(A) Tim L availability
Jackie Hughes availability
(A) Timescales - 12 mths / 2014.
(A) NHS England - Andrew Crawshaw
- Emergency Preparedness list.
* Major incident.
* List of names / who's on unit. - KR.

Actions
DAC / KdB - on capacity
SH - Tim Lister final review.
RM - Escalation of medical rota.
SW - Comms list of stakeholders, STEIS.
Comms support families / parents there / coming in. / parents of those deceased..
NHS England support
Staffing support - Jackie H
- Tim L.

Consultant Mtg 30/6/16.

* Shared position re timescales / comms etc.
* Can't be assured unit safe.
* Unexpected increase in mortality levels 2015/16
- Indepth medical review individual cases
- Independent review RCPaeds & Child Health.
Unit close for model of care - req'd level of care..
* Spoken to CQC today. Agreed key the informed, agreed actions fair, balanced, proportionate.
* Cqc ask some questions, clinical decision making, practice, staffing environmental.
* RCP+CH : medical & nursing to be brought in. Can do review in August.
2 Full days. Immediate feedback in immediate areas of concern, report 2-3 wks.
No specific date, drafting proposed & ToR, finalise ToR. [illegible] concerns / where visits / data / who i/v., all data they require.

* what level of service assure ourselves of being safe.

(SB) * Good rep paeds & obs. Didn't matter of unit; clinical concerns member of staff. Yes downgrade to Lvl, get of intensive cots, HDU cots, but not got complete assurance to clinical team without staffing.

(RJ) What reassure us both sides equipment, env, obstetricians. If 1 issue is member of staff, haven't addressed the issue. This has to be addressed. Everyone aware of police. limited review member of staff. What else do in meantime?

(TC) Clinical model. Clear set of stats describe level 1 unit, what consequences obs?

(SB) Level 1 doesn't specify gestation — nearest is Manchester 32 wks. Recom [illegible] we take 34 wks.

(TC) Any level 1 units UK?

— 9per refer externally, maternal foetal medicine

(JM) haven't thought about foetal [illegible] how about this, member of staff would be doing this.

medicine.

(SPC) How do you balance what saying here?

(JM) last thought in minds member of staff responsible for deaths. Ext review what though still both separate non death review. through great lengths what structure was. First time what member of staff is last 3 days. Only going on what hearing from paediatricians, nights / days change. Wholeheartedly agree with review take 2 mths, hasn't been raised member of staff. Not aware what review will do. Senior concerns member of staff, fantastic unit but concerned Beverley Allitt / Shipman being raised.

(IM) - you just did.

(TC) Not question I asked, unit & model of care what consequences, foetal medicine unit

(ZJ) Have to plan carefully, manage better.

(RR) Not specific on concerns,
(SB) Spoken @ depth in May, concerns.
(AK) Circumstantial
(SB) Other than HIE care, present at deaths, let you know about cases two year, 3 triplets, just last week, chances of. Understand don't want to meet careers.
Khalid : why not do external review until now.
(JM) Take stock of what said, Child health expertise won't look different.
(SB) Said this 100 times, benefit of clinical knowledge & environments, bests review will pick up
(RR) Asked you how affect babies
(RJ) Air embolism. What concern member of staff having babies, solely to explain. entirely resuscitated measures, happens 1, 2 not this many times. All collapses identified early. Causes

suspicion, seems to be recurring theme in what happens. This is the concern.
(TC) Direct CC removed, unit safe?
(SB) Risk removed.
(TC) Need to do both. Comprehensive review proportionate, fair, help.
(JM) May help.
(TC) Model of care, suspicious one of team members, test out hypotheses, then re-group take decision. Either ① exclude/suspend, ② ev. [illegible] police, ③ remove direct duties whilst review.
Khalid - feeling from [illegible] yesterday, looking at clinicians, car park & cards. Says something about looking at
(TC) Concerned about who ~~[illegible]~~ in unit at one time, tighten down on this,
(RJ) Don't think anyone trying to accuse clinicians, Don't think wrong one anyon.
Ian : TOR clinical concerns discussed? Are you going to raise?

(TH) Suspect RC aware heavily affect. Raised area of concern broadly. If involve police, defer review.

(TM) Team for RCP don't know about member of staff.

(TH) Increase in mortality, issues highlighted member of staff. Not finalised TOR.

(TM) Very difficult to do - forensic review & processes of unit don't think can do that.

(TH) Opened up whole can of worms, look @ everything. Review @ same point.

(TM) Accepted that minor criticism, no solutions

(TC) Same situate with police.

(TM) Expertise forensic investigation, decision to involve police, difficult decision to make. (TC) Explain police

(SRC) How this go, close unit, crime scene, sealed, forensic teams in, potential suspect, arrested, taken for questioning, others assist enquiry, go on for who,

(TC) proportionate response embarking on, all agree problem, can't answer difficult question & no. Concern about member of staff. Test own hypothesis, 3 options
- Nil
- Substance - police called
- Hypothesis simply a joint view.

Headlong creates witch hunt, not suggest not up for this, make safe for babies, consequence of member of staff, repercussions for dept.

(TM) Discuss 10 mins, Mums aware only see that choice, extremely worried service reduced, big impact on hospital.

(TC) Agree right to call out.
Review declared
Staff member actioned & urgent clinical model, come back tomorrow
Acting clinical model, planning team, comms plan, press release.

assume press enquiries, doing all of this, excluded 1 nurses, downgrade might as well phone police.
hot everyone in eye, everyone aligned around issues with this. Reaching way unit operates, security, feels tighter. Need to pause & re-group, build implementation & comms plan.
- DS → after 2 wks, definite decision at that point.
JD → 2 wks review & hand of bone.
SB - made feeling clear.
Khalid - agrees for bone.
TC - feels personal, need to be safe, kind & effective
JM - on board with plan.
IM - pragmatic solution, but is need more detail, not got assurance, less than 2 wks rotg.
SB something nagging me, open about care on unit, observations before rotg, Datix incidents, inconsistencies problems, governance facilitators. 1st one wonderful & left, 2nd replaced less than adequate, replaced by someone fish out of water.
(AK) Culture element, raising concerns.
(SB) Challenge completely, noone asked me to Datix, go ahead & ask us.
Khalid - doing so much work, more than expected
(SB) Culture high reporting, more than others. Help in consultant, helpful to have discussion
(TC) Anything more.
(SB) No.
(TC) Ravi?
(RJ) Not them & us, Execs v clinicians, feeling very high, safety for babies, paeds & obs, appreciate support. Plan, pragmatic way forward. Share discomfort about number of staff. If suspension

follow up mtg 30/6/16. 4.35pm

(LB) to follow up with network, Level 1.
- Staffing support ratio will be different.
- Can offer people
  - support
- (TH) to own model of care -
  NN - Level 1 / Paediatric medicine.
  NN.

(LB) - Unit
(AK) Comms. -
(SPC) Deep dive JE/SW/AV. critical focus.
(SH) Internal comms.
- Independent review
Restrict admission in
- Social media [illegible] on [illegible].
- Internal only security

// - Charles.

I&S + VAT Team of 10.
Multiple teams
Open out to employees.

* ED Trainees

// Karen T 1/7/16.

Gastro: GDW of work being established.
  Carol Francis retiring.
  Mat leave
  Ruth LTS.
  Terry - leaving.
  Daresh - Caesar.
  pers finding another consultant.
  - Juniors
* Extra respiratory
* Mabeeb B: only 1 a day, 4 wks.
  Agreed
* Gastro - huge no. of referrals, extra capacity. Recharge to PC, endoscopy. 1st July: none get attention except repeat, cancer / urgent / 18 wks.