

No detail on mortality. Just collated it in January

Should have had joint M+M meetings @ network.

- Not looked at AP + CPCH to be one [ope..] Network

STP – one [?] Good peer support etc.

Transport all need LWT not got adm to take calls

Need it

[So... h...] – creates a conference all

Sharon – [P...] agency Chester [w...] penalty [t...]

Paed liaison CDOP pan Cheshire – works with Ranjeev

Role not with Countess but paed liaison visit the unit

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most days/ weekdays. Liaise to community practitioners if

Relevant children admitted + let them know they are there

+ follow up with info if CIN plan or CP plan – let the

HV + Social Services. Every baby in unit [Shown? presents?]

to relevant health practitioner – social services. Also talk

to out of area people to let them know if out of area

Nurses on unit also contact the GP/IN PN to discharge

also discharge letter. Sharon[?] tells them on admission,

expect HVs to contact family + do [p...ng] visit +

introduce themselves 14[?] days Gives parents lots of

support is out of sync with support groups

Sharon is a HV – work with physical health

!! Brilliant role !!

Came in after learning re-validation. As make DGH do the

role – lots of paediatric liaison. Sharon has developed the

role really good system HVs [Health Visitors] will call Sharon about

any worries.

Hospital safeguarding team covers postnatal ward – Karen Milne

+ Paula

in to check regularly – email templates includes what they are

expected to do. A+E with CP Plans. Covered

16-18 on adult ward no care not to miss them

Although nurse for CDOP not got good system for child death. She

doesn't do it but gets school nurse + HV to do that +

bereavement support. Can't offer specialist bereavement support

but lots of voluntary groups who do it so signpost

Clare House Hope House Alder Hey all good + Child Bereavement UK

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[RCPCH logo]

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@ **I&S** tel **Irrelevant & Sensitive**

Trust: COCH

Visit Date: 2/9/16

Time:

Reviewer(s): All

Scribe: SE

Interviewee Name & Role: Sharon Dodd

Key Areas to probe / take forward:

Form A + Form B => panel. Tried to get specialists to look

at certain things – infection etc. Review thoroughly in the panel.

Form A arrives quickly. 1 page good info Form Bs are

very robust. Got a robust pathway for babies who die

- **[save emails?]** – standard template to inform everyone.

Across Cheshire [upward arrow symbol] number of deaths April - April 15-16

Some very **[?]** 2-3 RTA. 1x leukaemia 1x Lewis sarcoma

Neonates seen to have had higher than average
but none congenital abnormalities.
Cheshire West 17 deaths Nov to end January – same as
whole of last year – not just neonatal. Usually 20/year
*Hayley Frome[?] Chair of CDOP could talk to her
CDOP not worried nor is Sharon
Staff looking after parents + babies + each other.
Some deaths won't have been through panel yet
[arrow from Hayley] send pan Cheshire CDOP report on form met.

WTSC

D?? of u/o

24 hrs ???

Are any CDOP [neonatal?] deaths unexplained
* Pan Cheshire SUDIC protocol (see it)
Will look back + see what were u/e from Form As

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Good service to children's centres when they come out. Really good
HV team. Will be on Universal Plus service when they come out –
More robust follow up.
10% of post funded by Flintshire – funded by them

Sharon.dodd@[irrelevant & Sensitive]

Andrew Higgins

Longest steady member of board. Ches QS + patient experience Ctte
No children's champion on board NED team
Steps taken once the issue was escalated. We knew the step down
Level 2 to level 1. Execs were the first port of call. From the
NED pov before board meeting chair briefed at NEDs
Consensus as a board to take steps to prevent any future