

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

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

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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.