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)

CONFIDENTIAL

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

Rav

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 ⁶ 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 one of the unexpected/unexplained' cases (not those that were expected to be extremely ill e.g. Intervant a Sensitive).

Irrelevant & Sensitive

2	2: I've received the PM report on Irrelevant & Sensit	tive	
	Irrelevant & Sensitive		
	Irrelevant & Sensitive	As usual with these PMs,	

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 pursing 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 (COUNTESS OF CHESTER. HOSPITAL NHS FOUNDATION TRUST)

Sent: 29 June 2016 08:58

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

Cc: 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); 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?

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