Witness Name: David Semple
Statement No.: 1
Exhibits: DS1
Dated: 6 June 2024

**THIRLWALL INQUIRY**

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**WITNESS STATEMENT OF DAVID SEMPLE**

**EXHIBIT DS1**

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## Claire Christopholus

**From:** SEMPLE, David (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST) <david.semple@ I&S >
**Sent:** 01 December 2017 16:19
**To:** CHAMBERS, Tony (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); HARVEY, Ian (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); KELLY, Alison (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); BURNETT, Lorraine (NHS ENGLAND – X24)
**Cc:** BREAREY, Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); JAYARAM, Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); POWELL, Eirian Lloyd (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); MURPHY, Anne (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); FELLOWES, Linda (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
**Subject:** Neonatal Action Plan
**Attachments:** NNU Action Plan (24.11.17).docx

Dear Tony / Ian / Alison / Lorraine

Please find enclosed the completed neonatal action plan which the neonatal team have worked hard to complete, for which I must personally thank them.

Now that this is complete I sincerely hope that we can start the process of returning to be a level 2 neonatal unit again working with Steve's "roadmap". Assurance's that this is also your vision would bring a huge boost to the W&C teams as well as our local maternity population.

Best wishes

Dave

**Overarching Executive Lead : Ian Harvey, Medical Director**

| NEONATAL EXTERNAL REVIEW – ACTION PLAN<br>February 2017 | | | | | |
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| **Recommendations** | **Actions Required** | **Executive Lead** | **Clinical/Operational Lead** | **Date for Completion** | **Completed Y/N Exception/Evidence** |
| (a). Ensure there are clear, swift and equitable processes for investigating allegations or concerns which are followed by everyone. | Continue work on raising awareness of the importance of escalating concerns | Medical Director/Director of Nursing | Neonatal Lead (Medical) and NNU Manager | | **COMPLETED** |
| | Daily and weekly reporting of clinical incidents to Executive team to continue for foreseeable future | | | | **COMPLETED** |
| | Plan to invite Director of Nursing (Urgent Care) to input into nurses training sessions regarding raising concerns | | | | **COMPLETED** |
| | General awareness required regarding "Speak out safely" agenda to ensure all staff are aware of Trust processes | | | | **COMPLETED** |

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| (b). Conduct a thorough external, independent review of each unexpected neonatal death between Jan 2015 – July 2016 to determine any factors which could have changed the outcomes (Include obstetric & pathology/post-mortem indicators, nursing care and pharmacy input | Independent review commissioned for review of clinical cases<br><br>Liaise with the Coroner regarding pathology input<br><br>NNU team meeting with medical director and neonatal network clinical lead to review outcomes<br><br>Communicate to parents regarding review of each case – meetings to be arranged where appropriate<br><br>Following clinical case review, small number of cases require further forensic review prior to discussion with parents | Medical Director | Medical Director | Dec 2016<br><br>Dec 2016<br><br>Feb & Mar 2017<br><br>Feb & Mar 2017<br><br>April 2017 | **COMPLETED**<br><br>**COMPLETED**<br><br>**COMPLETED**<br><br>**COMPLETED**<br><br>**ONGOING POLICE ENQUIRY** |
| (c). All unfilled rota gaps and transport problems should be recorded through Datix and risk assessed at a senior committee such as the Divisional Governance Committee | Develop a Standing Operating Procedure to ensure consistency of approach<br><br>Formal SOP regarding unfilled rota gaps and neonatal transport problems, including Datix reporting | Medical Director | Lead clinician for children's services (RJ) | June 2017 | **COMPLETED** – See SOP's below<br><br>**COMPLETED**<br><br>  <br>SOP Neonatal transport problems.d |

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| | | | | | SOP Paediatric rota gaps.doc |
| | Maintain focus on Datix reporting to highlight concerns supported by Patient Safety & Risk Lead | | ALawrence | | **COMPLETED** |
| | Standing item on monthly W&C governance agenda | | DSemple/ALawrence | | **COMPLETED** |
| | Further escalation to Urgent Care Divisional Board where necessary | | ALawrence | | **COMPLETED** |
| | Medical staff rotas to be escalated through RJ/GM<br>Standing agenda item on Speciality meeting agenda<br>Datix reporting of nursing staff rota gaps<br>Daily dashboard to execs which includes any issues, incidents, transfers in/out and whether BAPM staffing achieved<br>Consultant on-call to escalate directly with executives and highlight any issues re – resus, | | | | **COMPLETED**<br>Copy of 2017 Neonatal Dashboard. |

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| | transfers, over establishment of babies or transport issues | | | | |
| (d). Strengthen the response to neonatal death/near miss investigations to:<br>- Normalise the reporting culture<br>- Include risk & governance staff<br>- Involve a wider group inc maternity & external scrutiny<br>- demonstrate completion of actions<br>- clarify senior management oversight | Develop a collaborative process of review of neonatal deaths/near miss in partnership with obstetric team that is aligned to corporate risk management processes<br><br>Strong reporting culture already exists<br>Format of neonatal mortality reviews will be recommended by National Bodies (MBBRRACE, BAOM, RCOG) in near future. These recommendations will be acted on once published | Director of Nursing & Quality | Lead clinician for children's services (Dr Jayaram) and obstetric risk lead (SBrigham) | June 2017 | **COMPLETED and ONGOING**<br>- Time to be identified within job plans of Lead for Neonatal Risk and Lead for Obstetric risk to coordinate this work<br>  <br>Role for Neonatal Risk Lead 2017.docx<br>  <br>JD Obstetric Risk Lead 2017.docx<br><br>**COMPLETED** – Local guidance/form developed whilst waiting for National guidance<br>  <br>CoCH neonatal mortality review proc |



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| | Deaths/near misses are discussed at the perinatal mortality meeting (PMM) which is an obstetric /paediatric /pathology MDT. | | Obstetric Risk Lead and Neonatal Risk Lead | 2017 | **COMPLETED** |
| | Identify clear route of communication and escalation to the Serious Incident Review Group regarding incidents | | | June / July 2017 | **COMPLETED** – Risk midwife escalates incidents to new Lead for Risk and AMD for Safety & Quality |
| | Actions from hospital and network mortality reviews to be checked at Women and Children's Governance Board. | | | | **COMPLETED** |
| | Develop a clear process of sharing learning and communicating to the wider team and across specialities | | | | **COMPLETED & ONGOING** – Risk team developing<br>- Screen shots<br>- Safety newsletter to disseminate learning across the Trust |
| | Discuss a process of 'external Scrutiny' with the Neonatal Network team | | | | **COMPLETED** – See below |
| | Neonatal mortality reviews are discussed at the Cheshire and Merseyside Neonatal Network. The | | | | **COMPLETED** – Agreed by Network that external neonatologist/paediatrician |



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| | network Clinical Effectiveness Group (CEG) have agreed that mortality reviews should include a clinician from another Trust in the network<br><br>New paediatric consultant and neonatal lead job plan to include time to attend weekly governance/risk meeting. This MDT meeting (with Obstetric Lead for Risk and Risk facilitator for W&C) to cover term admissions reviews (NHS Improvement patient safety alert RE/2017/001), incident reviews and any mortality and serious incidents.<br><br>Time within job plans must be identified to ensure paed/NNU/Obstetric/midwifery attendance at above governance MDT | | | June / July 2017 | will be involved in mortality reviews across Network<br><br>**COMPLETED** – See section (d ) above<br><br>**COMPLETED** – See section (d) above |
| (e). The obstetric and paediatric incident review processes should follow similar systematic methods as set out above. | Actions/learning from joint meeting to be shared at relevant governance boards<br><br>Risk and Safety lead to be part of the above meetings to provide corporate oversight to feed into | Director of Nursing & Quality & Medical Director | Lead Clinician for Children's services & Obstetric Risk Lead | June 2017 | **COMPLETED**<br><br>**COMPLETED** – Associate Director of Risk & Safety to attend initially then review |

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| | executive led SI panel<br><br>As above develop a collaborative process of review (Section d) | | | | **COMPLETED** - See section (d) above |
| (f). Strengthen procedures for involvement of more senior advice and develop guidelines for consultant availability to the Neonatal unit | Develop an escalation process for escalation to seniors when Consultants are not available (ie when attending an emergency)<br><br>Develop SOP for nursing staff if they have concerns regarding patient management that the consultant is unaware of (eg locum doctor acting inappropriately)<br><br>Appointment of new consultants will enable 12 hours a day (until 9pm at night), 5 days a week consultant presence on NNU. | Medical Director | SB/EP<br><br>SB/EP<br><br>SB/RJ | July 2017<br><br>July 2017<br><br>Nov 2017 | **COMPLETED**<br><br>SOP Actions if consultant paediatrici<br><br>**COMPLETED**<br><br>SOP Actions if nursing staff have co<br><br>**COMPLETED and ONGOING** – 9th Consultant recruited (temporary post until April 18th). Interviews for substantive post planned for February 2018. |



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| (g). The 2 additional Consultant appointments must be in place before any consideration can be given to possible re designation as a level 2 unit | Recruit 2 consultant posts | Medical Director | Lead clinician for children's services | September 2017 | **COMPLETED and ONGOING** – See section (f) above |
| (h). Ensure maintenance of skills of neonatal nursing and medical team to ensure that return to level 2 can be safely managed. Rotation of staff to level 3 units should be explored | Develop a plan to address maintenance of skills to support Level 2 status for all clinical staff | Medical Director & Director of Nursing & Quality | Neonatal Clinical Lead/Neonatal Nurse Manager | Sept 2017 | **ONGOING** – ( 40% of the band 6 have already been on a placement at APH - L3 unit) |
| | Access to Liverpool Womens Hospital re Neonatal Induction Course | | Neonatal Manager/Practice Facilitator | Sept 2017 | **COMPLETE** – All newly appointed band 5's after local induction attend induction course at LWH (mandatory course). |

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| | Access to Neonatal ITU course<br>Nurse Rotation to be developed<br>Continue ongoing educational support from the NNU Practice development post holder | | | September 2017 | **COMPLETED -** ITU course at LWH is for ALL band 6's (mandatory) and for experienced band 5's (not mandatory). Due to skill mix most band 5's attend on a rolling programme (part of Action plan for neonatal toolkit). |
| | Enhanced Neonatal Nursing Course held at Manchester University | | | Feb 2017 | **COMPLETED** - Enhanced neonatal course at Manchester University is for experienced band 6's.<br>3 members of senior staff already on the course – to complete in September 2017 |
| (i) Develop a strategic plan for sustainable recruitment to the Tier 2 rotas through development of nurse practitioner or other roles and review the protocol for locum assessment | Repeat nursing workforce review | | Neonatal clinical lead/medical staffing manager(EP) | July 2017 | **COMPLETED and ONGOING** – Plan to advertise 3 WTE posts plus 4.56 extra WTE's for the unit to achieve Level 2 status and achieve BAPM staffing standards. – Management team supportive of moving |

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| | | | | | forward with these posts. Two week rolling programme to assist with the recruitment process. |
| | Access to Advanced Practitioner programme | | | July 2017 | **COMPLETED –** One advanced practitioner for NNU approved via health Education England. Business case approved - post to be advertised after advice from ANNP at WUHT regarding job plan. |
| | Refresher training in-house for medical staff on neonatal resuscitation, intubation and principles of ventilation | | Lead clinician for children's services (RJ/SB) | Sep 2017 | **COMPLETED** – NICU consultants at LWH invited to give an education session on updates in Neonatology – Training update completed 20.11.17<br>  <br>Attendance List 20.11.17.docx<br>  <br>Chester presentation.ppt |



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| | Discuss with the Neonatal Network lead re exploring a medical staff rotation to other units | | Lead clinician for children's services (RJ/SB) | July 2017 | **COMPLETED** – Lead Clinician for neonates will organise any individual sessions in one of the NICU's or Alder Hey for medical staff who feel they need a refresher or extra experience |
| | Review protocol for Locum Assessment | | Lead clinician for children's services (RJ/SB) | | **COMPLETED** – Protocol developed by paediatric team in liaison with HR / Medical Staffing department<br>  <br>SOP Actions to be taken in cases of pati |
| | Plus:<br><br>Middle grade doctors all receive NICU training and experience before working in Chester.<br><br>Consultants to review neonatal training and competence at annual | | | | **COMPLETED**<br><br>**COMPLETED** – All consultants to discuss neonatal competence at |



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| | appraisal. To include experience on NICU in their PDP if required. | | | | their next appraisal and include neonatal CPD in their personal development plan (PDP)> Any consultant who have stabilised/intubate any baby under 32 weeks should include this in their appraisal MAGMAF as proof of continuing skills. |
| (k). Establish a short term group to examine nurse involvement in decision making, guideline development and transport liaison | Develop a multi-professional forum to develop joint protocols and guidance to support NNU practice and procedures | Medical Director & Director of Nursing & Quality | Neonatal Clinical Lead/medical staffing manager | June 2017 | **COMPLETED** |
| | Senior nurse involvement in guideline development already exists and embedded. | | EP/SB/RJ | July 2017 | **COMPLETED** - All relevant guidelines are developed with multi-professional involvement – usually allocated as per interest on subject matter |
| | To create a focus group of nurses and doctors to highlight any possible areas of improvement in team working and nurse involvement. | | EP/RJ | Sept 2017 | **ONGOING** – To be formalised following departmental "Away Day" in New Year |
| | Nurses and doctors to attend Trust | | | | **COMPLETED** - All band 6's |

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| | CHAPS course to improve human factors awareness. Already attended by some NNU nursing staff.<br><br>Focus group to be developed to identify issues re: escalation | | | | and most of the band 5's have attended the Rrips course<br><br>**AS ABOVE** |
| (I). There should be a Children's Champion on the Board. One of the executive directors should have a specific remit to support neonatal nursing & medical team until the enquiry and subsequent management of the action plan is completed | Identify a Non-Executive Lead that will Champion the on-going work and profile of the neonatal unit<br><br>Children's champion to attend monthly paediatric meeting to be aware of on-going issues and problems with service provision | Director of Legal & Corporate Governance & CEO | N/A | March 2017 | **COMPLETED**<br><br>**COMPLETED -** Senior Staff introduced to NED Children's Champion on 9th October 2017 and made aware of role.<br><br>Medical Director & Director of Nursing & Quality to support from an executive perspective until actions completed |



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| (m). An annual report should be prepared for the unit which is disseminated to the Board and Network stakeholders | Identify what would be required in an Annual Report – clinical and executive team to work together on clarifying this.<br><br>Report to be presented to Women's & Children Governance Board & Urgent Care Governance Board then up to Board of Directors<br><br>Neonatal Peer Review involving Neonatal Critical Care pending (Sept – Dec 2017). Senior Clinical Paediatric team to agree criteria | Medical Director & Director of Nursing & Quality | Neonatal lead clinician and NNU ward manager SB/EP | Sep 2017 | **COMPLETED**<br><br>  <br>CoCH Neonatal Unit Annual Report 2016 F<br><br>**COMPLETED** – Sent to W&C Governance Board in Nov/Dec 2017<br><br>**ONGOING** – QSIS Peer review planned for January 2018 |
| (n). Include a unit-wide debrief for neonatal deaths on the unit to include all grades of clinical staff who cared for the infant | Develop an SOP with timescales and clarity on who, when , where etc<br><br>Share the learning from ED team re debriefing methodology to NNU for support<br><br>Formalise a handover safety brief/huddle between NNU nursing | Medical Director & Director of Nursing & Quality | Paediatric lead/ Neonatal lead | May 2017<br><br>May 2017<br><br>In place | **COMPLETED**<br><br>**COMPLETED** – Will be included in neonatal mortality review document (See section d)<br><br>**COMPLETED** |



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| | and maternity team. Explore inclusion of medical inclusion in the future | | | | NNU safety briefs in place as per maternity safety briefs Safety Huddle is currently being piloted (supporting NHSi Maternity/neonatal safelty collaborative)<br>  <br>MATERNITY MEETING.docx |
| (o). Agree a mechanism for data recording, management and reporting across the IT systems including noting M&M case review reports and CDOP notifications should be devised and implemented systematically | Develop SOP regarding reporting responsibilities.<br><br>Explore how the Datix system may support reporting and data collection<br><br>Formalise reporting of relevant deaths into CDOP process | Medical Director & Director of Nursing & Quality | Paediatric lead/ Neonatal lead/ NNU ward manager/Obstetric risk lead | | **ONGOING** – Locally and in conjunction with APH as part of the partnership meetings – plan to share guidelines<br><br>**COMPLETED -**<br>CDOP process internally formalised with the Designated Doctor for CDOP linking into the SI process |

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| | IT solutions include electronic case note (extension of Badger system already in use). This would allow observations, nurse records, doctor's records and lab results to be on one system and for care to be reviewed by clinicians on NICUs. | | | | **ONGOING – Will be part of new "fast follower" IT solution with APH**<br>NEW EPR.docx |
| (p). All neonatal guidelines should be developed in conjunction with the network and tertiary service for consistency of care in emergencies | Check all relevant guidelines to ensure consistency<br><br>All guidelines consistent with national (NICE, BAPM) and regional (network CEG) guidance. Guidelines are agreed through the Network Drugs and Therapeutic Board and then available on Sharepoint | Medical Director & Director of Operations | Neonatal lead | | **COMPLETED**<br><br>**COMPLETED** - All guidelines currently up to date |

| **ACTIONS FOR EXTERNAL STAKEHOLDERS** | | | | | |
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| **Recommendation** | **Action Required** | **External Stakeholder** | **Clinical/Operational Lead** | **Date for Completion** | **Completed Y/N Exception/Evidence** |

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| (q). Arrange for central monitoring and management of transport team enquiries out of hours across the network | | Cheshire & Merseyside Transport Team | | June 2017 | **COMPLETED** – Connect NW transport team are now a 24/7 service for the 3 ODN sites as of the 01/06/2017<br>  <br>Connect NW logo.pptx |
| (r). Ensure tertiary advice calls include an 'early warning' or conference calls to the transport team to enable better planning and deployment of the crews. | | Cheshire & Merseyside Transport Team | | | **COMPLETED** – See (q) Conference calls now part of the Connect NW transport team protocol – Includes surgical referrals and other complex situations. |
| (s). NHSE/Neonatal Network to expedite the decision on the whole network transport service and centralise the administration out of hours in the interim | | Cheshire & Merseyside Neonatal Network | | June 2017 | **COMPLETED** – Connect NW transport team are now a 24/7 service for the 3 ODN sites as of the 01/06/2017 |
| (t). The CDOP (Child Death Overview Panel) should consider whether its processes could have detected the cluster of deaths and initiated external review more swiftly | | Cheshire West & Chester Local Authority | | | Discussed in Pan cheshire CDOP panel meeting on 24th March 2017 (Excerpts from the meeting minutes attached)<br>  <br>Excerpts from CDOP meeting 24.3.17.doc› |
| (u). Clarify between network and | | Cheshire & | | | **COMPLETED** – Current |

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| commissioners the arrangements for multi-site investigations and timely implementation of actions | | Merseyside Neonatal Network | | | process reviewed by commissioners and the NWNODN.<br><br>NWNODN communications and process around multisite investigations and actions to be strengthened. This to be reflected in the TOR for the clinical effectiveness groups within the NWNODN.<br><br>Item 10a Response to COC RCPCH Revie |
| (v). The network should develop a policy for temporary closure of a unit to admissions due to capacity concerns | | Cheshire & Merseyside Neonatal Network | | | **COMPLETED** – Development of policy for Temporary closures due for completion by September 2017<br><br>Item 10a Response to COC RCPCH Revie |