

**Summary of 'table-top' review meeting held on 26/2/16 at Alder Hey Hospital to discuss case of **Child I** (dob **PD/08/2015**, dod **PD/10/2015**)**

**Attendees:**

Nim Subhedar (CMNN, Clinical Lead, Chair)  
Caroline Travers (CMNN Acting QI Lead)  
Karen Mainwaring (NW ODN QI Lead)  
Simon Kenny (AH Surgery)  
Kiran Yajamanyam (LWH Neonatologist)  
Steve Brearey (COCH Paediatrician)  
Shri Babarao (APH Neonatologist)

**Background:**

NVS explained that the purpose of the meeting was to allow a multi-organisation review of the events and decisions that led to multiple transfers of a baby in the C&M network who ultimately died. Any deficiencies in care identified/lessons learnt would be shared with other CMNN providers. It was acknowledged that this case had previously been the subject of detailed reviews at COCH and AH.

- A summary of the case was presented with documents available on the day relating to the baby's admissions to the neonatal units at LWH, COCH and APH. **Child I** was a 27 week gestation baby born at LWH following in-utero transfer from COCH because maternal preterm rupture of membranes.
- Following spontaneous preterm delivery, she received early care at LWH for **PD** days prior to transfer to COCH for ongoing care; at this time she was on CPAP and receiving PN.
- She deteriorated at COCH at around 4 weeks of age with suspected NEC. Following discussion with the AH surgical team, she was transferred back to LWH for surgical review and ongoing surgical surveillance.
- The baby was managed conservatively for NEC for seven days at LWH before she was again transferred back to COCH. It is unclear what level of surgical input she received at LWH.
- Unfortunately, the baby became unwell again about 4 weeks later at COCH and had two episodes of major cardiorespiratory collapse requiring full resuscitation. She was treated with inotropic support after her first collapse and there were discussions about management with both LWH and AH surgical teams. A decision was made that transfer to LWH was not indicated at that time because of clinical improvement.
- The baby deteriorated again the following day and was transferred to APH after discussion with the teams at LWH and APH; this decision was made because APH was