

## Telephone Note In

Matter No: I&S - Ian Pace  
Client: Countess of Chester Hospital NHS Foundation Trust  
Matter: Countess : Helpline 2016  
Lawyer: Ian Pace  
Date: 5 July 2016  
Subject: Telephone in from client re regarding neo-natal unit 1  
(Dee Appleton-Cairns)

---

Call in from Dee Appleton-Cairns. She mentioned an issue on the neonatal department. She said that the neonatal department has a system in place whereby when there are increased death rates and "alarm" goes off. 18 months ago an alarm was raised. This was investigated and an external reviewer was called in to consider a number of neonatal deaths. It was found that there was no issues to address for the Trust.

The alarm has since gone again. For example a women who had triplets at 33 weeks who were all born healthy resulted in two dying and this meant that the third baby went to a specialist unit. The third baby is now failing. The midwives are saying that this is because of congenital issues (it has been suggested it is because they shared the same placenta). From an employment respect the staff were turning themselves. They are all pointing the finger's at each other. There has been an instance when a consultant has referred to a midwife at Beverley Allet. Dee is satisfied that there are no malicious issues involved. I asked Dee how she can be sure and she said that she did not think there would be any such issues. I explained that really the employment aspects of the matter pale into insignificance taking into account potential issues involved especially if those who are working on the ward and including consultants are pointing the finger at each other and the suspicions that the death rate could be attributable to one in particular individual. Dee said that that there is a commonality between the events and one individual and I suggested that we needed to provide her with additional support on this so that she could manage the ongoing process. She said she would appreciate this and I said that I would put her in touch with one of our partners in the Healthcare Regulatory Team ***[Corinne Slingo subsequently called Dee to discuss the matter].***

I explained from an employment law perspective, from the nurses perspective she is having the finger pointed at without any good reason then there is a potential risk with her if she has sufficient service that she could bring a claim for constructive unfair dismissal if she decided to resign. To defend itself against that position the Trust should put in place steps to justify a satisfied position that there is a suggestion or evidence that there is a link between the two and that the Trust may therefore have a defence (although it may be difficult to establish) that there is sufficient evidence to put the allegations to her (for example if we decide to suspend). I explained my view was the priority was to investigate these issues that were arising bearing in mind the potential consequences and suspicions that have arisen. I said that a partner would be in touch shortly.

I subsequently spoke to Corinne Slingo and expend the situation and she confirmed she would speak to Dee to advise.

Time engaged including preparation of attendance note: 5 unit