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1 Aim and Purpose

1.1 This document sets out our proposal for an independent review of the neonatal unit at Countess of Chester Hospital (COCH), following discussions with Mr Ian Harvey, Medical Director. It is a preliminary discussion document giving our understanding of the issues and may be subject to agreed change to accommodate availability of individuals, new information or external influences. Colleagues at COCH are invited to refine and amend the proposal towards agreement of the terms of reference, reviewer team and fee.

2 Background

2.1 The Countess of Chester is a large 600-bed District General Hospital serving the local population in and around Western Cheshire, Ellesmere Port, Neston and North Wales. The Trust was rated 'good' by CHC in its latest inspection report, published June 2016, which highlighted the accessibility and visibility of the executive team and the positive steps they had taken to improve communication with staff at senior and local level.

2.2 The acute paediatric team comprises seven consultants including one with a special interest in neonatology. Neonatal provision comprises a 20-cot 'Local Neonatal Unit' which cares for infants over 27 weeks' gestation, and there were a total of 538 episodes of care for 515 infants in 2014. The unit is a part of the Cheshire and Mersey Neonatal Network which links to the wider North West Neonatal Operational Delivery Network for shared services such as transport. Infants less than 27 weeks' gestation are transferred, ideally in utero, to a neonatal intensive care unit at either Liverpool Women's or Arrowe Park hospital .

2.3 In recent months the unit management team have been concerned that the neonatal service appears to be an adverse outlier for neonatal mortality over the last 12-18 months. The individual cases have been examined by the coroner and an expert from the Network has conducted a review, but there appears to be neither evidenced link nor specific cause which could account for this level of mortality.

2.4 The staff within the unit are naturally distressed about each death and are seeking a further independent review to consider the wider service, including network support

and advice, protocols and transfer arrangements. This is important to provide assurance that there are no common factors to the deaths and that in each case there were no missed opportunities to take action that could have prevented or mitigated the situation.

2.5 The MBRRACE-UK report[1] published in May 2016 provides historical analysis of neonatal mortality and morbidity for births during 2014 and does not show the Trust as an outlier for that period, which makes the recent prevalence more curious.

Organisation	Total births§	Mortality rate per 1,000 births§					
		Stillbirth†		Neonatal‡		Extended perinatal†	
		Crude	Stabilised & adjusted (95% CI)	Crude	Stabilised & adjusted (95% CI)	Crude	Stabilised & adjusted (95% CI)#
Average for Comparator group			3.56		1.33		4.88
Countess of Chester Hospital NHS Foundation Trust	3,026	2.31	3.47 (2.81 to 4.16)	1.32	1.28 (0.80 to 2.3)	3.64	4.63 (3.60 to 5.89))

2.6 Similarly the evidence from the National Neonatal Audit Programme (NNAP)[2] for 2014 indicates the unit is performing well against those of similar size. The CQC indicated that neonatal nurse staffing was of concern, stating

> *"Ensure staffing levels are maintained in accordance with national professional standards on the neonatal unit and paediatric ward "*

but the detail was not available in the public domain and no other concerns were raised in their report. .

2.7 Clearly the issue is very sensitive and needs to be resolved as soon as possible in order that the service and clinical morale is not undermined by the distressing series of adverse outcomes.

3 The RCPCH's Invited reviews service

3.1 The Royal College of Paediatrics and Child Health delivers a respected and responsive review service which will provide COCH with an objective view of the safety of the service, and any factors which might be influencing outcomes. Working within clear agreed terms of reference and supported by an experienced staff team the clinician-reviewers will bring to the review recognised expertise in the field together

[1] https://www.npeu.ox.ac.uk/mbrrace-uk/reports
[2] http://www.rcpch.ac.uk/improving-child-health/quality-improvement-and-clinical-audit/national-neonatal-audit-programme-nnap

with a detailed understanding of professional standards, and realism about how teams work best together both locally and across the network.

3.2 We will deliver, to an agreed timescale, a quality-assured College-backed report that assesses the safety and functioning of the unit and includes practical and realistic recommendations for development or improvement arising from our findings where these would be helpful.

3.3 Each review we conduct is tailored specifically to the service or individual in question but will always be conducted using tested principles including;

- Openness and transparency about the purpose and terms of reference whilst recognising the confidential nature of a review
- A commitment that findings will be shared as far as possible with those involved
- A standards-based approach, monitoring service provision against professional national or locally agreed guidance, benchmarking with other services where appropriate
- An independent, experienced review team appropriate to the service under review
- Involvement of additional expertise and data sources where relevant
- Follow-up and advice around the implementation phase

3.4 Past clients have explained that using clinically qualified reviewers and a professional medical College to review services rather than an individual or management consultants significantly improves engagement of clinicians and buy-in to both the process and proposals. We find that by reviewing a service alongside those who work within it stimulates teams to re-evaluate their ways of working and explore with colleagues the issues facing a service, and whether the factors to achieve sustainable resolution are present within the system. Our reports do not usually come as a great surprise to clinical teams but feedback shows that they are informed, valued, and authoritative and tend to trigger real change.

3.5 The RCPCH has access to a range of data and specialist information through the portfolio of audit and census material gathered by the College from members, and strong links with the neonatal various specialty groups affiliated to RCPCH. This enables us to draw on a range of benchmark information and established alternative models of service where required.

4 Proposal

4.1 The concerns outlined in the client brief are not uncommon and RCPCH proposes the following approach to this review.

4.2 The Review team would focus specifically on the neonatal service, its procedures, and outcomes ways of working and the individual and collective competencies of the staff group involved. We would also look at its clinical and managerial interfaces with

the paediatric and community teams, and the neonatal network, including the transport service and the overall pathway for infants and their families who are cared for by the service.

4.3 The review would comprise a Review lead, who would be a paediatrician or neonatologist with experience of leading reviews of this type, specialist neonatologist who can provide detailed clinical advice and a neonatal nurse reviewer, nominated by the Royal College of Nursing. We usually include a lay reviewer, and all reviews are supported by a member of RCPCH's staff who administers the project and ensures timely delivery of the report. Details of our approach are set out in the RCPCH's Guide to Invited Reviews dated April 2014, modified where appropriate to fit the terms of reference.

4.4 Prior to the review we would gather and analyse a range of information requested from the service, which should include any previous reviews relating to the unit. We would expect to visit for two days during which we will conduct a series of interviews and discussions with clinicians, managers and possibly families across the service involved. We will also aim (with your agreement) to make contact with various external stakeholders, including the specialist commissioner, ODN, local neonatal network, the two NICUs with whom the team works and the bed manager/transport service. This will enable us to have a complete picture of all factors influencing the service and provide a '360 degree' view. If it would be helpful to review casenotes in detail we can do this but the time for this is not included in our costing, as we have assumed that we would have access to the work that has already been completed by the network representative. .

4.5 The Review team will identify in advance the relevant local and national standards and service indicators and report on the current arrangements. We will identify any areas that may be appropriate for development which may perhaps provide a more effective service and outcomes within the capacity and capability and resourcing of the workforce.

4.6 We would endeavour to provide the draft report within six weeks of the visit (although usually they are complete within 4 weeks)

5 Draft Terms of Reference

The terms of reference are crucial to successful completion of the review and should be developed carefully and agreed across the service. The following are suggested as a basis for discussion:

"The RCPCH will conduct a review of the COCH Neonatal unit against standards, evidence and guidance to examine

- Is the service provision compliant with current professional standards?

- Are staffing numbers and competencies appropriate for the acuity of the infants cared for?
- Does the unit have
    - clear and engaged leadership,
    - good team working
    - a culture of safety and proactive risk assessment
    - sound governance processes
    - a positive relationship with the neonatal network and transport service?
- Are there any possible common factors linking the recent neonatal deaths?
- Are there any areas of concern of potential development which would improve outcomes?

6 Estimated costs and timescale

6.1 The cost of the review based on the outline above would be an 'all-in' cost to include all reviewer fees, expenses, administrative fee, QA, production of the report and follow up. It would be in the region of I&S plus VAT at the current rate.

6.2 The review can be mobilised as swiftly as we can secure the right reviewers, and several individuals are being approached to determine their availability. Examples will be sent through as soon as possible. In practice we are looking at mid-August onwards for the visit, with advance activities such as gathering advanced information, preparation of your team and establishing the interview programme taking up a few weeks ahead of the visit. As soon as I have confirmed names and dates we can begin this process.

7 Next Steps

Colleagues from COCH are invited to consider the proposal, advise any suggested any amendments and/or confirm acceptance to proceed to invited.reviews@rcpch.ac.uk or by phone to Sue Eardley, Head of Invited reviews on 0 I&S. A contract letter will be drawn up together with form of indemnity, and visit dates will be agreed.