

NEONATE S. MTG from June 2015. 25 DEATHS INTOTAL.

Child A Twin, complex.

Child C Complication at 30 wks.

Child D Sepsis? 37+. antibiotics.

Child E Twin. 29 wks.

Irrelevant & Sensitive

I&S

ACTIONS.

Need ^{full} delivery /
hamper!
of each baby
that died.

Irrelevant & Sensitive

I&S

? antenatal
care.

STEISS ISSUES.

Irrelevant & Sensitive

I&S

? OVERNIGHT
DEATHS

Irrelevant & Sensitive

I&S

? **I&S** RABY
ACTIVITY

8

HIGHLIGHTS

- o INCREASED ACTIVITY
- o INCREASED ACTIVITY
- o COMPLEX ISSUES.
- o ? PART ANTENATAL
CARE HISTORY
- o STAFFING LEVELS
getting worse

2016.

LINK TO
MORTALITY

Irrelevant & Sensitive

I&S

Irrelevant & Sensitive

I&S

Irrelevant & Sensitive

Child O

33 wks - 'Haemoma to liver' - ruptured.

Child P

nothing on AM.

massive bleeding

prolonged resusc.

? CONSULTANT
CARE

? MIDWIFE
CARE.

5

not understanding why?

? delivery issues.

TOTAL 13.

6 FROM
2 OTHER
1 HIDDEN PREGNANCY

I&S

I&S

3 TWINS.

1 TRIPLET.

2 TERM.

11 PREM OR V. PREM.

STAFFING LEVELS.

7 OF 11. STAFFING LEVELS NOT MET
partic nights. Not much → BAPM
standards

? ALLOCATION OF STAFF
2 OFF DUTY. POOR RECORDS.

12 INCIDENT
REPORTS BETWEEN
JUNE 16

STAFFING LEVELS w/1.

245 transfers out. 4 case reviews remaining but complex.

STAFFING.

Sian's work looking at all deaths.
plus shifts, pattern.

3 died in handover period
spreadsheet. re: staff / each death.

ACTIONS.

Graph needed
transfers by month.
(Favour of wheels
going on)

OVERALL STAFFING.

Graph - collective wisdom of safe
shifting levels.

LB → paper from Eiron re
shifting numbers.

has Eiron adapted shifting
numbers to show their
is a problem

↳ is unit complying
with policy/standards
↳ network figures.
↳ bed position

How are
handovers done?

On nights seem to be substituting
unqualified for RGN's - ? deaths.

Overrun.
Bent. / Agency?

Out of 8 of deaths at night/handover

less qualified.

note some medical cover - on risk, register.

2/13. 6 in middle of night - no concerns.
deaths. 2 on handover.

5 in day

shifting skill mix?
2 staff FT/PT

Registered
Not neonatal
trained

etc. with IH. Ak. Eiron. Steve B.

Eiron says not problem.

Steve B. says there is a problem.

Who/how many
provide
continuity
day to day?

IH. PUSHBACK.

Robles improving.

Crash.

Did not respond to resusc.

Death.

Time of death.
for each death.

Tc. Tempted to think.

Unit doing too much?

System set up is fail?

IH. Murky comment - clinical pressure.

ACTIONS.

Unit closures?

Policy?

Occupancy → seeing figures.
ie. too high

What is bed
compliment

r how many
beds has
it breached?

Ending culture.

Escalation issue

Is it competency of nurse.

Q. & support.

Occupancy?

Nurse x.
shift pattern

Nurse started 2012. why now?

Occup. Health referral

Shifting profile.

Enron relies on Nurse x. framing in
to help.

Q. & Nurse x - commonality of on shift.

On duty 8 times of death
plus 2 shift before = 10

What wd we do in crises → Commission review.

Nurse - Q. competency ask Nurse?

Raise concerns.

What about nurse?

More support.

Spk to nurse - plus others. Expansion.

↳ do normal

↳ ID a
group of

nurses to spk to.

Slide re:
increase in
deaths

legitimises
any
action.

Nurse x.

Supervised practice for Nurse.

What is the scenario if Consultants insist on moving nurse?

Unthinkable re: Nurse.

Supervised practice.

Check competence.

Increased insecurity measures.

Already moved Nurse from nights to days.

Conversation with Nurse + others.

What other support is needed? → Brian/Karen.

Could re-deploy (Admin support)

May go sick

If she comes out of clinical practice will have massive impact on staff.

Overall strategy, going forward Wrc. dept?

Mtg. with Consultants.

Ian to give headlines.

CONTRACT.

CR

T.O.R.

to be signed off.

WED. 13 July 2016 1pm. Tc. Luc. Murphy, Ravi IH John Gibbs.

Mtg with Paeds & Neonates consultants.

Doctor ZA Brian, SPC

DATE 5.

Outline from IH

Steve Brierey APOLUS.

J.G. 2014 is also showing increases as 2015/2016.
2013 is below the line.

Ravi. Is it more preterm babies?

J.G. Before 2013, babies out less than 27/28 wks

1.12. Murphy left room. "Distressed"

J.G. Shilborn issue? Does it affect numbers of deaths.

IH. We are aware of your concerns re: one member of staff.

IH. why if Dr. concern - wd think about competences
& support to shift.

Unit under significant pressure

Nurse off nights 6 days to be supported & yet
still dealing with ICU babies.

Need to think about overall picture

Consider review is to happen

JG. Morning shifts? Does that show concern?

Do shift point v. heavily against member of shift.

TC. There is a correlation with Nurse BUT

We know a change in activity & activity
plus shifting level, challenge

culture of coping

areas of disproportionate care re: antenatal history
outline of time of deaths.

if Dr. how wd we deal with it?

IH. NCA's → process of assessment re-training
supervision.

wd not jump straight to Police

TC. Plus more investigation - eg stillborns.

Review in 4 days what wd take much longer.

Doctor ZA

Our concern is correlation - seems nurse
involved more plus nature of death. Not
beyond realms to go 'off'.

JG. Still low no's. Over hill & crutch.

Doctor ZA

- Nurse → worry, correlation, one possibility
criminal BUT could be something else
Not necessarily criminal

TC. Taking it v. seriously

Ravi Datta is good. Does not address babies going off?

Many not followed

Imaginal I know but don't want to be a lynch mob

On-call - PAVLOVIAN. See nurse - how do I feel?

if Dr. wd hv. suspended

TC. a wk ago - only option to nng Police!

But now more info.

Manage this in a different way

We can create harm to Nurse - fragile toxic
Need to protect it.

Sue Nurse - Bari - yes doubt.

Competence - check plus others on unit.

Need supportive conversation

JG. Big concern? Supportive to Nurse + others.

Noted some nurse - just there so much
but doesn't mean she did something

Multisuperior others. But Nurse in particular.

What are we doing wrong?

but. Occ health.

Doctor ZA

Nursing team on ceiling

Changing care we are delivering.

Nurses twitched

They all need support.

TC. Generating emotion

Doctor ZA

Robbie - line Apsis - causing harm.

JG. Not discussed with nurses only nursing lead Elinor.

How can we consistently accuse Nurse

but do not know if it is that Nurse

HT. Risk concerns - baby to Alder Hey today.

Sue conversation with Nurse

Superior.

Revisiting Review. Cameras in clinical areas

to support team + parents.

TC. When colleague struggling - need to talk

Many find when we speak to nurses - more
comes out. Getting into that.

Started something now. Open minded to
look forward. Want to get to bottom of this.

JG. please support. College review.

TC. Ched.

seriously taken
Ruppon decision

Doctor ZA

Yes - sensor. Concerned for some time.

Activ / activating yes.

Nurse - don't want to blame Nurse

Wd hv. felt unhappy to immed. criminal.

Ravi. Shd not be blinkered to unspeakable
fine balance.

My objectivity compromised.

Chanky re. supervision - cameras.

Supervision - how?

Doctor ZA

Consequence of coh.

Naivety - consultant since March

Massive shift of unease

Nurse common denominator.

Wd be on extremely supervised practice.

Not long to do something wrong

Shd not do anything unsupervised.

IT. Nothing shd be done unsupervised

Incompetence without insight.

We need to be assured on total supervision.

TC. Will look to nursing teams

JG. Cameras - good. Corridors. Detement.

Someone kill in babies. But don't know this.

I do not feel we need to whistle-blow.

How do we sell cameras.

How do we facilitate cameras. Not in every room.

TC. Track in future CCTV. how - discuss

help. Discuss with consultants with Consultants.

on covering cameras - safety security - Care.

IT. No of ways to frame this.

Action. taken & going forward is proportionate.

Wron

COCH/114/001/000040

Q. - wd mum hr. Gaby at bankers?

man / lady on street - view.

unexplained higher mortality rate

JG. Main worry is Nurse x. must be totally supervised.

Doctor ZA

Back iron assurance - total supervision.

Mass murderer.

G-incident

Not involved

Jan. Will affect shift levels.

JG. Accusation. Suicide. Didn't do it

But Nurse being risk managed

Ravi. Are we happy with actions proposed?

Doctor ZA

- yes.

Ravi - can't see what we can do.

Steve B. to be briefed.

JG. happy

Consultants will decide who is Board

IC. V. serious. by Trust.

T. Y to John G

All info shared with you

Be kind to each other

Personal

Board (mono)

We are being proportionate

Pressing doom day button will probably cause
Mums, babies

Ravi. Do we need to m. sure Obstet happy.

IC. H. will pick this up.

Review will pick up all sort.

Ravi. WUFF. rubb'g their hands.

Email from Julie Maddocks re: collaboration

Ravi has sd 'no' at moment.

CLOSE

JG. Back to work on COCH. BUT. all to bankers. 2.10pm

2.30pm. DN

TC & SPC. update.

Babygrow. position - Leila.

PRIVATE BOARD

APOLS. ED. & ANDREW

3.15pm

IH. update following his mty with
Shere Breerun who is stillconcerned but is minded to
follow his colleague in the
decision NOT to report to Police.Trust are taking matter seriously
Nurse to be supervised & conversations
with her & other nurses - (mon. 14.7.)

SB to speak to his colleagues.

o IG matter.

TE. from Sharon Thomas, Hill Dicks