PD

	Quality of care	Relevance	What	Who
Birth not in NICU unit	?	2	O	
No discussion with cardiology team	2	2	RAC	Consultant
No referral to NICU	2	2	RAC	Consultant
Milk feeds	2	2	RA	Consultant
Delayed review by SpR	2	2	RA	SpR
Delayed contact with consultant	2	1	RA	SpR

In absence of medical records and recorded cause of death, further comment on quality and relevance of care not possible

Quality of care

0 No suboptimal care
1 Minor suboptimal care
2 Significant suboptimal care
3 Major suboptimal care

Relevance of grade of care to outcome

0 Not relevant
1 Possibly relevant
2 Probably relevant
3 Almost certainly relevant

What

R Failure to recognise problem
A Failure to act appropriately
C Communications failure
S Failure to supervise
H Any lack of human resource
E Any lack or failure of equipment
O Other

Summary of cases.
The cases may be divided into 2 groups and I have assigned each case to a likely group.

1. The death/collapse is explained but may have been prevented with different care, and learning may improve outcome for other babies (date of first collapse is noted).

Personal Data		11.12.15
Child H	(?outcome)	21.9.15
Child Q	(survived)	25.6.16
Child E		3.8.15
Personal Data		27.1.15
		10.6.15
		18.2.16
		8.1.16
	(survived)	6.4.16
		6.3.16
	(survived)	9.14
		3.9.15
Child D		22.6.15 (changed following PM review)

2. The death/collapse is unexplained. It is the investigation of these cases which would potentially benefit from local forensic review as to circumstances, personnel etc (date of first collapse is noted).

Child O	23.6.16
Child A	7.6.15
Child P	24.6.16
Child I	22.10.15

*Cause of death as given in post mortem report should be reviewed given baby stable in air in days preceding collapse