

## Access to Public Information Response

July 26<sup>th</sup> 2017

### REQUEST UNDER THE CODE OF PRACTICE FOR ACCESS TO PUBLIC INFORMATION

Request sent on July 26<sup>th</sup> 2017:

I would like to request a copy of a report that was prepared by the clinical risk manager Lynn Lewendon in 2008 with regards to the resuscitation of newborn infants at the PEH under the "Code of Practice for Access to Public Information"

States of Guernsey response sent on August 22<sup>nd</sup> 2017:

Further to your request under the Code of Practice for Access to Public Information for a copy of a 2008 report written by the then Clinical Risk Manager with regards to the resuscitation of newborn infants at the PEH, please see below for a response from Health & Social Care.

HSC's Retention and Destruction of Information Policy (G102) states that routine reports only need to be retained for two years after the settlement of the matter to which they relate. Following your request and despite extensive efforts to locate a copy of this internal report within HSCs current and archived relevant filing systems, we have been unable to find a copy, and it is likely therefore that it has been destroyed under this Policy.

We wanted to highlight the above to be completely transparent on the actions taken in response to your request and assure that every effort has been made to locate the file. However, we would also wish to clarify that, as this was an internal report written by a member of staff, it is highly unlikely in any event that it would have been suitable for release based on the below exemptions that apply to the Code of Practice for Access to Public Information:

- Exemption 2.4 – Internal discussion and policy advice. Where disclose would harm the frankness and candour of internal discussion.
- Exemption 2.8 – Public employment. Disclose could result in disclosing personnel records including personal details of employees.
- Exemption 2.12 – Privacy of an individual – disclose could constitute or facilitate and unwarranted invasion of privacy or breach of the Data Protection (Bailiwick of Guernsey) Law, 2001.

HSC however wishes to be as transparent as it possibly can under the circumstances of your request and is prepared to release the conclusions of a briefing paper that its then

Chief Officer prepared for the then Board following alleged concerns being raised over Loveridge Ward and resuscitation equipment. The report concluded:

1. My first conclusion is that the HSSD is fortunate to have very dedicated staff working for it, all of whom are determined to ensure patient safety. It is unfortunate that relationship problems appear to have developed between well intentioned people but I note that the Director of Public Health and the Director of Services for Children and Young People are addressing this.
2. It is correct that clinical risk issues relating to paediatric resuscitation were first raised in January, 2008 but issues relating to neonatal resuscitation were not raised until later. Most of the issues raised have been addressed and it is, therefore, incorrect to say that clinical risks were identified in January, 2008 but nothing had been done about them by January, 2009.
3. Continuing attention needs to be given by the Director of Services for Children and Young People to ensuring that as many as possible of the midwives are NALS trained and as many as possible of the Frossard Ward nurses are European Paediatric Life Support or European Paediatric Intermediate Life Support trained.
4. The issue of paediatric resuscitation in areas of the hospital that primarily cater for adults needs to be reviewed by the Director of Public Health, the Director of Services for Adults and the Director of Services for Children and Young People. This review should cover who is to be called, how, what roles are to be undertaken by the various personnel and what training is required by whom.
5. The Director of Corporate Services and the Director of Services for Children and Young People need to ensure that agreement is reached between the midwives and the Estates Department on whether the drop-down surfaces are to be installed in the rooms on Loveridge Ward and, if so, how and when. They also need to consider the relative priority of the alterations to Loveridge Ward to link these rooms with the delivery suite and to seek the views of the Corporate Management Team on this if appropriate.
6. The Estates Department needs to continue the work of planning and costing replacement bedhead trunking and services so that budgetary provision can be made.
7. The Director of Services for Children and Young People and the Director of Public Health need to ensure that outstanding issues in respect of revising the HSSD policy and procedure Cardio-Pulmonary Resuscitation and Clinical Emergencies are resolved.
8. The Director of Services for Children and Young People and the Director of Public Health need to ensure that the outstanding issue relating to data collection, i.e. a new form being designed, is resolved.

The actions included in the 8 points above have been, or are in the process of being, implemented. For example, physical changes to facilities provided on Loveridge Ward are planned as part of the PEH re-profiling project which will relocate maternity facilities. As you can appreciate, such a move is not insignificant and thus has taken multiple years to deliver. However, it must be stressed that the current facilities on Loveridge Ward have

significantly improved over recent years as verified by the NMC in 2016 who recorded formally to HSC that they had 'no intention to return'. All midwives are NALS trained.