC line. Need to advise as joint position. LB briefed [Line] is 1 and advised where the mums are from based on data. 11.20 – meeting reconvened Current position LB provided update on current position: 5 babies WUTH 4 babies repat and network looking to support re capacity. Network supportive of us advising we are working with WUTH. Discussion around SCBU or locally designated unit. Network lead and Steve Brierley agreed and this plan has now been circulated. Mums between 27–31+6 will be transferred out. This is estimated to be maximum of 2 babies per week and 15 mums. WUTH concender te staffing impact so we will be working closely together. Action: LB to speak to Dravies re network. Communication Overall lines agreed. If questions circulated to Royal College, then they should refer back to us. Stakeholder mapping need to map against level of interest and level of influence. If questions circulated to Royal College, then they should refer back to us. Stakeholder mapping need to map against level of interest and level of influence. High influence – need to be clear on these so they remain regularly updated. Action: <i>KI/SH</i> to discuss with <i>HC & DSS</i> (<i>Royal College of Nursing & Royal</i> Action: <i>Childbirth trust to be added to stakeholder list, SPC to brief.</i> Action: <i>Ak/(LB/SH/GG to discuss communication mapping immediately after the</i> Members of staff to be briefed tomorrow morning. Agreed that need to set up control room for calls from booked in Mums/bereaved parents. Action: <i>GG to speak with NHS North of England regarding communication lines.</i> Action: <i>GG to speak with NHS North </i>		
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O. O. I.		
Room to be operational by 9.00am tomorrow.		

SPC to call extraordinary Board – 14/07/16	SPC
Action: IH/SPC to pick up re SB update.	IH/SPC
of staffing and agreed that within 10 days this will be completed.	
Clarity provided in previous meeting that review clinical model, test hypothesis	
nurse during the meeting.	
SW facilitated table top review of first baby death $(16/17)$. SB again referenced	
Table Top review	
All actions to be taken forward except intensive care unit.	
Security Risk Assessment	
Cost 🖞 I&S 🕴 2 neonatologists, nurse and lay member for 2 days.	
Action: IH to discuss lines around communication.	IH
Any potential areas to improve outcomes.	
Consider concerns common factors failures which may explain mortality	
Leadership	
Culture, safety,	
Staffing	
Review against standards, complying prof standards	
IH reviewed proposal, alongside SPC & AK.	
Royal Colleague Review	
Action: SPC to oversee clarity of investigation.	SPC
consequences of decision.	
Need to ensure clarity of use of room is capture communication / operational	
All comms work to be coordinated with major incident framework.	