

① Tim's availability

Jackie Hughes availability

① Timescales - 12 mths / 2014.

① NHS England - Andrew Crowsley
- Emergency Preparedness list.

* Major incident.

* List of names / who's on unit. - KR.

Actions

ORC / WLB - On capacity

PHI - Tim lister final review.

RM - Escalate of medical notes.

SW - Consensus list of stakeholders, PALS.

Consensus support families / parents

there / coming in / parents of
those deceased.

NHS England support

Staffing support - Jackie N

- Tim L.

Consultant mty 30/6/14.

* Shared position re timescales / consensus etc.

* Can't be assured unit safe.

* Unexpected increase in mortality levels 2013/14

- In-depth medical review individual cases

- Independent review RCPs & Child Health.

Unit close for model of care - req'd
level of care.

* Spoken to CQC today. Agreed key the
information, agreed actions fair, balanced,
proportionate.

* Q'd ask some questions, clinical decision
making, practice, staffing environmental.

* RCP & CH: medical & nursing to be
brought in. Can do review in August.

2 full days. Immediate feedback in
immediate areas of concern, report 2-3 hrs.

No specific date, drafting proposed a
Tel. findings Tel. - concerns / where
with / data / who i/v., all data they
require.

* what level of service assure ourselves of being safe.

(8b) Good rep paed & ps. Didn't matter of unit, clinical concerns member of staff. yes downgrade to Lvl, get of intensive cots, HDU cots, but not get complete assurance to clinical team without staffing.

(9) What measure up both sides equipment, env, distributions. If 1 issue is member of staff, haven't addressed the issue. This has to be addressed. Everyone aware of police. Invited review member of staff. What else do in meantime?

(10) Clinical model. Clear set of stable data. level 1 unit, what consequences obs?

(8b) Level 1 doesn't quickly gestation - nearest is manifested 32 hrs. Before we take 34 hrs.

(10) Any level 1 units UK?

- given refer antenally, maternal foetal medicine

(8m) haven't thought about foetal 18mths how about this, member of staff could be doing this.

medicine.

(8c) How do you balance what saying here?

(8m) best thought in minds member of staff responsible for deaths. But remind what though still birth. Separate non death review. though great heights what schedule was. First time about member of staff is last 3 days.

Only going on what hearing for paediatrics, rights/days change. wholeheartedly agree with review.

like 2 mths, haven't been revised member of staff. Not sure what review will do. Senior concerns member of staff, fantastic unit but concerned by what/ system being raised.

(11) - you just did.

(8c) Not question I asked, unit & model of care what consequences, foetal medicine unit

(8d) time to plan carefully, manage better.

(5M) Can't provide clear guidelines for now, involve obstetric each day to decide transfer and decision making 24/12 hr window. Clinical roads but no need to make decision now.

(4C) Inquire not easy, has to be guidelines, need to understand in terms of numbers? Network can't be vague, inevitable consequences of position in.

(5M/5B) - easy to do no of birth +/- transport to hospitals

(4C) How quickly incorporates neighbouring units? Certainly protocols as guide

(5B) NW - lunchtime tomorrow.

(4C) Obs?

(5M) May not be as accurate, reasonable guessimate.

(4C) Protocols?

(5M) Doesn't change thing, no less than 27w + 6 days, approx gestate 34w. Diff is rich lady, neonatology after lady.

(4C) Reducing risk.

(4C) Lunchtime tomorrow, new model of care / volume of activity, recognise transfer / transfer col. Describe new model of care, CQC, largest unit will want to know. Who do it lunchtime tomorrow?

(5B) I'll do neonates.

(4C) Who do obstetrics?

Doctor V - I'll coordinate, FF

(4C) If support numbers

(5B) Brief BPMs.

(4C) Agreed comprehensive remit, agreed timescales, obstetrics service.

(4C) Do we need involve partner units? (frt)

(4C) What we offer & support partners, manage consequences.

Timescales of this. Take some planning consequences, neonates, partner, public, obstetric group, not tomorrow not this time next wk. Once sense of volume, networks & others conversations.

Consensus re 1 member of nursing team, keep open mind, more don't

don't work. Behavior & way visitors/patients
difficult to know who not in looking at
Surge cards.

legitimate means we make of stuff,
2 who unusual leave for today
holding a very single patient not sharp
shot, will determine action we
take regarding level of action to
take.

Know request remove from direct
patient care duties. During annual
leave, drill in action.

(DS) Concern on part of review,
worry to 2 who, off for 2 who,
6 who, concern for who/caremakers.

(TC) Not including police, anything,
reminds of us deep dive, could
be range of consequence
West police investigate, if
sufficient pattern, restrictive duties,
expansive, regroup. Reminds
not to do review

(SPC) Could be anybody. When heard about
practices going by clinicians, requiring
open mind?

(TH) Explain

Kalid - busy there after incident.

(PR) Up on, no record of calendar,
Kalid - unit so busy, why not write?

(TC) Know unit under extreme pressure,
reminds with help, acuity of patients
changed

(TS) No other unit see clinicians noticeably

(TC) 2 who drill down, look at both
look concerns, not criticizing anyone.
Know with people of who, police,
restrictive duties

(DS) Walk onto unit, see individuals

(TC) will be assurance.

(SB) Reviewed any case more than once,
care never perfect, least, concern
there to this individual. All clinicians
come back, not going to reappear.
Let us that issue comes back.

- (KA) Not specific in concerns,
- (SB) Spoken at depth in May, concerns.
- (AK) Circumstantial
- (SB) Other than HIE case, present at deaths, let you know about cases two year, 3 triplets, just last week, chances of. Understand don't want to meet concerns.
- Kalid - why not do external review until now.
- (JM) Take stock of what said, Child health expertise won't look different.
- (PB) Said this 100 times, benefit of clinical knowledge & environments, looks review will pick up
- (KE) Asked you how effort babies
- (KJ) Air embolism. What concern members of staff having babies, sorry to explain. entirely resuscitated meconium, happens 1, 2 not this many times. All collapses identified early. Causes

- suspicion, seems to be receiving there is what happens. This is the concern.
- (TC) Direct CC removed, unit safe?
- (PB) Risk removed.
- (TC) Need to do both. Longchuan's review appropriate, fair, help.
- (JM) May 14p.
- (TC) Model of care, suspicious one of team members, test out hypotheses, then re-group, take decision. Either
 - ① end user for, ② end user's police,
 - ③ remove direct duties, whilst review.
- Valid - feeling for why yesterday, looking at clinicians, car park cards. Says something about looking at
- (TC) Concerned about who looks in unit at one time, lighter don on this,
- (KJ) Don't think anyone trying to accuse clinicians, Don't think nursing care won.
- Ian - TOR clinical concerns discussed? Are you going to raise?

(14) Suspect RC aware barely ill. raised area of concern broadly. if involve police, defer review.

(15) Team for RCP don't know about member of staff.

(14) Increase in mortality, issues highlighted member of staff. not finalized yet.

(15) Very difficult to do - forensic review & processes of unit don't think can do that.

(14) Opened up whole can of worms, took a everything. Review at some point.

(15) Accepted that minor criticism, no solution.

(16) Same situation with police.

(15) Expertise forensic investigation, decision to involve police, difficult decision to make. (16) Explain police

(16) How this goes, close unit, crime scene, sealed, forensic teams in, potential suspect, arrested, taken for questioning, other assist enquiry,

go on for who,

(16) preformulate response containing on, all agree problem, can't answer difficult question & no. Concern about member of staff. Test our hypothesis, 3 options

- Nell

- Substance - police called

- Hypothesis simply & joint view.

Headlong creates witch hunt, not suggested, not up for this, make safe for babies, consequence of member of staff, repercussions for dept.

(15) Discuss 10 mins, Minutes around only. See that choice, extremely worried since reduced, big impact on hospital.

(16) Agreed right to call out.

Review activated

Staff member activated & arguing clinical model, care back tomorrow. Acting clinical model, planning team, serious plan, press releases.

assume press enquiries, doing all of this, excluded 1 nurse, downgrade might as well phone police.

not everyone in eye, everyone signed around unit with this. Security way unit operates, security, feels lighter. Need to pursue & re-group, build implementation & communications plan.

- JS → after 2 who, definite decision at that point.

JD → 2 who were & kind of bone.

SB - made feeling clear.

valid - spots for bone.

Tc - feels personal, need to be safe, kind & effective

SM - on board with plan.

14 - pragmatic solution, fact is need more detail, not get assurance, less than 2 who unit.

SB something nagging me, open about care on unit, observations before.

unit, Qatix incidents, inconsistencies problems, governance facilitated. 1st one wonderful & left, 2nd replaced less than adequate, replaced by someone fish out of water.

(AK) Culture element, raising concerns.

(SB) Challenge completely, someone asked me to Qatix, go ahead & ask us. Valid - doing so much work, more than expected.

(SB) Culture high reputation, more than others. Help in consultant, helped to have discussion.

(TC) Anything more.

(SB) No.

(TC) Ravi?

(RJ) Not then & us, Excess & children, feeling very high, safety for babies, paediatric & others, appreciate support. pin, pragmatic way forward. More discussion about number of staff. If suspension

ventilation, get checked. Not easy with people. Not going forwards. Dr'll dan - yes.

MB. - Hoping work can give us evidence makes uncomfortable, hope next 2 wks.

AK. Nothing to add

KR appreciate concerns no action.

SB Apologise if upset you

SH Support, OK.

DW Team helping unexpected & unexplainable, maybe inconclusive, take time it will sort. Don't status agreed on, obs + level 1. Can't explain - why done this. Sue Shuff may be reassigned, do have difficult group 2 wks, further 6 wks. May not be what want, will be discuss in 2 wks. Not helpful conjecture, teacher don't use together,

what not porting protocols & risks now. Will be in public domain / networks, people make our mind up. Have to stick together.

(C) Talk everybody, either collectively or smaller group get logical tomorrow. View of when actioned, available tomorrow.

(Im) What say to an Shuff.

(TC) Being worked through, tough nty.