

### Summary of cases.

The cases may be divided into 2 groups and I have assigned each case to a likely group.

1. The death/collapse is explained but may have been prevented with different care, and learning may improve outcome for other babies (date of first collapse is noted).

<b>I&amp;S</b>		11.12.15
<b>Child H</b>	(?outcome)	21.9.15
<b>Child Q</b>	(survived)	25.6.16
<b>Child E</b>		3.8.15
<b>I&amp;S</b>		27.1.15
<b>Child C</b>		PD 6.15
<b>I&amp;S</b>		18.2.16
<b>I&amp;S</b>		8.1.16
<b>I&amp;S</b>	(survived)	6.4.16
<b>I&amp;S</b>		6.3.16
<b>I&amp;S</b>	(survived)	9.14
<b>I&amp;S</b>		3.9.15
<b>Child D</b>		22.6.15 (changed following PM review)

2. The death/collapse is unexplained. It is the investigation of these cases which would potentially benefit from local forensic review as to circumstances, personnel etc (date of first collapse is noted).

<b>Child O</b>		23.6.16
<b>Child A</b>		PD 6.15
<b>Child P</b>		24.6.16
<b>Child I</b>		22.10.15

\*Cause of death as given in post mortem report should be reviewed given baby stable in air in days preceding collapse