

Message

From: Slingo, Corinne [/O=WWH/OU=BRISTOL/CN=RECIPIENTS/CN=CSLINGO]
Sent: 18/07/2016 17:15:06
To: 'Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)' [sue.hodkinson@I&S Cleverley
Debra (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST) [debbie.cleverley@I&S]; Pace, Ian
[ipace@I&S]
CC: Rowbotham, Cheryl [crowbotham@I&S]
Subject: Legally privileged - confidential advice re neonatal unit

Importance: High

Dear Sue

Many thanks indeed for the call this evening, it was really useful to hear where you have got to so far on this really tricky issue for the Countess. Just to summarise a few key elements of our conversation, particularly re the police, given the daily pressure of that decision:

1. Based on the fact that:

- the only current evidence of any clinical concern is the (potentially circumstantial) fact that one particular nurse was on shift on more occasions than others at the point when neonatal deaths arose, and
- there are also deaths/deteriorations that occurred when she was not on shift, and
- No incidents have been linked to her practice, and
- No previous concerns or whistleblowing has arisen in respect of the individual or the unit, and
- There is currently no cause of death or thematic clinical basis to suggest the deaths are connected to each other, or connected by a common intervention (deliberate or not), and
- Approximately 75% of the deaths have also been through the coronial system, with no common feature or issue arising from the individual's care;

There does not currently appear to be any reason to formally alert the police to these issues, as there is nothing upon which one might reasonably base a suspicion of a criminal offence having been committed. We advised that this fine balance of decision making be kept under very close review, with a very low threshold for moving this to a decision to notify the police, in the event any clinical evidence comes to light in the ongoing investigations that tips the balance in favour of alerting them. We discussed the useful parallel consideration of thinking about whether you reach the point where you have enough evidence to exclude her under your usual policy, as that would certainly be a key moment to consider the level of evidence to report her to the police too.

2. From a patient safety perspective, the decision to move the individual to a non clinical role is absolutely right. Irrespective of the right or wrongs of the suspicions cast upon her involvement in the heightened mortality issue, the individual will now be under enormous pressure, and that of itself creates additional patient safety risk that needed to be managed, and taking her offline from clinical duties does this. It will be important to ensure she would not have access to any medical records for the unit, in case there is any risk of her accessing them to investigate matters herself, or (worst case) to tamper with them. Ian may have a view on this from the constructive dismissal risk, depending what the non clinical role entails.
3. There is a likelihood that, having changed the admissions criteria to remove the highest risk of sub 32 week neonates (which I agree is the right step), that the mortality rate will drop significantly in any event, and that could easily be interpreted as being due to the removal of the individual, as the timescales coincide. That may make life much more difficult for her, and also for the Trust in trying to identify the true cause of the spike in mortality for this group of babies.
4. Finally, we explored the need to ensure the clinical team and those still internally investigating any themes around the deaths, still keep open minds to a range of potential causes, rather than take any false assurance from the issue of the individual, as that may risk missing a systemic cause, or indeed any other individual cause.

Please do not hesitate to get in touch as this situation continues to evolve. It would be helpful context to see the TORs for the 2 royal college reviews, but I appreciate you are checking the level of comfort around sharing those with us.

Kind regards
Corinne

Corinne Slingo,
Partner – Head of Healthcare Regulatory
DAC Beachcroft LLP

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From: Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST) [mailto:sue.hodkinson@ [Redacted] I&S]
Sent: 18 July 2016 12:42
To: Slingo, Corinne; Cleverley Debra (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Pace, Ian
Subject: RE: Call

Dear Corinne,

Please find attached two all staff briefings we have undertaken as well as the link to the website which also details about the position.

<http://www.coch.nhs.uk/corporate-information/news/information-about-neonatal-services-at-the-countess.aspx>

I can also brief you both later as to the position from a staffing perspective, following on from my call with Ian this morning.

Look forward to speaking with you both later.

#hello my name is...

[Redacted]
Personal Data

Sue Hodkinson MCIPD

Executive Director of Human Resources & Organisational Development

Countess of Chester Hospital NHS Foundation Trust, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1UL

Email: [sue.hodkinson@ \[Redacted\] I&S](mailto:sue.hodkinson@ [Redacted] I&S)

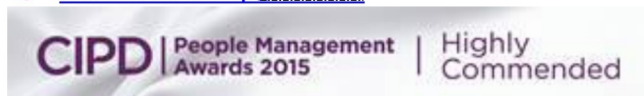
Tel: 0 [Redacted] I&S / Internal Extension: [Redacted] I&S

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To contact my PA, please contact Debbie Cleverley on:

 01 [Redacted] I&S

 [debbie.cleverley@ \[Redacted\] I&S](mailto:debbie.cleverley@ [Redacted] I&S)



From: Slingo, Corinne [mailto:cslingo@] I&S

Sent: 18 July 2016 11:50

To: Cleverley Debra (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Pace, Ian; Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

Subject: RE: Call

5pm is fine this end – if we know what number Sue is on at 5pm, Ian and I can give her a call.

Sue – if there are any initial scoping briefings available in the interim that could give me a sense of the current information/evidence/steps taken around the patient safety side on the neonatal issues, that would be hugely helpful.

Kind regards
Corinne

Corinne Slingo,
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Portwall Place, Portwall Lane, Bristol BS1 9HS

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From: Cleverley Debra (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

[mailto:debbie.cleverley@] I&S

Sent: 18 July 2016 11:46

To: Pace, Ian; Slingo, Corinne; Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

Subject: RE: Call

Hello Ian and Corinne

Thank you for getting back to me. Can we go with 5pm today please – would you prefer Sue to call you or you to call Sue?

Many thanks.

Kind regards.

Personal Data

#hello my name is...

Debbie Cleverley
PA to Sue Hodkinson, Executive Director of Human Resources & Organisational Development
Countess of Chester Hospital NHS Foundation Trust

0 I&S
debbie.cleverley@ I&S



Please consider your environmental responsibility before printing this e-mail

From: Pace, Ian [<mailto:ipace@>] I&S
Sent: 18 July 2016 11:22
To: Slingo, Corinne; Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Cc: Cleverley Debra (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: RE: Call

Hi Sue
I am also available at the same time so happy to work around you.
Regards
Ian

Ian Pace
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From: Slingo, Corinne
Sent: 18 July 2016 10:53
To: 'Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)'; Pace, Ian
Cc: Cleverley Debra (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: RE: Call

Thanks Sue/Debbie. I can do 5pm today or between 9am and 11.30 tomorrow morning, or between 1pm and 3pm tomorrow. Let me know what works for your combined diaries.

Kindest regards
Corinne

Corinne Slingo,
Partner – Head of Healthcare Regulatory
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From: Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST) [<mailto:sue.hodkinson@>] I&S
Sent: 18 July 2016 10:51
To: Pace, Ian
Cc: Slingo, Corinne; Cleverley Debra (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: RE: Call

Good morning Ian,

Many thanks and would be helpful to arrange over the either later today or tomorrow if possible.

Could you let Debbie and I know when is best.

Thanks,

#hello my name is...

[redacted]
Personal Data

Sue Hodkinson MCIPD

Executive Director of Human Resources & Organisational Development

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 debbie.cleverley@ I&S



From: Pace, Ian [mailto:ipace@] I&S
Sent: 18 July 2016 09:09
To: Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Cc: Slingo, Corinne
Subject: FW: Call
Importance: High

Hi Sue

I have updated Corinne, following our call this morning. She would welcome a call after your meeting to discuss how to take things forward from a regulatory perspective. Please do let me know when would be a good time for you.

Regards
Ian

Ian Pace
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From: Slingo, Corinne
Sent: 12 July 2016 19:41
To: 'dee.appleton-cairns@] I&S
Subject: Call
Importance: High

Dear Dee

I hope you don't mind me emailing you direct – Ian passed on your message today. I am pleased you safely received my VM last week, but I am sorry we missed each other yesterday (I was on leave). Is there a convenient moment this week for a call? I appreciate there is a lot going on at your end, so I am happy to try to fit in with your diary as you see fit.

Kind regards
Corinne

Corinne Slingo,
Partner – Head of Healthcare Regulatory

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