From: BREAREY, Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: Wednesday, May 10, 2017 6:31 PM
To: JAYARAM, Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
<[redacted]>
Subject: FW: Neonatal deaths & collapses

1st attachment is the one
Steve

From: BREAREY, Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: 04 May 2017 19:32
To: GIBBS, John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); JAYARAM, Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); HOLT, Susie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [redacted] (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); MCGUIGAN, Michael (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); SALADI, Murthy (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [redacted] (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: RE: Neonatal deaths & collapses

I've revised the document and hopefully made it better.
It now has a table of contents. I've added a paragraph saying acuity and staffing is irrelevant. I've changed the cases who survived to letters, following on alphabetically and added more detail to those cases. I have mentioned nurse L was present for all of them. The code is:
Baby N [redacted]
Baby O [redacted]
Baby P [redacted]
Baby Q [redacted]
Baby R [redacted]
Baby S [redacted]

Would someone be able to add the other [redacted] twin (mentioned in the mortality section), [redacted], [redacted] and anyone else not mentioned we are worried about?

I have attached a document regarding acuity and staffing that maybe doesn't need to be in the main document but we can take with us and refer to if needed.

I'm sorry - Tracked changes and comments drive me crazy! I've tried to remove them once incorporated – hope that's OK?

Steve

From: GIBBS, John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: 04 May 2017 14:17
To: JAYARAM, Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); HOLT, Susie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); BREAREY, Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [redacted] (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); MCGUIGAN, Michael (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); SALADI, Murthy (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [redacted] (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: RE: Neonatal deaths & collapses

From my perspective, for the babies that I was involved with who died unexpectedly, I can only say that LL was involved when they collapsed but I was not aware of what she had been doing prior to the collapse, or even if she had been the main nurse carer for the baby on that shift (since by the time I arrived, on each occasion, resuscitation was in progress and LL was involved).

This applies to babies B, F, K.

Baby F is the one where I joined Murthy around 08:30 at handover time on a Sat morning when the resus was in progress. Murthy (and I think Matt Neame) had been involved with the baby earlier during the night so I don't know if you have any other relevant observations to make, Murthy, concerning LL prior to the resus?

JOHN

From: JAYARAM, Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: 04 May 2017 13:23
To: HOLT, Susie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); BREAREY, Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); GIBBS, John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [redacted] (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); MCGUIGAN, Michael (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); SALADI, Murthy (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [redacted] (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: RE: Neonatal deaths & collapses

Thanks Susie

Suggestion for discussion

Should we highlight explicitly for these cases that LL was in attendance and in close proximity to the incubators (in those situations we know for a fact she was)? This is after all the basis of our concerns and I think for the police to have their interest piqued we need to have that with all of the cases (it's not going to be in the info Ian H/Stephen C have given to the police). I have attempted to do this as belwo for the ones I was involved with but hopefully more In a stating the facts way than a subjective finger pointing way.

If everyone is in agreement we should all do something similar for the ones we know about. Time is of the essence, I would like to get this to Superintendent Wenham by the middle of next week at the latest.

Ravi

Page 2 – after "This is highly unusual and may indicate a possible unnatural cause of death" should we say "for example air embolism". The review paper attached describes such rashes in air embolism.

Page 2 – Baby A ([redacted]) Maybe add in " peripherally inserted central venous catheter inserted 90 minutes previously, in an appropriate position on x-ray. Initially became apnoeic, dropped oxygen saturations and then became bradycardic with no warning. Staff nurse Letby in

attendance and with baby at the time of deterioriation. Resuscitation commenced immediately but did not respond to timely and appropriate interventions. No heart sounds heard but evidence of low voltage electrical activity on ECG trace. Decision taken to stop resuscitation after 30 minutes."

Page 6 – baby no 3 of the unexpected collapses 33 week gestation twin born in good condition. Day 2 sudden cardiorespiratory arrest, 6 doses of adrenaline and CPR. No cause identified.

? add " stable and breathing spontaneously on no respiratory support. Slightly distended abdomen during afternoon but observations steady. Sudden unexplained apnoeic episode followed by drop in oxygen sats, bradycardia and arrest. CPR started immediately. Heart rate present after adrenaline but slow at 60bpm. Resus continued for 30 minutes with no improvement (6 doses of adrenaline, 2 doses of sodium bicarbonate, 2 boluses of normal saline). Noted to have unusual patches of pinkish discoloration on skin on background of pale/blue discoloration. Patches seemed to come and go. Discussion with parents on withdrawing care but at 27 minutes heart rate above 100 and respiratory effort noted. Staff nurse Letby in attendance during resuscitation, unclear if present at moment of collapse from notes.

Page 6 25 week gestation infant. Ventilated. Sudden deterioration at 0350 with misplaced ETT. Transferred and died in APH.

?add " Born at 0212 after mum went into spontaneous labour, needed bag and mask resuscitation at delivery, breathed spontaneously. Electively intubated and given surfactant, connected to ventilator, IV line placed for IV glucose and IV antibiotics. Plan for transfer to Arrowe Park hospital due to gestation. Stable observations and ventilator requirements. Sudden deterioration at 0350, oxygen saturations dropped to 40%. Connected to bag and mask and chest not moving. Carbon dioxide monitor attached to endotracheal tube – not changing colour suggesting tube had dislodged from trachea. New tube placed and baby recovered. Baby looked after by Staff nurse Williams. At time of deterioration, nurse Williams off ward talking to parents on labour suite, Staff nurse Letby at incubator and called Dr Jayaram to inform of low saturations. Endotracheal tube had been secured properly and baby not over-active. No obvious reason for tube to have dislodged. Baby subsequently deteriorated and eventually died but events around this would fit with explainable events associated with extreme prematurity"

Those are my ones, over to you!

From: HOLT, Susie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: 03 May 2017 23:44
To: BREAREY, Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); GIBBS, John (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [redacted] (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); JAYARAM, Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); MCGUIGAN, Michael (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); SALADI, Murthy (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); [redacted] (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: Neonatal deaths & collapses

Dear all,