

Message

From: BARKER, Richard (NHS ENGLAND); Irrelevant & Sensitive
Sent: 26/04/2017 17:54:24
To: KITCHING, Margaret (NHS ENGLAND); Irrelevant & Sensitive
Subject: Re: Response from Ian Harvey

Ok, I am sure that Lyn will support your line. However, if it transpires that we do need to subsequently involve the Police then the delay will not look good and lead to further concerns from the families.

So they key is to expedite the review and hold Teresa and James back for now.

What do you recommend as next steps? By Vince i assume we mean Vince C? It will be helpful when I speak to lyn to know that he has been involved.

Richard

Richard Barker
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On 26 Apr 2017, at 18:46, KITCHING, Margaret (NHS ENGLAND) <[margaret.kitching@Irrelevant & Sensitive](mailto:margaret.kitching@nhs.uk)> wrote:

Hi Richard

CDOP is child death overview panel which brings paediatricians, PH safeguarding leads etc, together following a death to scrutinise the cases

When I last spoke with Tony, he explained that the independent investigation's did not identify any criminality, two of their paediatricians are disputing and casting doubt on the findings

Hence them taking further steps, we did discuss involving the police which they intend to do if full assurance is not gained, the two paedes could be the problem but we need to be sure
Tony and the team want to exhaust internal processes first as they recognise that involving the police could cause further signifant distress to the families

I spoke with Vince and Michael and we agreed that I would speak to the Trust at that time
Michael is worried that he believes they are being evasive hence escalation to the national leads, Tony is not happy at this accusation as he believes that they have been fully transparent,

I don't think we should involve the police without appraising the Trust and giving them the opportunity to explain and contact the police if needed
The unit is safe as it has continued to stop admitting complex cases

Let me know id you need me to do anything,

Margaret
Sent from my Windows 10 phone

From: [BARKER, Richard \(NHS ENGLAND\)](#)
Sent: 26 April 2017 18:21
To: [KITCHING, Margaret \(NHS ENGLAND\)](#)
Subject: Re: Response from Ian Harvey

Hi Margaret

I agree that we do need Lyn involved, and maybe she should phone Tony in the first instance, but I would be happy to do a joint call with her as I probably know Tony better with CoC being an FT.

Remind me what does CDOP stand for? Are we saying that we can give them a short time for the further internal work but we are now under pressure to involve the Police.

Richard

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On 26 Apr 2017, at 17:44, KITCHING, Margaret (NHS ENGLAND)
<margaret.kitching@ I&S> wrote:

Dear all

I have copied Richard in as it is important that he is connected and I suspect he would want a call with Lyn Simpson before taking such a decision outside of the Trust

I believe a call with their CE should happen tomorrow to clarify our position and if we are still concerned we should give them the opportunity to seek advice from the police first.

In my experience CDOP processes are not lengthy and I suggested at the RMT that we would give them to the end of this week if we have not received any further assurance.

Richard, it would help if you can advice from your perspective

Kind regards

Margaret

Sent from my iPad

On 26 Apr 2017, at 15:22, CORNALL, Robert (NHS ENGLAND)

<robert.cornall@I&S> wrote:

Spoke with Teresa at lunchtime –we both think (as does James P) we should just refer to the Police now. They are happy to make the call if it helps with Trust relations.

If all ok with this – Michael do you want to progress?

Robert

Robert Cornall

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From: PATEL, Lesley (NHS ENGLAND)

Sent: 26 April 2017 09:29

To: GREGORY, Michael (NHS ENGLAND); CORNALL, Robert (NHS ENGLAND); BIBBY, Andrew (NHS ENGLAND)

Subject: RE: Response from Ian Harvey

Hi Michael

Teresa and James are discussing this with Robert today, so I would await this conversation. The CDOP could take weeks so not sure awaiting 'their process' will be timely enough considering the level of concern.

Lesley

Lesley Patel

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“ Because everyone deserves great care ”

From: GREGORY, Michael (NHS ENGLAND)
Sent: 26 April 2017 09:18
To: CORNALL, Robert (NHS ENGLAND); PATEL, Lesley (NHS ENGLAND); BIBBY, Andrew (NHS ENGLAND)
Subject: Response from Ian Harvey

Hello

Please see the response from Ian about the meeting we had requested. At RMT yesterday Margaret said she was prepared to give them a bit more time to respond.

I was going to respond to Ian with the following points:

That we were planning to see them after they have the CDOP meeting

We would like to know the outcome of that meeting

We would like to understand the concerns of the clinicians and if they have been addressed?

What was the discussion during the meeting with the legal advisor and the clinicians – what did he mean by “They (the clinicians) still don’t feel that we have completed what the external reviewer described as a “broad forensic review”?

What is the issue with the four unexplained deaths?

We would like to agree that we have access to the redacted external review

Which part of the process has to be completed before they agree to meet with us?

What are your views?

I was going to escalate to Margaret but she was initially prepared to give them time without knowing we had decided to meet them but I wonder if her view may change.

Dr Michael Gregory

Regional Clinical Director for Specialised Commissioning (North)

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From: HARVEY, Ian (COUNTESS OF CHESTER HOSPITAL NHS
FOUNDATION TRUST)
Sent: 25 April 2017 16:43
To: GREGORY, Michael (NHS ENGLAND)
Subject: Meeting re NNU

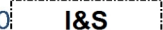
Dear Michael

Further to you contacting the Trust, Tony has asked me to email to
confirm that we will be happy to meet once we have completed our
process.

Kind regards

Ian

Ian Harvey
Medical Director
Countess of Chester Hospital NHS FT

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