

Message

From: Sue Eardley [/O=RCPCH/OU=FIRST ADMINISTRATIVE GROUP/CN=RECIPIENTS/CN=SUSANM1]
Sent: 28/11/2016 10:03:59 AM
To: i.harvey@ I&S
Subject: FW: Amended review
Attachments: 161125 RCPCH COCH neonatal final confidential report.pdf; 161125 RCPCH COCH neonatal final report for dissemination.pdf; RCPCH closing letter COCH Nov 16.pdf

Dear Ian

Please find attached a 'closeout' letter from our Clinical Lead Dr David Shortland, together with two copies of the final report - one 'confidential' includes the HR issues and is our formal version, the other omits these and would perhaps be suitable for wider dissemination amongst those who contributed.

The password is the same for both and will follow.

I have made the changes made as suggested in your email below and the comments have been mostly accepted
For clarification of other questions –

- Para 4.6.2 the network CEMs had reported a few unexpected unresponsive collapses in the minutes of their meetings but perhaps there was insufficient information to presume these were similar to what your team had noted.
- We have updated various data sections with 2015-6 network data - thanks for suggesting this
- Para 4.4.5 – yes the Child I was not born nor died at COCH

Please let me know if there is anything else we can assist with

With best wishes

Sue

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From: HARVEY, Ian (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST) [<mailto:i.harvey@ I&S>]
Sent: 15 November 2016 10:22
To: Sue Eardley
Subject: Amended review

Dear Sue

Please find attached an amended report. It has been seen by the Execs, Steve Brearey, Ravi Jayaram and Ann Murphy (in place of Eirian Powell) and their comments have been taken into account.

The report has the tracked changes and comments within it.

In addition, I have attached a document that Steve wanted shared with you about activity and he made further comments to be shared:

1. "I can confirm that Debbie Peacock, risk facilitator, did attend the thematic review meeting on 8th Feb, and her attendance was recorded in the minutes.
2. Regarding term admissions, I will forward you the email I sent to Sue Eardley on 13th October. The activity, capacity and demand network report for 2015-2016 shows that the percentage of live births >37 weeks admitted to NNU was 7.8%. Although I accept this is still above the national average, it is less than Ormskirk and Warrington hospitals in our region (9.2% and 9.0%) and shows we are improving. **This data was available in October and is more relevant to the times the review looked at and therefore it would be better if they quoted this data.**
3. Regarding the comment on neonatal guidelines, I would be very grateful if you highlight to the RCPCH that the following guidelines all reference LWH or Arrowe park guidelines:

Central Venous Lines Umbilical Venous Catheter UVC and Peripheral Long Line Insertion
 Insertion and sampling from umbilical arterial lines (uac) and peripheral arterial lines
 Renal tract abnormalities – postnatal management Neonatology and Paediatrics
 Candida Infection (Neonatal)
 Parenteral nutrition and electrolyte disturbance-Neonatal
 DRUG INFUSIONS IN NEONATES - PRESCRIBING & ADMINISTERING
 PNEUMOTHORAX AND CHEST DRAIN INSERTION IN NEONATES
 RESPIRATORY FAILURE IN NEONATES MANAGEMENT PATHWAY

In addition, the following guidelines have been taken from LWH guidance:

Hepatitis B infection
 Hepatitis C Infection
 Neonatal encephalopathy
 Neonatal hypoglycaemia
 Elective intubation and the use of sedation and paralysis
 DRUG INFUSIONS IN NEONATES - PRESCRIBING & ADMINISTERING
 Surfactant guideline
 Enteral feeding for Very Low birth weight babies <1500g

There is existing NICE guidance on Jaundice and early neonatal sepsis and therefore NICE is referenced in preference to other units."

I'd like to take the opportunity again, of thanking you and the team for the way the review has been conducted and the comprehensive report.

The password is the same.

Kind regards

Ian

Ian Harvey
 Medical Director
 Countess of Chester Hospital NHS FT

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