

Message

From: KITCHING, Margaret (NHS ENGLAND) [Irrelevant & Sensitive]
Sent: 04/04/2017 5:42:53 AM
To: CORNALL, Robert (NHS ENGLAND – X24) [Irrelevant & Sensitive]
[Irrelevant & Sensitive]
Subject: Re: Countess of Chester

Robert

I am back from leave, do we need to discuss this

Mx

Sent from my iPad

On 29 Mar 2017, at 14:17, CORNALL, Robert (NHS ENGLAND) <[robert.cornall@](mailto:robert.cornall@nhs.uk) [I&S]> wrote:

Can you give me a ring on this.

Robert Cornall
Regional Director of Specialised Commissioning North
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From: GREGORY, Michael (NHS ENGLAND)
Sent: 29 March 2017 13:26
To: BIBBY, Andrew (NHS ENGLAND); PATEL, Lesley (NHS ENGLAND); CORNALL, Robert (NHS ENGLAND)
Subject: Countess of Chester

Hello

I spoke to Ian Harvey a few minutes ago.

I told him we were aware of the meeting on Monday and that Andrew had been briefed by Julie Maddocks. I mentioned that these things can get lost in translation so I was keen to know the facts and that we had mounting concerns about what we had heard.

To summarise our conversation:

Ian had said at the start that they intend to make a significant announcement on Monday and that we bear with them until this announcement was made.

There are the 13 known deaths which have been investigated.

There had been some concerns about another 5 babies that had collapsed and were resuscitated but the review raised no issues about these babies.

A clinician (who Ian gave the impression may had another agenda) on Monday night brought up a list of babies names that he or she was concerned about.

According to Ian these seem to fall into three groups:

Babies that had collapsed on the unit and been resuscitated, the cause of the collapse being unknown;

Babies who had been transferred to other units and collapsed in those units and been resuscitated;

Two babies that had been transferred to other units and collapsed and died in those units.

There is a member of staff whose presence has been seemingly disproportionate but (as was discussed when we met) this was originally accounted for by rotas and skill level. However when pushed about staff members Ian stated that this matter was best dealt with when they make the significant announcement about the decision they have taken to speak to an “appropriate body” on Monday.

Clearly something very serious is going on and they must have their hands tied somewhere – but it would be speculation to guess what. I asked about the safety of the unit as it currently stands and he was keen to point out that since the unit was downgraded it has been transparent with the network and has a very good safety profile.

He will keep me briefed about that announcement.

Not sure if we can do any more until Monday unless we wish to escalate further.

Michael

Dr Michael Gregory

Regional Clinical Director for Specialised Commissioning (North)

NHS England

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