

Jayaram Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

RE: Should we refer ourselves to external investigation?

June 29, 2016 at 10:24 am BST

To: Gibbs John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST), Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

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The Trust are contacting the police soon, once some information gathering has taken place, which is why Ian asked for the chat to stop for now. The air in the skull is interesting and worrying though given the discussions we have had.

Ravi

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

Sent: 29 June 2016 10:01

To: Jayaram Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

Subject: FW: Should we refer ourselves to external investigation?

Ravi and Steve,

Despite Ian asking us to cease emails on this issue, we are entitled to discuss our concerns with one another - but, mindful of Ian's request - I'm just involving you two for this further discussion.

We are all agreed that something has to be done fairly quickly to try to ensure our neonatal patients are protected - it's exactly what should be done and what, if any, information should be released concerning this action that is difficult to decide and which, no doubt, is exercising our senior Executives' minds. For example, if the Police are asked to investigate then the Trust probably needs to issue a Press Release because whilst this might seem undesirable, and the publicity could be highly damaging, if the Trust doesn't do this then it's quite likely, I would have thought, that this information would leak out from someone within the Police to the local media.

Just 2 questions I'd like to raise (sorry!):

1: Steve (since you've sadly had the burden of reviewing all the cases - up until the recent spate of deaths) - was Lucy on duty for **all** of the unexpected collapses (we know that for the episodes over the past week Lucy was on-duty and actually assigned to care for each neonate who collapsed). Murthy says, in his email, that she was always on duty and this seems to be the general view **BUT is this correct?** Perhaps you don't know, at the moment, if this was the case (and I accept that you do not run the Neonatal Nursing rota - so someone else can check on this at some stage - but I wonder if this was looked into as part of your previous reviews of the previous cases?). We don't need to know, right now, if Lucy was actually assigned to the neonates in question because I'm aware for at least one case (as Murthy mentions), that Lucy was not assigned to one of the infants but was in fact looking after them temporarily one night when they suddenly collapsed whilst the 'main' nurse for that patient was having a break. So, for now, we only need to know if she was **always** on duty for the <sup>6</sup> unexpected/unexplained cases (not those that were expected to be extremely ill e.g. Irrelevant & Sensitive)

**Irrelevant & Sensitive**

2: I've received the PM report on Irrelevant & Sensitive

**Irrelevant & Sensitive**

**Irrelevant & Sensitive**

As usual with these PMs,

a PM skeletal survey was undertaken at Alder Hey and reported by Karen Landes. No fractures or

other abnormalities were noted: Irrelevant & Sensitive

Irrelevant & Sensitive: My question is - in how many of the other PM reports on the unexpected/unexplained collapsed neonates was air found in the skull (even if this wasn't reported, the Xrays should still be available at Alder Hey and this finding could be sought)? Obviously, we'd also need advice (?from Karen Landes who regular reports PM skeletal surveys), about how often is air in the skull found on PM skeletal surveys (if this is fairly common, then there is no point in pursuing this issue any further). Bacterial decomposition of tissues can lead to air in various body organs/cavities PM which is why, presumably, Karen Landes commented that this was probably a PM change. If, however, this appearance is unusual in a skeletal survey of a neonate who died a few days earlier and whose body had been kept cool most of the time (parents are allowed to handle their dead baby, and some do this for longer periods than others so the body would not have been cooled all of the time), and IF this finding is found in several of the neonates about whom we are concerned, then this is very worrying. I know that you might well say that we should not undertake our own investigation, and I agree, but we are meant to have received PM reports on each of these infants (assuming they underwent PMs) - and these would have been received by a number of us individually so no one might have compared them all (unless this was done as part of the previous reviews, Steve). Unfortunately, sometimes PM reports don't reach us (not sure who gets them - GP, as usual, perhaps?). I'm only asking that we look for a particular finding (air in the skull on the PM skeletal survey) that should be recorded in those reports that we have already received. Why does this matter at this stage? Because if there is an unusual and unexpected incidence of air inside skulls on PM skeletal survey in our '6 series' of neonates then, I suggest, this makes it mandatory that the Police are involved ASAP (alongside any other action that may be deemed appropriate).

JOHN

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**From:** Harvey Ian (COUNTRESS OF CHESTER. HOSPITAL NHS FOUNDATION TRUST)

**Sent:** 29 June 2016 08:58

**To:** Jayaram Ravi (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Saladi Murthy (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Cc:** Kelly Alison (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Murphy Anne (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Powell Eirian Lloyd (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); Holt Susie (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)

**Subject:** RE: Should we refer ourselves to external investigation?

Ravi - this is absolutely being treated with the same degree of urgency - it has already been discussed and action is being taken. All emails cease forthwith.

We will share with you what action we are taking.

## Ian

Ian Harvey  
 Medical Director  
 Countess of Chester Hospital NHS FT

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

**Sent:** 29 June 2016 08:49

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

**Cc:** Harvey Ian (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Kelly Alison (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Murphy Anne (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Powell Eirian Lloyd (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Gibbs John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Holt Susie (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)

**Subject:** Re: Should we refer ourselves to external investigation?

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Thanks Murthy

Steve and I are trying to meet with senior execs ASAP to discuss exactly this issue. However they do not seem to see the same degree of urgency as we do. Until we have met with them I am reluctant to go to an external non-medical agency ie police off my own back. I am going to speak to the MDU today to find out where I stand as lead for the service with regards to these concerns and I will share their thoughts with you all.

Once Steve and I have spoke with execs we can decide the next step and the timing of it

Ravi

Sent from my iPhone

On 29 Jun 2016, at 08:16, Saladi Murthy (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST) <[murthy.saladi@](mailto:murthy.saladi@) **I&S** wrote:

Hi All,

Following the Monday meeting where we discussed about how to proceed further on the unusual number of unexplained deaths in the neonatal unit over the last year, here are my thoughts.

We have investigated these deaths as much as we can, which included seeking clinical input from outside. The only thing which came out of it (as I understand) is one member of staff was working in the unit (not necessarily with the baby who passed away in each incident, but might have cared the baby during the staff breaks) at the time of all these deaths.

This is highly unreliable information and further outside clinical input is unlikely to help shed more light on the relevance of this information.

However we seem to be acting on this unreliable information.

We have moved this particular staff member from night shifts to day shifts and from ITU care to HDU / SCBU care. When the pattern of the deaths changed, we are becoming (at least those who dealt with the babies during the resuscitation and those who participated in the investigation till now & aware of the outcome) are becoming even more worried about patient safety and their own mental wellbeing. This is affecting all of us in one way or other. This is unfair to the staff under suspicion, unfair to parents and other staff who are unaware of the situation and unfair to the staff who are aware of the situation but worried about how things are progressing?

I believe we need help from outside agencies, who can deal with suspicion. At the moment we are all under suspicion and the only agency who can investigate all of us I believe is the police. That is the only agency who can know our past history and our life outside the hospital, which might shed more light. I think we should pro-actively seek their help before we are forced because of further deaths. We will need to understand that those of us who are permanent staff and work on the neonatal unit of the trust will particularly be under investigation. I think this is better than acting ourselves on unreliable information, which opens ourselves to criticism in the future. We should not have had any reason to be suspicious in the first place, once we have reason to be suspicious we need to take appropriate action which in this case is submitting ourselves as a department for external investigation by an independent agency who can do these type of investigations. I am not sure who that is, but I don't think it will not be another clinical department who can only look at what is happening inside this hospital. What do you all think?

Murthy.

S. Murthy Saladi  
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Countess of Chester Hospital  
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