"RAGGETT, Claire (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)"
FW: Countess of Chester update
Thu, 11 Jun 2020 12:56:11 +0100
To: "THORNE, Darren (FACERE MELIUS)"

Kind regards
Claire

Claire Raggett
Executive Assistant to Dr Susan Gilby, Chief Executive Officer
Executive Assistant to Chris Hannah, Chair
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From: HARVEY, Ian (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: 18 April 2017 09:18
To: CHAMBERS, Tony (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); CROSS, Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: FW: Countess of Chester update
Sensitivity: Confidential

Not entirely helpful response other than available for a conference call. Although does, perhaps, strengthen the case for involving CDOP.

I am mindful that the 6 weeks that Stephen wanted in the letter to parents is up and I am really struggling with what to say now.

Regards

Ian

Ian Harvey
Medical Director
Countess of Chester Hospital NHS FT

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From: HAWDON, Jane (ROYAL FREE LONDON NHS FOUNDATION TRUST)
Sent: 13 April 2017 12:02
To: HARVEY, Ian (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Cc: Sue Eardley (sue.eardley@ [I&S]
Subject: RE: Countess of Chester update
Sensitivity: Confidential

Broader review – would be for you to define terms of reference but would be along the lines RCPCH suggested that I alone could not do – eg who was on duty, who was perhaps unattended with babies, did observation charts alert to recurrent or incipient decline. Do you have cctv? Too late now to look for pharmacological mishaps.

Most deaths were explained but some of these may have been prevented with different management. Completely unexplained on a neonatal unit is rare. So by definition more than one unexplained death does arouse suspicion.

Unexplained death at home is followed by a very clear process (ask your local CDOP team if you don't have this) and the same should be followed with unexplained death in hospital.
I think on some occasions the team was misled by PM report and I have commented on these, with due respect as I am not a pathologist.

Yes happy to join a conference call.

Best wishes

Jane

From: HARVEY, Ian (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: 13 April 2017 11:46
To: HAWDON, Jane (ROYAL FREE LONDON NHS FOUNDATION TRUST)
Cc: Sue Eardley (sue.eardley@   I&S   )
Subject: Countess of Chester update
Sensitivity: Confidential

Good morning Jane

I just wanted to update you on progress and ask some follow up questions if I might?

One of the sticking points that we have met is your use of the phrase "broader forensic review" with regard to the cases in category 2 – there are as many definitions as there are those offering them! If you were commissioning such a review in your service what would it constitute and who would you use for it?

Am I correct in saying that this was restricted to category 2 because you are satisfied that your review has adequately explained the deaths of the other cases?

We have instructed a QC to review our process and to give a perspective on the reviews and next steps. He has met with the Board and the Paediatricians and one of the challenges he has given to the latter is to set out what he has described as their "best points" which are those matters which they say most clearly indicate in their minds reasonable grounds for suspecting that a criminal offence has been committed. I'm sure that I know the answer, because I am sure that you would have called it out in your report, but my Chairman has asked to ask the question; were there any concerns that there was anything other than natural causes in your review of the cases?

Finally, if necessary, might you be available for a conference call in the next couple of weeks?

Many thanks as always for your help

Kind regards

Ian

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Medical Director
Countess of Chester Hospital NHS FT

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