- *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
Divisonal Director
Division of Urgent Care
Countess of Chester
Telephone number: I&S
karentownsend@ I&S

From: Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: 28 June 2016 12:08
To: Townsend Karen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Cc: Jayaram Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Gibbs John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Harvey Ian (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Kelly Alison (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Powell Eirian Lloyd (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Murphy Anne (COUNTESS 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