

		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)	AM			Scribe	SB
Interviewee Name & Role	Ian + Alison.				
Key Areas to probe / take forward	talk to leg? post				

Openly. DM said we might not be able to explore the detail of the deaths. In correlation of no nurse - pediatrician res on elephant in the room, Lucy Letby. Pattern of babies collapses does seem to follow renal pattern - respond to resuscitation in renal way. Multifactorial. Want to think the worst - but nothing else is pointing to it. Director of renal affairs was DCI before he retired. Huge rubble to grasp. Need to unpick things over rely on the unit - cultural issues? What is the tipping point? Not plus. Need to put 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 at this stage of her - how she works & responds when the target team are involved. Serious

AKC - allowed that pediatrician had pointed to the senior nurse. Now out of unit and doing paperwork. Tension of review of the world by the pediatrician 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. Marge very upset that they have had to take the nurse out.

LT loans to play game + register - or consultant act down
All T2 are North West travels.. Can be hard to play
game. SHO 9 WTE. - reports received + ped SHO to
9m every 5m Sat + Sun. One overnight
3x Paed SCPT 1x F2. Spurring F91 Overall is the
medical role. Received 4x AMNP₂ for overnight unit
= < 3 WTE. No AMNP₂. Used to have two but
cost-saved out of the system before 2009 - went on
the medical role. Gigaply - all very compact eye SD
quite close. M

Steve New posts - one debate cover - went round also to take
the dental lead. Need another to be recruited lead to
have cover step up. Contract on D&H recruited lead +
high - general + on-call all represented into SPA too.
New job plan has space for the work. Adetrol + Fleet -
total 6 for the posts.

DM what to come out

Steve - Things all OK till last time. Was capable to offer activities
etc. Didnt feel they were met SD or other

3x NN death in the. Received a delay, met Alison =
SD need to discuss them. Looking for every case but no

overriding delay in practice. (delped are new parent
@ all collapse. Didnt think it was significant. Agreed
to keep an eye on things As the year progressed each
whereat mortality not huge concerns but by end
2015 numbers stacked on a little. Nally Feb August
- then small IUQI bloodstain aspirate persistently

Committee to help staff in M-F. Out of hours register in
M-F for LWT-seps in care - none in Sept - October
the Alert to LWT for advice / nurse

North (over 24/7) 3 delegates to Maltese OOH
Julie has gone through process to design a new review - one
based in Wexford with NQTS PIC nurse review -
one hubs - 2 nurses but none site. Last Talk of
2 hubs Liverpool + Maltese. State in NQSE.

Steve Revi - 16 hours the babies collapsed. No indicators. Didn't
respond physically how they should have done. Several
then is not always the same one Talled to each other

Steve December when invited Nin for half day here. Done
notably meetings + events
were huge all the news with Nin, NNurse, n/pu team
& discussed leaving point with him. Included death
for Paraly. **I&S** happened in Paraly. U helped
Feb 2016. report. Looked @ actions + news. Even
left PM. was pleased

Steve & Din looked after 17 hours prior to collapse + didn't find
anything further in those cases. Now got all PMs except
2 x tablets for Duo.

I&S + to his baby - no issues.

[Obs had made a plan for LWH but case is in labour]
Revi - Wounded if possibly they were nursing. Nurses retires,
committee prior, with urgent. Some issues. But even
with all these notably consistent.
Nurse on shift @ all times. Spoke to Ia + Alia etc - COC w
the more no delayed

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Trust	COCH	Visit date	Time:
Reviewer(s)	AU		Scribe
Interviewee Name & Role	Ravi + Steve		
Key Areas to probe / take forward	Susie Holt - now consultant		

At the time of talk to Ian + Alis Nurse W had decided to put the nurse on dog shifts not night or staff nurse had been through all the homeing episodes - period was 6/9 notches @ night - night to leave. Outcome of the consultant then to keep a watch. No wife colleagues at night when she was on rdgs but colleagues happened in dog time. All news, individually realised they had all thought the same thing. Is there some group recognise findings. Mainly consultants. Discussed with Andy - Chloes news major. This was v defensive and rather to does who were there for all of them etc. All happy with practice, need keeping - computers. Young so fairly rather, child is always stopped on. The because does now shift than other nurse. But when on shift don't sleep so soundly + make sure care is provided the right way. On the 2012 Perfectly nice good in a crisis. Always there. Think about it - what could she be doing? PMs gave no cause. (not checked for electrolytes) - levels do keep up input 9/11 Oct 2000 Child A Lines were in +