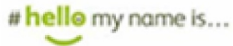


Message

From: Kelly Alison (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST) [alison.kelly9@I&S]
Sent: 29/06/2016 07:31:54
To: Harvey Ian (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST) [i.harvey@I&S]
Subject: RE: Should we refer ourselves to external investigation?
Attachments: image001.png

Thanks, yes I would agree re Police

 #hello my name is...



Alison Kelly
Director of Nursing & Quality
Countess of Chester Hospital NHS Foundation Trust
Tel: (01I&S)
Email: alison.kelly9@I&S

From: Harvey Ian (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: 29 June 2016 08:31
To: Kelly Alison (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: RE: Should we refer ourselves to external investigation?

I have already emailed Stephen – to meet ahead of Execs – I’ll keep you updated. My own feeling? The police having been raised, I think that we will have to

Ian

Ian Harvey
Medical Director
Countess of Chester Hospital NHS FT

 01I&S / Ext I&S
 i.harvey@I&S

From: Kelly Alison (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: 29 June 2016 08:29
To: Harvey Ian (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: FW: Should we refer ourselves to external investigation?

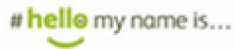
Hi Ian,

I am not at execs this am but have briefed Sian fully. I have discussed the actions we are taking with her and I know we are commissioning an extra clinical review but Sian and I did also discuss the Police. I know this is a big step but it is something we need to consider in light of heightened concerns. (Can we double check that the babies have had a post mortem yet, I am assuming the coroner was made aware?) Sian said she would try and speak with Stephen C prior to execs for his thoughts but this also needs to be considered in the exec conversation.

I am in at lunchtime and will touch base with you if you are around, I will certainly be seeing Sian re feedback. We can then acknowledge Murthys email and then present our further actions to the consultant body when we meet with them on Friday. However, perhaps Ravi and Steve need to be spoken to after execs as Steve has a network meeting tomorrow

as he has advised in his previous email communication. I would rather us contact the network before Steve when we are to agree further actions

Regards, Alison



Alison Kelly
Director of Nursing & Quality
Countess of Chester Hospital NHS Foundation Trust
Tel: (01 [redacted] I&S)
Email: [alison.kelly9@\[redacted\] I&S](mailto:alison.kelly9@[redacted] I&S)

From: Saladi Murthy (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

Sent: 29 June 2016 08:17

To: Harvey Ian (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Kelly Alison (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Murphy Anne (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Powell Eirian Lloyd (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Brearey Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Gibbs John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Holt Susie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [redacted] Doctor V (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Jayaram Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [redacted] Doctor ZA (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

Subject: Should we refer ourselves to external investigation?

Hi All,

Following the Monday meeting where we discussed about how to proceed further on the unusual number of unexplained deaths in the neonatal unit over the last year, here are my thoughts.

We have investigated these deaths as much as we can, which included seeking clinical input from outside. The only thing which came out of it (as I understand) is one member of staff was working in the unit (not necessarily with the baby who passed away in each incident, but might have cared the baby during the staff breaks) at the time of all these deaths.

This is highly unreliable information and further outside clinical input is unlikely to help shed more light on the relevance of this information.

However we seem to be acting on this unreliable information.

We have moved this particular staff member from night shifts to day shifts and from ITU care to HDU / SCBU care. When the pattern of the deaths changed, we are becoming (at least those who dealt with the babies during the resuscitation and those who participated in the investigation till now & aware of the outcome) are becoming even more worried about patient safety and their own mental wellbeing. This is affecting all of us in one way or other. This is unfair to the staff under suspicion, unfair to parents and other staff who are unaware of the situation and unfair to the staff who are aware of the situation but worried about how things are progressing?