

Message

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**From:** Townsend Karen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
[mailto:KAREN.TOWNSEND@CHESTERHOSPITALNHS.FOUNDA.ORG.UK]  
**Sent:** 07/07/2016 11:05:23  
**To:** Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST) [mailto:sue.hodkinson@chesterhospitalnhs.founda.org.uk]  
**Subject:** FW: Update re comms lines and position

As discussed

Karen

Karen Townsend  
Divisional Director  
Division of Urgent Care  
Countess of Chester  
Telephone number: 01244 311111  
karentownsend@chesterhospitalnhs.founda.org.uk

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**From:** Powell Eirian Lloyd (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
**Sent:** 07 July 2016 12:01  
**To:** Gibbs John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Saladi Murthy (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Holt Susie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Jayaram Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [mailto:Dr.V@chesterhospitalnhs.founda.org.uk] (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [mailto:Dr.ZA@chesterhospitalnhs.founda.org.uk] (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
**Cc:** Griffiths Yvonne (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Townsend Karen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
**Subject:** RE: Update re comms lines and position

Hi,  
I agree with what John is trying to say.  
Regards  
Eirian

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**From:** Gibbs John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
**Sent:** 07 July 2016 10:12  
**To:** Saladi Murthy (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Holt Susie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Jayaram Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [mailto:Dr.V@chesterhospitalnhs.founda.org.uk] (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [mailto:Dr.ZA@chesterhospitalnhs.founda.org.uk] (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Powell Eirian Lloyd (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
**Subject:** Re: Update re comms lines and position

I agree, Murthy, but my point is that the Trust's 'comms message' is not wrong to state that the increased deaths are within statistical variance (but, as I said in my previous email, we should still be very worried about the increase). Actually, I've done a bit of rough and ready stats on the 2014 - 2015 increase in mortality rates and using Chi-squared analysis the difference is NOT statistically significant (but I accept that an odds ratio or trends analysis would be better but a Chi-square is easier to measure quickly).

JOHN

P.S. Council meeting has just started so I'm offline now until this evening!

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**From:** Saladi Murthy (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Sent:** 07 July 2016 05:44

**To:** Gibbs John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Holt Susie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Jayaram Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); **Doctor V** (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); **Doctor ZA** (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Powell Eirian Lloyd (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Subject:** RE: Update re comms lines and position

I think we can't hide under statistics.

The death rate had gone up roughly 3 times but the birth rate had not gone up 3 times. Hence we are looking into it.

That is easier to understand rather than using rates and averages.

Murthy.

**From:** Gibbs John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Sent:** Wednesday, 6 July, 10:59 p.m.

**Subject:** RE: Update re comms lines and position

**To:** Holt Susie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST), Jayaram Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST), Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST), **Doctor V** (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST), **Doctor ZA** (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST), Saladi Murthy (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST), Powell Eirian Lloyd (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

I'd like to make clear, before you read on, that I am NOT trying to 'explain away' our recent rise in neonatal mortality but I'm merely considering whether the Trust's communication regarding statistical variation is wrong.

The increase in neonatal mortality that we have experienced over the last 18 months *might* be within 'expected' statistical variance (but I'm not sure because my stats isn't good enough). You might feel that this must be wrong, but it's all to do with the statistics of small numbers. We have a large no. of deliveries in comparison to a small number of neonatal deaths each year and so a 2 to 3 fold rise from 2 – 3 neonatal deaths per year to our current approx. 8 deaths per year (averaged out over the past 18 months), MAY be within the expected confidence limits of variation. Another way of looking at this is that the % change is small because we have over 3,000 deliveries a year. So although this death rate has increased approximately 3 fold in absolute terms, which sounds awful, the death rate has only increased by 0.17% (from around 0.1% to around 0.27%), in relative terms which is a rather small amount and so, *probably*, is not statistically significant (although we could argue the pros and cons of dealing with absolute or relative changes).

If this is a statistical 'blip' (i.e. looks worrying but may not actually be statistically significant because it is within the limits of statistical variation), then it should settle down again. It doesn't appear to have done so, yet, but within what time period (from a statistical perspective), should you expect to see a 'blip' subsiding if it is a true blip and not due to some systematic change (which we all fear – but cannot be sure about)?

I'm not saying that we do not need to take action but I'm just asking whether it is correct to believe that the current rise in neonatal mortality is outside the limits of statistical variation (I'm not sure if it is, and so the Trust's statement may not be incorrect). Even if the increase in neonatal mortality is actually not statistically significant (and I'm suggesting this *might* be the case), we should still be very worried about it.

JOHN

**From:** Holt Susie (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Sent:** 05 July 2016 21:56

**To:** Jayaram Ravi (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Brearey Stephen (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Gibbs John (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); **Doctor V** (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); **Doctor ZA** (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); **Doctor ZA** (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Saladi Murthy (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Powell Eirian Lloyd (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Subject:** Re: Update re comms lines and position

Dear all,

A few thoughts from me...

I agree with R, where is the evidence to support/refute whether death rate is in keeping with expected variance? I feel uncomfortable making this statement.

What will be said to families who have experienced an infant death if they contact one of us/the unit/the Countess? Do we need to inform them by letter separately? Where will we signpost them to as this will inevitably impact on their grief. Depending on how you interpret duty of candour, I believe the trust are obligated to inform the families (see guidance pasted below). If I had experienced a neonatal death in the last year I would be straight on the phone to find out if my baby's death was included in the review.

The Comms document is worryingly very inaccurate in section 'Definitions around different levels of neonatal care'. We will *not* be providing 'level 2'/local neonatal unit service. My understanding is that we will transfer out any baby requiring ventilation once they have been stabilised. We are not a level 3 unit anyway.

Is it possible to do freedom of information request on number of deaths?? If so, we should be honest and open if asked as it is only a matter of time before somebody makes that request (a journalist!)

Health & Social care act:

**Regulation 20: Duty of candour**

**20.—** (1) Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.

(2) As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a registered person must— (a) notify the relevant person that the incident has occurred in accordance with paragraph (3), and

(b) provide reasonable support to the relevant person in relation to the incident, including when giving such notification.

(3) The notification to be given under paragraph (2)(a) must—

(a) be given in person by one or more representatives of the registered person,

(b) provide an account, which to the best of the registered person's knowledge is true, of all the facts the registered person knows about the incident as at the date of the notification,

(c) advise the relevant person what further enquiries into the incident the registered person believes are appropriate, (d) include an apology, and

(e) be recorded in a written record which is kept securely by the registered person.

Sorry, awful email to have to write but our families deserve appropriate information.

The letter to families:

The explanation sentence I do not think is immediately clear ie at 'Sun reader' level. Would it be better to say:

With effect from Thursday 7 July, any mothers who are likely to deliver their baby earlier than 32 weeks of pregnancy will be moved to a different hospital. Any babies who are unexpectedly born at the Countess of Chester earlier than 32 weeks gestation, will be moved to a different hospital when the experienced medical staff are confident that the baby is safe to be moved. This transfer will be done by the neonatal transport team. Families are likely to be moved to WUTH or one of the other units within the North West e.g. Leighton.

I agree with Ravi - we must not promise APH particularly as we know they *don't* have the capacity to deal with all our work load all of the time.

I do not think we should send the letter without some explanation as to why these changes are being made.

Food for thought - taken from CQC on candour:

'Providers must promote a culture that encourages candour, openness and honesty at all levels. This should be an integral part of a culture of safety that supports organisational and personal learning. There should also be a commitment to being open and transparent at board level, or its equivalent such as a governing body.'

Kind regards,

Dr Susie Holt

General Paediatric Consultant with an interest in Gastroenterology

Countess of Chester Hospital NHS Foundation Trust

Secretary Judith Baker: I&S

**From:** Jayaram Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Sent:** 05 July 2016 19:02

**To:** Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Gibbs John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Doctor V (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Doctor ZA (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Holt Susie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Saladi Murthy (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Powell Eirian Lloyd (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Subject:** RE: Update re comms lines and position

Thoughts from me

Re the strategy, main Q from me is the death rate *really* within the realms of expected statistical variation? Or is this wishful thinking?

Re the letter, I am uncomfortable with the complete absence of any reasons for downgrading. How does this sit with being open and honest and duty of candour?

The second sentence should reflect (in my opinion) the fact that this is temporary not permanent (which also means some kind of openness about why has to be given)

Re: alternative arrangements, although Wirral is the most likely alternative NNU, it could for those babies between 28-32 weeks be any other unit in the region bar Macclesfield depending on cot availability (or even outside Cheshire/Merseyside) and it should be explicit that, although Wirral is most likely, it will not necessarily be there.

I appreciate that we don't want to cause alarm but people are not daft and will immediately ask why; the absence of any reasons given makes it look like we are trying to hide something.

Just my subjective thoughts

Ravi

**From:** Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
**Sent:** 05 July 2016 18:23  
**To:** Jayaram Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Gibbs John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [Doctor V](COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [Doctor ZA](COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Holt Susie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Saladi Murthy (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Powell Eirian Lloyd (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
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I thought it would be best to forward these documents so you are aware of the communication strategy regarding the neonatal unit plans.

You will be able to see that the parent letter has morphed a little!

I'll be speaking to Gill Galt in the morning so if you have any amendments you can suggest please let me know ASAP.

Steve

**From:** Galt Gill (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
**Sent:** 05 July 2016 16:41  
**To:** Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
**Subject:** Update re comms lines and position

Hi Steve – I called over to see you but I think you must have been out on the wards.

Would be good to catch up with you re the following...

- Latest version of the comms post discussion at Exec team
- An attempt at patient info that is in keeping with the comms lines exec leads have agreed (I need to get advice from Alison and Sian re where any concerned parents might call). Can I check, do we know who this would be given to / at what stage in pregnancy?

I am not about this evening between 5.30pm and 8pm, but maybe there be a good time to come and find you tomorrow morning to talk through the tweaks etc...

Hope to speak again soon to pick your brains once again – Gill

Gill Galt  
Head of Communication & Engagement

Education & Training Centre

Tel: [redacted] I&S

Email: [Gill.Galt@\[redacted\]](mailto:Gill.Galt@[redacted]) I&S

**From:** Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Sent:** 05 July 2016 13:37

**To:** Galt Gill (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Cc:** Powell Eirian Lloyd (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Subject:** Dear Parent

Hi Gill,

I drafted this info leaflet yesterday and consultants and Eirian are happy with it. I was wondering if you wanted to add something at the end with a phone number for people to phone if they have any questions.

If you are happy with it, perhaps we could have it printed out and distributed on Delivery Suite and NNU and I can send it to the network clinical lead.

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