RCPCH
Royal College of Paediatrics and Child Health

Invited Reviews Programme

Interview plan and notes

Please complete where relevant and retain as a record – hand written is fine. Please post or e-mail a copy to the team at invited.reviews@rcpch.ac.uk tel 020 7092 6091 07971 068887

Trust	COCH.	Visit date	1/9/16	Time:	9a
Reviewer(s)	All.			Scribe	SG
Interviewee Name & Role	Ian + Alison.				
Key Areas to probe / take forward	~~fault to lug~~? police				

Opening. DM said we might not be able to explore the detail of the deaths. Ian - correlation of one nurse - paediatricians see as elephant in the room, Lucy Letby. Pattern of babies collapse doesn't seem to follow normal pattern - respond to resuscitation in normal way. Multifactorial. Want to think the worst - but nothing else is pointing to it. Director of corporate affairs was DCI before he retired. Huge nettle to grasp. Need to unpick things around ref. to the unit - Cultural issues? What is the tipping point? ref. to police. Need to pull together before we press the nuclear button.

DM - Need to be open with us about it all

IH - Been through all evidence. Nothing about the nurse's background all think highly of her & how she works & responds when the resus team are involved. Senior

AK - alarmed that paediatricians had pointed to the senior nurse. Now out of unit and doing paperwork. Tensions of review of the world by the paediatricians thinking she is the common denominator. Nurses are anxious about the review - have tried to reassure people. No issues with competency of the nurse. No issues with training. Highly thought of by the unit. Manager very upset that they have had to take the nurse out.

Difficult conversations with clinical team and board
Lucy has full OH support + weekly catchups with her line manager. Meets on the unit. Rest of the team - OH team are going to the unit - having regular visits

Alex - can we see PM reports - yes to send through

DM - we have seen themes about escalation & advice

AK - yes tends to be see how it goes - leave it too long then too late to escalate. Now put measures in place that ability to be transferred out has to come to Ian or Alison

Same time as downgrade, Lucy taken off
Data way over capacity. Not able to ensure safety. In conversation with team & network the only course was to down-grade. Thought about supervised practice for Lucy.
Clinicians threatened to go to the police.

DM relationships?
AK used to be silent - now lifted lid all cases out. Horizon
difficulties with clinical decision making - nurses feel disempowered
Think they used to work well as a team. Good relationships with the network. Now got tension on the unit. Morale is ok, better. now plateaued out. Sickness had gone up, now back OK. Choice to downgrade is better - people less stressed.

Alex nursing - should be 2x6 2x5 2x4. - what was the nursing state at the time of the cases.
Only a few of the reviews how about Lucy. But can talk to BS in the general term of the review.
Geography of the unit is poor - for nursing & obs. Need to raise the nursing & within the clinical team to be recognised
Moving babies to accommodate acuity - extra risk in

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Trust	COCH	Visit date	1/9/16	Time:	9.15
Reviewer(s)	JW			Scribe	SB
Interviewee Name & Role	Ian + Alison.				
Key Areas to probe / take forward					

the system

Need details of the nurses who looked after the babies at the time.

Given them the (Ian + Alison) cards etc

(Mr Power, Through HR director, Union support, posts conversation in a supportive way. Already had been stressed as looking after the rickest babies. Now removed to take her off nights and support her union (RCN) Not excluded or suspended just taken out of duties. How to get her back in again?

Need exoneration to get round the stem of the nettle.

(IH Hard to interview with the neonatal lead as junior doctors had been referring to her as 'nurse death.' Ripples through the team + trying to function. Can't see how to conclude without calling the police.

Unless there is something to satisfy the medical staff they can call the police.

DM - No completely independent external look @ all the deaths.

Rapid review with NW not completely independent

Steve did own review + pulled out the nurse correlation

Analysts did data + checking of the reasons - only when they

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had the data they realised how busy it was.

GS Does the network function to the benefit of the unit

IH Easy to get advice. Transfer difficult - see cot occupancy. Sometimes to regional distances - eg to Leeds. Generally team thinks it is good. Independently the LWT shut their cots independently. Don't get support they need with the way they were working - takes too long. Got used to working to overcapacity + swallow their own smoke.

GS Local arrangement for Long term IC care - arrangements for 3° care
* support - protocols

AK - Key issue is timeliness of response. Advice is OK - but do we escalate to get the advice. Transfer out is the problem. NW has had recent changes. Now if a team is doing a transfer elsewhere they don't take calls - have to go back to base first. Not good enough

GS Level 2 has range of skills - Do nurses adapt to who is on duty + advise?

AK. New consultant v supportive of team - LWT trying to get a baby transferred in for safeguarding reasons. New consultant said no - nurses really liked that + ↑ teamwork

AM. Need nurses to identify whether to escalate + depends who is on.

AK Karen is looking after her (senior nurse) ~~We will know~~ to ask if busy want to meet in - enough.

AM - Do they do debriefs?
AK - Yes but not new or delay

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Trust	COCH	Visit date	1/5/16	Time:	12.45
Reviewer(s)	AM			Scribe	SG
Interviewee Name & Role	Catherine Occ health				
Key Areas to probe / take forward					

Manager referrals + self referral. Weekly message with reg re Health + wellbeing notice boards. Staff should know where to get support.

Counselling bought in from MH trust CWP on site: MH nurse works in the team + HR eg + directly manage. Does 1:1. other programmes. Mindfulness.. Proactive to hotspots — ↑ visits to unit. Dropped in to see how staff are. Was 2-3 times a year. After problems then weekly basis

Would ^not^ have been involved in ~~debriefs~~ deaths. Would be involved in ongoing debrief as a special request. Got [illegible] debrief people on [illegible] — could do it herself or ask someone. Same day or next day.

SD — could do a debrief service.. Could tell us how often happened — when called a debrief service..

* Have left leaflet etc around for staff. Trustwide tends to be the nursing staff rather than doctors who use the counselling

Have found all the staff to be quite robust. Not noticed a difference before + since Time. Staff just want to get on with their jobs

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Term were PM done by perinatal pathologist I&S or I&S or insulin injection or air embolism. but all had different presentation

Coroner Reinberg — Warrington Halton Cheshire Office.