They did acknowledge the concerns we raised over foul play and recommended a forensic detailed independent review of all the cases. This would be far more detailed then the thematic review and would be conducted by 2 teams independently of each other including neonatologist and a pathologist who would have access to all records and pathology specimens and reports (with air embolus specifically being considered in the pathology). Sue Eardley gave 4 names to Ian; he has contacted them all and 2 have already replied indicating that they would be willing to do this. Pending this there will be no change to our redesignation. The board are still fully aware that this may end up with the police being involved but will now await the more detailed case reviews (which is what we wanted back in June)

**9th consultant**

This was much trickier. The initial interview date was cancelled due to lack of college rep. Ian told me that because of the RCPCH review, the downgraded status and also because of the Vanguard/Network plans and STP plans, the board had questioned whether the case made earlier in the year for this post was still valid and were adopting a wait and see strategy. They were concerned that whilst the review was ongoing we might not be able to attract as good candidates as we may have done otherwise. I made the following points very clear indeed

- It would have been perhaps an idea to discuss with the clinicians and managers who ran the service rather than making assumptions about the need for the post

- The main impetus for the post was the fact that we were unable to provide 12 hours a day, 7 days a week in-house consultant cover within the existing job plans, the existing consultants were all working well over contracted PAs and we had calculated that a minimum of 9 would allow us to address these issues without losing clinic capacity. These were all independent of any neonatal issues and were all still valid

- With only 8, the above would not be feasible without affecting clinic capacity; the existing consultant workloads would still be over PAs and the pressure we have been under would not be eased

- The fact that a neonatal interest was put in is secondary to the original case; even if we had no NNU at all we would still need the 9th consultant. Having 9 enables us to have a consultant covering NNU specifically which will improve quality and safety of care; in the light of recent events this is vital.

- Even if we remained at level 1 for ever, we would still need a neonatal lead to do all the same work and deal with Network business.

- If the post was pulled/delayed indefinitely, it would lead to rebellion in the ranks with people looking for jobs elsewhere and a domino effect.

Ian took this on board and is speaking to his exec colleagues today about it. I suspect I will be summoned to see them next week. If they don't buck their ideas up we need to escalate this somehow as a patient safety issue; that's the best way to get things moving I think. Ina said he will feedback to me today (but then again he may not!!)

Ravi

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