

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

RE: NNU Concerns

To: Townsend Karen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

Cc: Jayaram Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST), Powell Eirian Lloyd (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

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Thanks Karen.

It helps to be kept informed of the plan.

Just to confirm then, Ian and Alison are happy for LL to work on NNU in the same capacity as last week despite the paediatric consultant body expressing our concerns that this may not be safe and that we would prefer her not to have further patient contact?

Furthermore, they are happy to wait til Friday before we can discuss this in person?

In the meantime, I ' ll try to get together with Eirian and review the mortality cases. Eirian, do you have time this week? The next 2 days for me is looking very full.

Steve

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**From:** Townsend Karen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Sent:** 28 June 2016 12:51

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

**Subject:** RE: NNU Concerns

**Importance:** High

**Sensitivity:** Confidential

Hi Steve

Thank you for your e-mail and I am aware of the issue as raised by Ravi to me at our 1:1 Friday last week.

I understood the actions to be as follows:

- Microbiology/infection control review to be undertaken within the NNU - IH to approach Sam Walker and Jeremy Gardner/Ildeko to undertake this. ? To undertake Deep Clean of the unit. IP & C Team to meet with EP to arrange
- IH & AK to meet with Consultant group re their concerns - DD to liaise with Ravi and team to arrange – dates I have sent in previous e-mail
- IH to identify Royal College Lead to facilitate External NNU review (multi disciplinary)
- EP to check Datix submitted from the unit, AK to also request a Datix report from Ruth Millward re recent NNU submissions to identify any trends
- AK to contact NMC Professional support line to gain any further professional advice re current situation
- LL to remain on days for support, on Annual leave next week. EP, IH, AK, KR & AM to undertake a review of actions on Friday 1st July
- EP arranging de-brief for unit staff this week following recent deaths x 2, usual practice for the unit in these circumstances.
- Mortality reviews to be undertaken next week (as usual in these circumstances)

- *Eirian, can you also review staff competences re skills and knowledge to support sick babies of varying levels of dependency. I know you will have this but would be good to undertake a review.*

Hope this helps and if there is anything else I can do to offer support please let me know

With best wishes

Karen

Karen Townsend

Divisional Director

Division of Urgent Care

Countess of Chester

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

**Sent:** 28 June 2016 12:08

**To:** Townsend Karen (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Cc:** Jayaram Ravi (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Gibbs John (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Harvey Ian (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Kelly Alison (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Powell Eirian Lloyd (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Murphy Anne (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Subject:** RE: NNU Concerns

Hi Karen,

I thought it might be helpful to put down in an email what was discussed at the senior paediatricians meeting yesterday lunchtime.

We have significant concerns about the increased mortality on NNU, the sudden deterioration of apparently well babies with no cause identified and the presence of one member of nursing staff at these episodes.

There has been a watchful waiting approach since our last meeting with Ian and Alison in March. However, since the episodes and deaths last week there was a consensus at the senior paediatricians meeting that we felt that on the basis of ensuring patient safety on NNU this member of staff should not have any further patient contact on NNU.

We entirely agreed with Ian 's suggestion for an external peer review and the RCPCH have undertaken these in other units recently. However, it does not address our immediate concerns regarding patient safety.

Other measures I think would be helpful would include a deep clean and reducing the number of allocated cots on NNU at least temporarily. 2 ICU cots and 3 HDU cots (rather than 3 and 4) would improve nursing staffing ratios and reduce the risk of nosocomial infection by making the space around the cots closer to BAPM standards.

I have discussed with Jo Davies, obstetric lead, to keep her in the picture and she is entirely in agreement with our proposed actions. I will need to discuss with Julie Maddocks, lead for the NW neonatal ODN, at some stage but it would be preferable if the Trust can confirm a plan of action first.

I understand Ian and Alison met with Eirian and Anne yesterday afternoon, and that the outcomes