Tuesday, 26 November 2024

(10.00 am)

LADY JUSTICE THIRLWALL: Good morning.

Ms Langdale.

MS LANGDALE: May I call Ms Hodkinson, please.

LADY JUSTICE THIRLWALL: Swear in the witness, please.

MS SUSAN HODKINSON (sworn)

Questions by MS LANGDALE

LADY JUSTICE THIRLWALL: Thank you very much. Yes.

MS LANGDALE: Ms Hodkinson, you prepared a statement dated 14 August 2024 for the Inquiry. Can you confirm that the contents are true and accurate as far as you are concerned?

A. Yes, I can.

Q. You tell us in paragraph 1 that you are making the statement in your capacity as the former Executive Director of People and Organisational Development at the Countess of Chester Hospital.

Can you just tell us what that role entailed, please?

A. If it's possible first before going through that, may I say a few words?

Q. Yes.

A. Thank you. I firstly would like to say, to

pass on to particularly the Families and to all members of the Inquiry my deepest sorrow and my condolences on the loss of your loved ones. I can really not imagine how this -- this is for you all and there isn't a day that doesn't go by that you are in my thoughts.

The Countess when I worked there was my local Trust and it is still my local Trust. I have been treated there, members of my family have been treated there, members of my family have been born there and also members of my family have received the services from the neonatal team as well in the past.

So for this to happen not only whilst I worked there but also being a member of the local community was something that I would never, ever have envisaged and I would not wish on any other person to go through this.

I am very grateful to the Inquiry for having the opportunity to tell the Families and also all of the Inquiry members the reasons why I took the decisions and the actions that I did at that time, eight years ago.

I am also grateful to the Inquiry for the chance to have some time to reflect and also to support potentially some of the recommendations that may come out in the Inquiry report that may support not only my former colleagues at the Countess, and many of them who I still know now, but also every single member of staff

and every organisation within the NHS doing the incredibly hard job that they do today and will continue to do in the future.

Thank you.

Q. Your role at the time Director of People, what did that entail?

A. It was a very extensive role. So the key -- I suppose my key take on it was to support all members of staff within the Countess. We had roughly around about 4,400 members of staff and key responsibilities was that I was the Exec Lead for the Trust People Strategy which comprised of elements in relation to equality, diversity, inclusion.

It comprised around the education, the leadership, the competence of staff.

I also was the Executive Lead for a shared service which supported around about 19,000 staff across five organisations which was comprised of both recruitment, flexible staff, payroll, pensions and Occupational Health. In addition, the learning development of the teams, providing the opportunity for people to raise concerns through the Freedom to Speak Up -- or Speak Out Safely process as it was -- I was initially -- and I was also, I think, very active within by the Cheshire and Merseyside region and also within

the Northwest HR Directors Forum as well.

So not only did I have my responsibilities within the Countess, I had responsibilities within the local region and the wider region as well.

Q. How do you think your role had the potential to affect the wider culture in the hospital; the Director of People in the wider culture?

A. Sorry?

Q. How did your role affect that wider culture in the hospital?

A. I think how I set the tone around how our staff felt, were led by their managers, managers or leaders, how they were educated, how they were supported when they joined the Trust, you know, those first couple of weeks and things, which are really important but also how they developed throughout their career and I think I took a particular, I suppose, point around this: to understand how it was to be a member of staff at the Countess.

I did many -- and this was my own decision to do this, I did many back to the floor exercises which was really insightful seeing how people treated me in different ways. For example, when I was a domestic assistant in A&E in the domestic assistant uniform, not being seen by certain people, which was really

interesting.

I think also as a porter, cleaning the beds, you know, doing, doing the downgrading -- you know, the -- apologies, the servicing of the beds, shadowing Consultants and anaesthetists in surgery. Various different elements. You know, and that continued throughout my time at the Countess. I wanted to get a real sense of how it was to be a member of staff there.

Q. Your experience before you came to the Countess, you say to us you started your career in 1995 as an assistant manager at WHSmith?

A. Yes.

Q. In 1998 became a store manager at Iceland Foods which involved the management of two stores with teams ranging between 20 and 30 employees.

January 2002, you became a support centre human resources manager, responsible for providing HR advice, guidance and support to the buying and marketing departments.

Your first role within the NHS was as an electronic staff record benefits realisation manager and ESR account manager. That was in 2005 to 2008.

You became strategic ESR account manager lead for the North West in June 2010.

In any of those roles, were you subject yourself to regulation, professional regulation of any kind?

A. So there is a point as well that you have missed there. Apologies, Ms Langdale. I also was an area human resource manager as well, so where I was essentially looking after -- I was the HR lead for a region when I worked for Iceland as well.

So, you know, my actual HR career as such started in around about February 2000. So, you know, from then to now that's what, 24 years of being a people professional as such.

So I think in relation to your point about regulation, I started very early on undertaking the I suppose the route into professional qualification around from the Chartered Institute of Personnel Development.

Obviously in those days remote learning wasn't what it is now and I had to -- for my role when I was working with Iceland I had to move up to Newcastle so I tried to remote learn for a period but it was very difficult to do that at that time.

So essentially I still, even though I wasn't fully qualified at that stage, I classified myself as under the regulation of, I suppose, our professional body, the CIPD.

Q. What did that require of you in terms of obligations to patients or to baby safety, safeguarding?

A. At which point?

Q. At any point in your career and the time that you are Executive at the Trust, did you feel responsible or accountable to a professional body for the way in which you made decisions around baby safety or patients?

A. I think it goes without saying that every -- every member of staff has that professional -- has that professional accountability. I think unlike the NMC, the GMC, the HCPC, all of the other regulatory bodies that exist, from a non-clinical perspective there isn't a professional body there at the moment.

However, as a people professional, I would see that I am obligated to the Chartered Institute of Personnel Development but alongside that I think it goes without saying, especially because it's my local Trust, that patient safety was absolutely paramount and the well-being of all members of the Trust was paramount to me.

Q. Shall we have a look at the policies? You refer to various policies in place at the time in your statement and if we can go, please, to INQ0003012, page 1. This is the 2013 Speak Out Safely policy that was in place.

We see the purpose set out there:

"This policy supports staff by ensuring their concerns are fully investigated and that there is someone independent outside of their team to speak to. For the purposes of this policy the term 'whistleblowing' refers to the disclosure by workers of malpractice as well as illegal acts, miscarriage of justice, dangers to health and safety [et cetera].

"The Countess of Chester is committed to openness, transparency and candour so that staff feel able to raise concerns and/or debate issues of concern about healthcare matters in a responsible way without fear of victimisation."

If we go to page 3, we see under "Process to be followed to express a concern":

"When staff wish to express their concern about patient care, they should normally do so to their line manager."

At page 6, we also see there are designated officers, as you have said already including Mr Harvey, Ms Kelly and yourself. Just to be clear, the policy doesn't require that those concerns need to be said in a formal environment, do they? They could be said in a car park, a corridor wherever someone has a chance to raise a concern and it feels right to raise one. It is

not important where you are physically sited to raise a concern?

A. No, but it typically was either -- I don't think necessarily concerns would be raised in the car park as such but they were typically either brought -- there was multiple different concerns throughout my time within being an Exec Director of People at the Countess where either members of staff emailed me, put in time in through my secretary or, you know, rang me to raise a concern.

So there was multiple different mechanisms to do that.

Q. Of course. If we go to page 7, at the top:

"The person making the disclosure will be asked whether or not he/she wishes to make either a written or verbal statement. In either case, the designated officer will write a summary of the interview which will be agreed by both parties."

If we go to page 8. In certain cases, three paragraphs up from the bottom:

"... such as allegations of ill treatment of patients, exclusion from work on full pay may have to be considered immediately."

That's made clear at the bottom as well.

"If the Chief Executive, as a result of the

investigation, decides there is a case to be answered by the person against who the disclosure has been made ..."

So simply a case to be answered.

"... the Trust disciplinary procedure will be invoked. If there appears to be evidence of a criminal act, the Chief Executive will consult the police before invoking the disciplinary procedure."

So standing back, it was perfectly plausible, wasn't it, that where these concerns had been raised at the very early stage by Dr Brearey in the Thematic Review highlighting patterns and concerns of events at night for babies that the Chief Executive might have responded to those concerns in -- in the context of this policy and removed Lucy Letby and referred the matter to the police?

A. Mm-hm. Yes, so is there a question or --

Q. Yes. Do you accept that that would have been an appropriate use of the policy, and given the Thematic Review and the concerns about Sudden and Unexpected Deaths and them happening at night, that in 2015 this policy could, and if it had been employed, have made a real difference?

A. I accept that the policy states that. I think at that time eight years ago there were multiple different factors at play and I -- I believe that it

wasn't as clear-cut as how things may be seen now. And certainly that was -- that was the key point where there would be no hesitation for me or for any other member of the Executive Team at that time in contacting the police but I --

Q. Do you agree that there was nobody who suggested to Dr Brearey or Dr Jayaram that they sat down with an interview with you as a designated officer or Mr Harvey or Ms Kelly, write down their concerns so that the Chief Executive could make a decision as to whether there was a case to answer, and an investigation was required?

A. I think there was a meeting on 30 June 2016 of which I was party of which was only a number of days after I first knew about the specific details and the concerns where the Consultants did state they were extremely concerned around potential of one member of staff being involved.

However, it was also clear to me in that meeting that there were also concerns that the care that was provided was not ideal. Dr Brearey did say that --

Q. We are going to go to the minutes of those?

A. Sorry.

Q. We will go to 30 June, there is a lot of meetings on that day.

A. Okay.

Q. But in principle you agree that this policy was a route through where there was concerns of a criminal act and suspicion?

A. This policy was. There were a numerous other policies that could have been used as well and I think it's important that the Inquiry is aware that this policy was considered right at the outset as well.

Q. And was rejected, so it was never going to be used?

A. Sorry -- sorry?

Q. And rejected as a tool because there were never written interviews taken in the way I described or a decision made by the Chief Executive, was there?

A. Sorry, I was just trying to explain as well. It was not rejected. I can see how that could be seen now but I can honestly say it was not rejected. It was considered right at the outset. You know, I know from -- the Inquiry probably has seen the copious amounts of notes I have taken and I remember on 27 June it was also raised under a Speak Out Safely element that we should consider it.

And because of all of the various different conversations that were taking place with Dr Brearey, with -- with Dr Jayaram, with others, some of the

obstetricians as well, it was being captured already as part -- and that was all being considered.

So whilst it -- the Inquiry may believe that it was rejected, it certainly was not.

LADY JUSTICE THIRLWALL: Was it used -- I'm sorry Ms Langdale.

Did you use this policy?

A. It was -- it was considered under this policy as well and --

LADY JUSTICE THIRLWALL: Sorry, so you did use this policy?

A. Absolutely. So --

LADY JUSTICE THIRLWALL: Let me make a note of that.

A. -- in 2017 I know we formally recorded it as well but it was absolutely badged under this policy.

MS LANGDALE: Ms Appleton-Cairns gave evidence to the Inquiry to say that yourself and Mr Harvey chose not to follow the policy, that the meetings you say were happening and concerns may have been being documented in meetings but you chose not to follow the policy formally in the way I have described, where you set out concerns in an interview, they are then considered whether there is a case to answer, whether there's something that needs scrutinising.

A. I think if you look at all of the conversations, the meetings that were had, everything was documented, everything was detailed within going through to the Executive Team. So I can see why it, it's perceived that we didn't choose to use this policy. But that was not the case, it was considered under this policy.

Q. To follow --

A. Absolutely.

Q. To follow the policy?

A. It was considered under this policy and without doubt.

Q. The grievance policy, if we can go to that please, INQ0002879, page 99. The purpose is set out on that page:

"The Trust acknowledges from time to time a member of staff may feel aggrieved by an incident."

If we go over the page, "Mediation", to page 2. Mediation set out there is a voluntary process, isn't it?

A. Mm-hm.

Q. At any time, did Mr Harvey or Mr Chambers ask you to confirm whether it was a voluntary process or not; in other words you couldn't compel a member of staff to undertake mediation?

A. I don't recall specifically but I do have some reflections around the mediation process. I don't know whether it's worth me going through those now.

Q. Not now. We have a lot to go through so we will get to all the topics --

A. I understand.

Q. -- rest assured.

Did you know that it was voluntary at the time of events --

A. Yes.

Q. -- unfurling?

A. Yes.

Q. Did you yourself ever make clear to Dr Jayaram or Dr Brearey that it was voluntary and they did not have to mediate with Letby if they didn't want to?

A. I believe I did on 15 March 2017. I am -- I am sure I did with Steve -- sorry, with Dr Brearey. But I definitely did with Dr Jayaram on 15 March.

Q. In terms of grievances generally within the Trust, was it the case that the HR team supported those hearing the decision, so in this case it was Annette Weatherley, we will come to the detail later, but we know Dee Appleton-Cairns was supporting her.

What was your understanding that HR would do, produce written materials for the hearing manager?

A. So I think if -- correct me if I am wrong, are there two questions there as well? So what's typically the process from a HR perspective and then what, what they would actually do. So I think if both within my time at the Countess and at Liverpool Heart and Chest, the HR team were there to support and I suppose make sure that the process happened in as ACAS guidelines are in a full and fair way.

Q. In a fair way?

A. In a full and fair way.

Q. Right.

A. That is the guidance from ACAS as well. And I think as a large employer as the Countess was, and as the NHS is, we always have to comply with ACAS guidelines as well, or should always try to do.

So I think the role of the -- my team, as it was then, would firstly be to be supporting the investigating lead, the investigating officer, and ensure that those -- those meetings took place appropriately and that members of the staff who were involved in any grievance were also supported as part of that. And then there would be, as is the same for a disciplinary process, you know, HR members of the team are supporting the person who is the grievance hearing manager as well to ensure that the process is followed

as per policy and if there are any queries that need to be taken forward there is access to legal advice as well.

Q. So full and fair. What does that look like for a grievance process, a full and fair process?

A. That the process is responded to in a timely manner, that there's an opportunity for informal and formal proceedings to take place if necessary and that there is a way in which all parties' thoughts can be considered.

Q. Should people attending for an interview know what it is that they are supposed to have said or done before they attend a grievance interview or not?

A. Not necessarily. Not necessarily. You know there -- they potentially would be given some insight but there will be other aspects that come up as part of that interview that they may not be aware of. But I think it's important to remember that every member of staff that goes into that kind of situation is afforded the opportunity to have either an employed representative from the Trust supporting them or a Union-based representative as well.

Q. The Inquiry has obtained expert evidence on the subject of grievances, have you seen that --

A. I have yes.

Q. -- from Professor Bowers?

Do you recognise or have any experiences of grievances being used as a defensive manoeuvre? Did you understand what was being described there as a defensive manoeuvre?

A. Is it possible to bring up the -- is that stated in the report as well, the Bowers report, that point or ...

Q. Yes, this is the second statement you may have not seen that but it is --

A. No, I haven't seen that. Is that possible to bring up at all.

Q. No, it's not possible.

A. No.

Q. I am asking you about defensive manoeuvres. Have you ever known about a grievance being used where somebody's being criticised or concerns have been raised about them and in consequence they raise a grievance, it's a defence really, it is taking the focus off the concerns made about them and raise a grievance. Have you come across that in your HR experience in the NHS?

A. I have sadly, yes.

Q. So it's something you would recognise or --

A. Yes, I would, but I think, you know, the difficulty is that when you receive a grievance you have

to consider the approach to it and it's, you know, I have reflected around the grievance process an awful lot, particularly because I think, you know, there are -- there are elements where it impacted on so many people.

I think, you know, if -- if there was an opportunity to have not undertaken the grievance process, then I would have sought that.

Q. I am not asking about that yet, I was asking you generally.

So you have had experience in the NHS as a Director of People and you are familiar with that. It was your practical experience within the Trust, you know people sometimes do that; raise a grievance because concerns have been raised about their ability or what? In what kind of circumstances? You don't need to give me specific cases but in response to what?

A. Yes, I have seen that, I have seen that.

But I think, you know, the key part is that there were concerns that Letby raised which were not about the care; they were about a number of other different aspects.

Q. We will come to that.

I appreciate they were about the Execs's decision-making actually, weren't they?

A. Without doubt, yes.

Q. Let's deal with that later and focus now on your knowledge -- the policy can come down, thank you -- before 30 June of events because it's not clear when, for example, you first saw the Thematic Review by Dr Brearey which you will have seen later where there's attached to it --

A. Yes.

Q. -- staff rotas and Lucy Letby highlighted around various events that the doctors couldn't medically explain.

When did you see that? Can you remember now roughly?

A. I think it was after the 30 June meeting. Definitely. You know, the -- the key points that I -- I suppose started to get and, you know, I recall about this now because of the documentation, the key points where this was raised was first was QSPEC, I think it was on 15 December 2015, where Julie Fogarty brought --

Q. The Brigham review about obstetric deaths and neonatal deaths?

A. Yes. I don't recall it being the Brigham review, but if that is what it was called, that's helpful to know.

And, you know, going back to that particular QSPEC

meeting, it -- it didn't raise any red flags with me. There were other elements on that agenda where I -- I raised different things. But there was nothing in there that raised any red flags, you know, that -- there was I think reference to further review, there was reference to external review of or external panel member as well, looking at it.

But myself and no one else, and there was clinical representatives in the QSPEC meeting there, David Semple, Martin Sedgwick and others who are clinically qualified, I am not, no one raised any concerns at that stage.

I think the next point was a point around about May I think it may have been about 5 May 2016 within an Exec meeting where there was reference to STEIS being raised which is obviously -- again, apologies, because I am not -- this didn't come under my remit, but it would be around that raising of that -- that risk.

So did I triangulate those points at that time? No. But then certainly I think it was on 27 June 2016 where there was a note in my book which was after -- it was during a series of meetings that I had had on that day, where some of those concerns came to light and then particularly the point I recall is 30 June meeting.

Q. So let's go to the 30 June meeting because you

have many meetings that day, don't you, it is about five, I am not going it take you to all of them. Sometimes the Execs meet early in the day, 9 until 10 --

A. Yes.

Q. -- then 1 until 2 and sometimes you are meeting with the Consultants as well.

Looking back, do you think it would have been more helpful if the Execs had continued to have at least one Consultant in all their meetings that they were discussing these matters?

A. I think that is a really good question, actually. No, I don't think it should have been one Consultant. I think it -- you know, there were different views coming from others, obviously Dr Brearey was the clinical lead, Dr Jayaram was involved.

Apologies whether it was Mr McCormack or Dr McCormack I can't remember but --

Q. I don't mean at the one meeting when they were all present but I mean the other ones in the day where you might not have been able to get everyone together but just to retain a medical perspective in all of the other meetings?

A. Sorry, if you could clarify the question that you are asking me?

Q. You had meetings in the morning --

A. Mm-hm.

Q. -- and in the afternoon, which we are going to go to in a moment, and before we do, do you think it would have been helpful to retain a medical input from one of those Consultants in the other meetings when they weren't there?

A. I think that Dr Harvey, Mr Harvey, though, was representing those views to the Executive Team. He was the -- you know, he was the Medical Director leading the medical portfolio really as well. So ...

Q. So his presence would have reassured you that you had medical input?

A. Yes.

Q. Can we go then, please, to INQ0015639, page 51.

These are your notes so you will be able to read them more quickly than the rest of us and this is a meeting at 10.05 am. It looks as though there was a clinical meeting this morning, you refer to that.

Can you tell us on the right-hand side where the brackets are what your notes say and refresh your memory of what was being said?

A. It's difficult to read it like this because it's not as clear as it is on relativity as well, even though it is my own handwriting.

Q. It says:

"Agree review, don't go to police. Conditions on this review within two weeks."

So it looks like they are discussing doing another review within two weeks, that is a condition?

A. Yes.

Q. "Significant condition. Nurse removed from unit. Excluded from Trust. Non-patient contact area or call police. Nurse is aware, nurse is under OH."

Is that Occupational Health?

A. Occupational Health, yes.

Q. "Not aware of suspicions ... IH concerned around safety of unit, not able to function a separate level."

A. And then SCBU unit I think that stands for as well.

Q. And then if we go to the next page:

"Nurse -- leave and pull evidence together."

What have you said there?

A. I think the -- I don't know what the "leave" stands for. "Pull evidence together" would have been information around the nurse particularly I would imagine in terms of her personnel file, looking at the -- the aspects of any -- any information that we had around her particularly.

Q. So you didn't know much and then you are coming into these meetings on this day, when you are hearing all of this, what are you making of all of that?

A. As you can imagine, very concerned. Yes, very concerned. I can't recall, apologies.

Q. What --

A. I can't recall if this was before the meeting that I was involved with the Consultants or afterwards on that day. But yes, very concerned.

Q. If we go to page 53, over the page, this is your notebook. This was an earlier meeting on that day.

Can you see where it says halfway down with an asterisk:

"Eirian under significant pressure, very emotional."

A. Apologies, I can't.

Q. There we are, it's been highlighted for you.

A. Thank you. Yes, okay.

Q. "Feels spoken to today."

So Eirian was in a meeting with you and you record that. What was she very emotional about?

A. I don't know whether she was actually at that meeting. If I look at the representatives at the top, Alison, Ian, Dee, Sian, Gill Galt, Julie Fogarty, Karen Rees.

So I would imagine that either Sian or Karen has described that but I couldn't confirm who had described that.

Q. So somebody's described that to you and you have written that down?

A. Yes.

Q. That can go down and if we can just have please, INQ0003361, page 1. This is Mr Cross's note of the same meeting on 30 June, the one with Sir Duncan Nichol and the one that we have just gone through your notes for.

If we look at "Sue", your contribution further down the page.

A. Mm-hm.

Q. You say:

"Is this the last day?"

So you are referring there to the day the last day the nurse is working, Letby being on shift on 30 June, do you remember that? You were querying?

A. I don't specifically remember saying that, but if Stephen's recorded it, I can see it's there.

Q. She was going on annual leave but as at the 30th you are saying "is this the last day?", ie before she goes on annual leave presumably?

A. I -- I presume, I can't recall that specific

comment.

Q. So it looks as though she is in the hospital on the 30th and then as you were expecting by the meeting notes for her to go on to annual leave.

If we go on to the next page, Mr Chambers:

"Can we decide what we are doing?"

"Demands" is put there; do we know what that means, demands?

A. No, I don't -- I don't know what that means.

Q. You refer to conditions that the review is done in two weeks. It looks like the Consultants have said if you are going to do a review, two weeks, and the action is for Mr Harvey to get a review done in two weeks.

Then the action "staff member" next to you:

"Clear articulation of Consultants' concerns to AK to formalise."

The action "closure of unit" --

LADY JUSTICE THIRLWALL: It looks as though closure of unit is the next action.

MS LANGDALE: Yes, for Mr Harvey and Ms Kelly.

So the action for you Ms Hodkinson appears to be:

"Clear articulation of Consultants' concerns to AK to formalise."

A. Mm-hm.

Q. Do you remember that was your task at the end of that meeting?

A. I don't specifically remember, no, but however -- and again I can't remember the exact sequencing on the day but I know that in the meeting that I was in where the Consultants were present, I felt then that was a clear articulation of their -- of their concerns.

Q. So we can go to that meeting which did follow, it is meeting 4 of that day for you.

If we go to INQ0015639, page 54. Indeed you say at paragraph 62 of your statement "this meeting was an opportunity for the Consultants to raise concerns".

If we go, please, to page 55. The right-hand side. 0055, at the bottom. We will find it.

Can you have a look, please, next to JM on the right-hand side, Jim McCormack, and read what he has said there? If you can help us with your notes at the beginning.

A. Is it the point at the bottom, apologies?

Q. It's all the way down, you see "JM" on the right, all the way down?

A. Thank you.

Q. So starts "last thought", can you read that out for us, they are your notes?

A. So the last thought in minds member of staff

responsible for deaths. External review, went through stillbirth separate -- something -- death review.

Q. Non death review, is that?

A. It could be, it could be. Apologies, I was writing fast.

Separate non-death review through the great lengths what the situations were, was, first time about member of staff. Last three days only going on what hearing from paediatrician, nights/days change.

Q. Nights/days change, so she's changed from nights to days, is that what was being said? That's what happened, that makes sense, doesn't it? She's been moved from nights to days and deaths have followed?

A. Yes.

Wholeheartedly agree with the review, take two months, hasn't been raised, member of staff, not sure what review will do. Service concerns, member of staff, fantastic unit but concerned Beverley Allitt/Shipman being raised.

Q. So Mr McCormack, Beverley Allitt/Shipman being raised. What was he saying there?

A. That there were concerns that potentially a member of staff was causing deliberate harm.

Q. Is killing babies. I mean, Shipman and Allitt murdered, didn't they?

A. Yes, they did.

Q. He has put it right there that this is a fantastic unit but there are serious concerns about Beverley Allitt/Shipman being raised?

A. He did say that, I have recorded it in my notes.

Q. What impact did that have on you when he said that?

A. Again, you know, knowing -- knowing the Trust from a personal perspective and also a professional basis as well, yes, it really worried me.

Q. Well, two babies had just died, one after the other in circumstances where a nurse had been moved from nights -- because deaths were happening, medically unexplained deaths -- to the day?

A. Mm-hm.

Q. That's just happened. Where did your first thoughts go?

A. At that point in the meeting, obviously to -- to potentially, you know, there was deliberate harm being caused here. However, as you go through the meeting there were other aspects that were raised that -- that put a different -- put a different view particularly -- I can't remember which page it is on, but, as I say, Dr Brearey saying that the care wasn't

perfect.

Q. Let's focus on page 58 and what Dr Jayaram said as well in your notes. At the bottom would you like to read out what you have noted around "air embolism"?

A. Is it the paragraph right at the bottom on the --

Q. Yes.

A. Thank you.

Air embolism, what concern member of staff having babies, nothing to explain. Entirely -- I think that's entirely -- resuscitated, reasons happened 1, 2, not this many times. All collapses identify early, core suspicion seems to be receiving there and what happens. This is the concern.

Apologies.

Q. So he is setting out his concern, very clearly, that the babies have collapsed, the resuscitation measures we know he frequently points out aren't as you would expect in a naturally collapsing baby; is that what he was saying there?

A. I -- I from a non-clinical perspective, he's -- he's raising elements of concern there.

Q. Air embolism. What did you understand from that, what he said about air embolism?

A. I don't know what that actually -- I didn't know at the time what that means.

Q. You didn't ask, you didn't say: what do you mean, air embolism?

A. Not within the meeting, no, because it was happening so fast and it was --

Q. When did you ask about that?

A. I can't recall specifically but if there are any things that I was concerned about, I would ask one of my clinical colleagues so -- around it and they would know what that means.

Q. Who did you ask?

A. I -- I think we had a general discussion afterwards, whether it's noted or not but I -- I would have definitely asked about it.

Q. And did someone tell you that is a method of attack he is referring to air embolism as a deliberate way --

A. Not that I recall.

Q. -- of killing babies?

A. Not that I recall, no. No, not that I recall.

Q. But you knew without clinical training what the reference to Shipman and Allitt meant: murderers?

A. Yes. However, I think it's clear from the notes in that meeting that there were different elements

that were coming up. In addition, whilst I know that this was very much a Consultant meeting, there were other aspects of information that were presented in separate discussions which was a view from the nursing side as well or nursing staff as well, should I say.

Q. Let's go through this meeting, 54. We will scroll gently through it and don't feel rushed, Ms Hodkinson, you were having a meeting with the Consultants and do stop us where we hit a suggestion that there was care or concerns that something else was causing death, unexpected deaths of babies. So take your time. It's your writing, so it's probably a bit easier for you than others but we will go slowly?

A. Yes.

(Pause) Apologies I was still reading through.

(Pause)

I mean, I think it's very evident in the -- the notes that it was a very open meeting.

I do --

Q. When you say "open" do you mean they were able to express --

A. Yes.

Q. -- they thought there was a murderer?

A. Not just that but other aspects as well. You know, I think it's not on that page that I can see.

was also being provided.

Q. I have asked you to look at these meeting notes to identify in this very meeting --

A. Yes.

Q. -- who -- was Dr Brearey?

A. Yes, apologies, Dr Brearey did say that. I am just trying find where that is because it is definitely in there.

Q. What, that the concern was that the care was not perfect?

A. Yes.

Q. That doesn't mean that unexplained, unexpected deaths were explained by that, did it, if he said that?

A. No, but it does mean that there are other factors that we need to consider.

Q. How were you going to consider other factors? Somebody says "I think there's a murderer and I can't explain these deaths", how were you possibly going to understand what the medical factors were?

A. I am -- I am reliant on other members of -- of the teams to explain those clinical factors to me.

Obviously this was, you know, a very experienced, very talented and very well-respected group of individuals who were raising these concerns. But I -- I am dependent on others from a clinical perspective to

LADY JUSTICE THIRLWALL: Do you want to go back to the previous page?

A. If you wouldn't mind.

LADY JUSTICE THIRLWALL: 59, please.

MS LANGDALE: The previous one, 59, begins at the top with Mr Harvey saying "suspect", what does that say, something aware?

A. "Suspect RC aware".

Q. "Beverley Allitt"

Who is RC?

A. I can't recall now.

Q. "Raised area of concern broadly."?

LADY JUSTICE THIRLWALL: It could be the Royal College.

A. I don't think, yes, maybe not at that stage because we hadn't -- I'm not sure. I mean, no I think there was an open dialogue in the conversation, I think it's fair to say, and these -- you know, there was no -- I certainly didn't feel at that stage there was no downplaying of the concerns, no dismissing of the concerns.

MS LANGDALE: There is no medical alternative for the deaths provided, is there?

A. But there was an element of -- there was an element of concern in terms of the level of care that

consider what steps I suppose need to be thought through around explaining this.

Q. Did you think Mr McCormack was a sensible man?

A. I -- yes. I hadn't had much interaction with Jim, but yes, I did.

Q. Let's see what he says at the bottom the page we have stopped on, 59. He says:

"Expertise forensic investigation. Decision to involve police. Difficult decision to make."

He's the person who says the RCPCH review can't deal with the forensic review, they are not able to do that. We see here Mr Cross, is "SPC" Mr Cross?

A. Yes.

Q. What's he saying there? What have you recorded there?

A. This, as I recall, was Mr Cross's explanation of what would happen if the police were to come in

Q. And what was that?

A. That there would -- the unit would be closed and it would be classed as a crime scene, there would be blue and white tape everywhere. The unit would be -- the unit would be sealed and I think it's -- you can see the other points that I have captured there as well, I specifically remember him saying that.

Q. And what does Mr Chambers say in response to

that?
A. Proportionate response embarking on all agree problem, can't answer difficult question.
I don't know what I have put there.
Concern about member of staff. Test on hypotheses. Three options. Nul, substance, police called, hypothesis simply and joint view. Heading, creates witch hunt, not suggesting not up for this. Make safe for babies, consequence of member of staff.
Q. Let's look at these three options.
Are his three options nul, ie nothing in the issue, or substance in the concerns and the police called or hypothesis and joint view creates a witch hunt.
What -- is he creating different options there?
A. Apologies, could you ask the question again?
Q. What's he saying -- what does "nul substance or hypothesis" mean? What are his three options?
A. Nul, do nothing, it's always an option in any situation, never mind the situation.
Q. Because you don't believe it and you're not worried about it?
A. No --
Q. How could you do nothing when someone is saying "I think there's a murderer", unless you didn't believe it was true.

A. I know but in -- in any situation in life there's always a do nothing option. So I think Tony meant it like that. You would have to ask Tony specifically but I think Tony meant it like that, not to dismiss it.
The substance being that the police are called or that there's, you know, a hypothesis, a range of -- of other, other considerations.
Q. Right. What are the range of other considerations, where is he going there now he's speaking about a witch hunt?
A. Again, I can't remember specifically what he what he's referring to there or what was said. I have captured the notes as you know as he described it to the best of my ability. I can only imagine it's -- you know are there other elements which are causing these deaths to happen.
The -- it's important the Inquiry, and I am sure you know this as well from all of the different reference points and I am not clinical, but I know that in a neonatal babies are the most vulnerable patients that a hospital can have and also the most complex type of care and there are -- it's really difficult as well to provide that care and I think many hospitals struggle as well.

Q. And you had senior and respected Consultants there, didn't you?
A. Yes.
Q. Dr Jayaram and Dr Brearey?
A. Yes.
Q. Just to be clear, at no time did you doubt their expertise or motives for raising concerns, did you?
A. No.
Q. You say that very clearly in your statement.
Perhaps you would like to express it in your own words what do you think motivated them to raise these concerns?
A. That they couldn't answer what was happening.
Q. They genuinely were concerned that she was causing deliberate harm?
A. That she was present on a number of the shifts and they -- they couldn't answer what was happening.
Q. That is not my question. You know that is not my question.
Did you accept that their concern, she was genuinely murdering babies?
A. They had genuine concerns that Letby had -- may not have provided the care -- you know, that's -- I think there is so much more that we know now but at

that time, there was genuine concerns around the care.
Q. Please answer this yes or no. Do you accept that Dr Brearey and Dr Jayaram were genuinely concerned that Letby was murdering, deliberate harming babies? Yes or no?
A. They were genuinely concerned.
Q. So it's a yes, you accept that was their level of concern?
A. They were genuinely concerned. They -- I can see that the way that this is written, you know, and the conversation but there were many other factors playing into this as well.
Q. This meeting, you tell us you didn't know very much about what was going on on the unit?
A. Mm-hm.
Q. And that the meeting notes referring to Dr Fogarty were quite obtuse on the point of neonatal deaths. Accepting that point for a moment, you come into this and you are being told by these Consultants what they are worried about and what they think is happening or may be happening.
A. Mmm.
Q. What's difficult from your perspective in terms of what you do next when you hear serious minded, experienced paediatricians saying that? Why was this

difficult?
A. Why was which point difficult?
Q. Why was it difficult for you to see what they were saying and to know what to do next as an HR person?
A. Well, it was difficult as a mum hearing some of that as well, without doubt.
Q. What, because you worried very much for the babies who had died because you have got one and you worry about those that might die continually?
A. You know, and for anyone who goes through a situation like that.
So I suppose there's that personal aspect and I can't apologise for that, that's me.
Q. So are you saying that took you to baby safety because you felt like that; that took you to protecting babies quickly?
A. Apologies, can I just go back because I will lose my train of thought, if that's okay.
I think, you know, it goes without saying that really concerned me and I think the first thing I thought was: where is -- we need to look at which this member of staff is on the unit and is she continuing providing patient care?
Q. As the meeting was happening, she was on the unit and you had flagged that up, hadn't you?

A. I -- I see that now. I think everything was happening so quickly on that day. If -- but she was I had had assurance from the nursing team that they were satisfied at that point that that was, that was the case and then she was going -- she was going to be going on leave and she never returned back to the unit after that stage.
Q. You are head of HR and the nurses we know were very friendly, lacking in objectivity when they were dealing with Letby. You come to this meeting, you don't know anything about the situation, you tell us, and you just tell us your first thoughts are as a mum and thinking about the babies.
Did you not want to go out of the room and say: where is she, should we make sure she is not in this hospital at this moment, on the unit?
A. I can see that now.
Q. Didn't you see it then, from what you have told us? It is not about what you say retrospectively.
A. I can see it now. However, I think there was you are trying to have a balance, a view of all of the different information and taking all of that information into account and I -- you know, I didn't know then that there was, there was, you know, the support around the nurses and -- and the view of Letby as it was.

But I had to go on the assurance that I was being given from the nursing team as well.
Q. Let's go to page 60. Halfway down on the left-hand side:
"Mr Chambers feels personal. Need to be safe, kind and effective."
What was that about? See above, you have put.
"Dr Brearey made feeling clear. Mr Chambers feels personal. Need to be safe, kind and effective"?
A. I mean the phrase "safe, kind and effective" was in the relation to the Trust values. I don't know what the point "feels personal" relates to.
Q. Well, there is reference to a witch hunt, isn't there, and now "feels personal".
What do you think that was about, who was being thought about in those comments?
A. I -- I don't know whether that's related to Letby or -- I don't know.
Q. Seems like it, doesn't it?
A. I -- I can see how that's read and how that comes across but I don't -- I don't know in terms of, you know, how he actually meant that.
Q. We know when Mrs Appleton-Cairns met with Ms Weatherley before she was conducting the grievance they both spoke of a witch hunt and Mrs Appleton-Cairns

said: yes, we think it's a witch hunt, it's sad, or something similar. So a witch hunt was something as you know which was used by your deputy certainly moving through events, wasn't it?
A. (Nods)
Q. So it's very likely that's what this referred to here, isn't it?
A. It -- it could be but, I can't, I can't be certain.
Q. Do you not remember now that the view of your deputy was that there was a witch hunt in respect of Letby?
A. So again there's two different things, what we are talking about in this meeting and -- and Dee Appleton-Cairns as well.
Q. It is the same thing, isn't it, it is witch hunt so we are talking about that?
A. I can see how you -- you are saying it is the same thing.
Q. Yes.
A. I think in terms of this meeting I don't know how -- what Tony was specifically referring to, I can definitely see that he's referring to our Trust values. In terms of Dee saying that, I can see that from -- from the statement and obviously her transcript as well.

Q. Did you share her view?
A. At times, possibly. But at other times, no.
Q. Can we go to page 62. This is a follow-up meeting at 4.35 on the 30th and you are all being allocated -- the Execs meet again, you allocate various tasks. It looks as though security is something that you are looking at. If we look on the left-hand side, bottom:
"Internal only security"?
A. Mm-hm.
Q. We know if we can have, please, on the screen INQ0004888, page 1, you in fact liaise with Tim Lister?
A. Yes.
Q. You conduct a security review sending it to colleagues on this list --
A. Yes.
Q. -- with a view to enhancing the security of the unit, making recommendations. If we go to page 8 of a different document, actually INQ0014135, page 8.
A. Excuse me.
Q. We see at bullet point 9:
"CCTV to cover patient intensive care rooms."
A. Yes, I see that, thank you.
Q. Mr Lister has sent you that quote earlier.
So you are at the point -- we can take that down,

thank you -- where the intention was to have CCTV and access control systems installed on the NNU to improve security?
A. Mmm mm.
Q. Did that happen?
A. I think first thing to note is that this didn't come under my portfolio at all.
Q. No.
A. So I am not -- that's not an excuse. I think it was just that I was taking an action to -- to look at it at that time. I recall that it didn't happen. I think there was something in relation to funding, unfortunately. But it was then -- I can't remember whether it was Mark Brandreth whether it came under because I think he was the Chief Operating Officer at the time, but I know that the CCTV wasn't installed.
Q. Did you feel that was an investigative task? Putting CCTV up to see what was going on, given the meeting you had just had, what did you make of the request that you should even look for this?
A. I don't -- it -- I think at that time you -- we were just working through and trying to put in as many measures as possible really as well and --
Q. Many measures for what?
A. Just to assure the teams. Obviously you know,

we were taking the concerns really seriously, but also we wanted to make sure that we were looking at everything from all sides, all angles.
Q. What was the reason for cameras in the intensive care unit at the NNU?
A. I think to provide that extra level of assurance.
Q. Against what?
A. I suppose whether it be from a competence perspective, whether it be from a general care perspective or whether it be from a deliberate harm for anyone perspective. So I think it was that extra level of assurance.
Q. Did you intend to tell people they were being filmed?
A. Absolutely we would have done, yes.
Q. You say "we would have done" --
A. Apologies -- it is a duty for us to do that as well.
Q. Your communication generally as HR wasn't the most transparent throughout these events, was it, with Lucy Letby herself first of all?
A. I think that's -- that's seen from the grievance outcome as well.
Q. So when you say we would have done, did you do

that you are talking to Mr Lister, just go and have an open consultation with people and say we need to film what's going on in here, in the NNU; did you say anything to him?
A. Again this was not under my portfolio, so I was looking at something which was, you know, it was an action that we had agreed at the time but not to -- this is not an excuse. It's -- it's -- this was an area where I think it was Mark Brandreth who was the Chief Operating Officer would then take forward with and I recall that the quote came in, that definitely went to Debbie O'Neill as the Chief Finance Officer.
But I don't know what necessarily happened with it then but I know that the CCTV was not put in.
Q. A different topic. You are asked by Ms Kelly I think to listen to a conversation she has with a Tony Newman, if we can go to your note INQ0015639, page 72. This is Ms Kelly's professional body, so it is the NMC.
While we are finding that, what did Ms Kelly ask you to be on the call for, do you know?
A. I think just to hear the advice from an NMC perspective as well. I was taking a back -- almost like a back seat on the call, you know, I didn't really contribute as such. That's Alison's professional body.

But it was also, you know, if there were any, any subsequent actions that I may need to put in place from that discussion as well.

Q. What did you understand she was seeking advice about?

A. I think whether there needed to be a potential referral. Obviously explaining the situation in relation to Letby and I think seeking external advice from the nurse professional body as well.

Q. What do your bullet points at the end say?

A. The three bullet points at the end?

Q. Yes, what's the conclusion of the meeting?

A. Okay, thank you.

Make notes and advise to refer; full investigation interim order; police don't proceed criminal charges, still work on organisational basis.

So I think those are, you know, the potential three options.

Q. What did you understand by the last one: police don't proceed with criminal charges, still work on organisation?

A. So if, if ... if there was no potential criminal charges she could continue working on an organisational basis. It's difficult to recall exactly the discussion from eight years ago.

Q. Would you like to go to your statement it might help. It is paragraphs 73, 74, 75. You say as you just said now at paragraph 75 --

A. Thank you.

Q. "... cannot specifically recall this aspect of the discussion but think it could be interpreted as Tony Newman advising that in the event Letby were to be investigated by the Police and that investigation did not lead to any criminal charges then she could continue to work at the Trust"?

A. Mm-hm yes.

Q. And you say at paragraph 73:

"... we discussed the potential referral of Letby to the NMC and what would likely happen in the event of a referral, including the likely imposition of an interim order during any investigation [and] we discussed the various options on NMC referral and Tony Newman requested [her] PIN number which I have noted down as an action to follow up ..."

A. Mm-hm.

Q. What was the information Mr Newman was given during this call about the suspicions or concerns?

A. What was what, sorry?

Q. What information was Mr Newman given about suspicions and concerns? Did you, for example, say: the

Consultants think this is an Allitt/Shipman situation, as had been expressed on 30 June?

A. I don't recall that specific phrase being used but I did -- I do believe that we did say that Consultants had significant concerns.

Q. He emails Ms Kelly cc'ing you, if that comes down please. INQ0003607, page 2, and while we are finding it, Ms Hodkinson, it has amends on it, yellow boxes and amends and it looks from the email chain that Ms Kelly has made some corrections or amendments to confirm the note?

A. (Nods)

Q. We see this is the agreed note which he's happy to accept of a summary of the conversation. Can you just have a read of that, please.

The first point: Trust has seen a rise in mortality of babies. Was it expressed to Mr Newman that these were babies that were stable and were not expected to collapse and did not respond on resuscitation as you would expect them to?

A. I -- I can't say for definite whether that was explained. Again you would have to raise that with Ms Kelly.

Q. Each death has been the subject of a clinical team case review.

What did you understand that was?

A. I -- knowing, knowing obviously more from the 27 June onwards the Thematic Review, the elements around the Thematic Review.

Q. Was he sent the Thematic Review with the table with Letby's name highlighted?

A. I don't know.

Q. You say:

"The review has produced no evidence as to lack of confidence by individuals or the team."

Did in the conversation you point out to Mr Newman that was the point; there wasn't a lack of competency this was deliberate harm being caused?

A. I -- I would love to say I can definitely say. I can't say whether that was raised or not.

Q. And you say:

"The Registrant has received occupational support. Some clinicians are concerned that the Registrant may present a serious risk to public safety, although no evidence is available at this time."

No evidence is available at this time. Was that a fair summary of what he had been told?

A. I think when you look at it now, with everything that we know, no.

However, I think with -- with all of the different

information points coming in at that time, it was a fair summary.

Q. There was an omission, wasn't there, of important information you had heard at the meeting on 30 June and it would have been much easier just to say what you heard on 30 June rather than try and filter it in any way from your perspective, wouldn't it? Just to go and say: this is what they think, they didn't expect these deaths, they are unexpected, they can't medically explain them. They think there is an Allitt/Shipman situation?

A. I don't think there was a filtering, I really don't, I don't think Alison was trying to filter or myself, at all. I think, you know, this -- this kind of situation is something that you never ever, ever plan to experience, hope to experience and there's not really, you know, a huge amount -- whilst there is policies and things, there's not a great deal of guidance there. And I can categorically say there was no, there was no filtering. There was no misleading or anything like that in this conversation.

Q. If you go to, please, the next document, INQ0002964, page 1, this is a follow-up letter from Ms Kelly which you are cc'd into on 31 August:

"As previously mentioned we undertook a thorough

internal review."

You understand that to be the Thematic Review; yes?

A. (Nods)

Q. "Nothing of significance was identified within this. Following discussions with our board and on receiving views from our clinicians, the step was taken to place Letby on non-clinical duties. She agreed to this. There has been no indication to discuss this matter with the police at this time."

Were you comfortable, again, with the expression: there's been no indication to discuss this matter with the police?

A. So I think -- I think -- if I may just before I answer that question, I think the "thorough internal review" also refers to the aspects around the Silver Control, Silver Command aspect. Also Ian Harvey did a further review as well around the cases.

Q. Sian Williams, when she did her bit of work around that, said she concluded as soon as she had done her bit they should go to the police and that she shared that view. Did she share it with you?

A. I don't recall her saying that to me, no, I don't. Apologies, what was the other question as well?

Q. "No indication to discuss this matter with the

police", it is the second paragraph of that letter?

A. Yes.

Q. Did you think that was correct?

A. At that time, there were -- there were collective discussions, not only with myself and the rest of the Executive Team, also other, the Chair, the Non-Executive Directors as well and that, that was the position at that time.

Q. Why didn't you say the Consultants think there's an Allitt/Shipman situation, what was the problem with just repeating that? You say there was no intention to filter. But it's a serious omission, isn't it, and it seems the most obvious thing to say if you are imparting their concerns?

A. That would be -- I was taking more of a back -- back seat role in this conversation because it isn't my professional body, so it would be a question to ask Ms Kelly that one.

Q. But it would be for you, wouldn't it, when she got off the phone to say something to her, as head of HR and a fellow Exec: look, Alison, I think you have understated that, this is what they said in the meeting, it's really serious?

A. I think it goes without saying that Alison and I -- and it's very clear from my notes, from my

statement, there was multiple times we would sense-check around how we were both interpreting the situation and whether we needed to do things differently as well.

Q. She didn't believe the concerns could be true, did she, Ms Kelly, she didn't believe them?

A. She -- she was trying to take everything into account.

Q. Is the answer yes or no? Did she believe that Letby could have done these things and the concerns were true?

A. I think -- I think she as the professional lead for all of the nurses and midwives across the organisation -- I think it would be a really difficult thing to take in.

Q. Eirian Powell and Karen Rees have both been very clear at the time that they couldn't believe that, unthinkable to them, both accept they lacked objectivity and particularly for Karen Rees and we will come to the weekly meetings she was required to have, she got far too close to Letby?

A. Mmm.

Q. So that's their position. What's yours -- Ms Kelly's dealt with hers yesterday but what's yours? You weren't a fellow nurse, you weren't close to her. What was your reason for not accepting the concerns the

paediatricians had on their face and saying: these need to be investigated, and for talking about witch hunts?

A. No, it -- it is a very good question and consideration as well.

I think I was reliant on taking into account all of the other information that was being shared with me from -- you know, from Mr Harvey, from other aspects in relation to the Silver Control -- Silver Command piece. I call it control, it's command.

But then I think because so much had been looked into at that stage, and whilst it's not decrying the Consultants concerns, there still wasn't a clear answer and we had to, you know, I suppose I was trying to take an objective view.

I think the thing that I was really, that I was assured around at that stage was that the nurse was not on the unit.

Q. This Silver Command stuff, it's like you were doing a police investigation in the hospital without the ability, talents and resources to do that, wasn't it?

A. I just --

Q. Sending people off when they should be looking after patients in the day job to look at things, scrutinise, you looking at CCTV, Sian Williams looking at rotas that Eirian Powell has already looked at but

doesn't particularly like the answer?

A. I described it in my statement as a hybrid exercise. I think those -- that's the phrase I have used. When there's a -- you know, an incident within the hospital, you would -- you know, whether it's around capacity, patient capacity, flow of beds or other things, potentially you would instigate, that -- that kind of Silver Control/Command kind of exercise, I have done it myself, to manage that and then people do undertake various different roles, there is guidance around that. Many organisations will be the same.

This was a hybrid exercise.

Q. Communications internally. There is two documents I would like us to have a look at, please, INQ0002677, page 1. Have a read of that one first. These are messages to staff.

It's paragraph 3:

"We have seen in some of our most poorly babies an increase in neonatal mortality rates."

If we can then look, please INQ0002822, page 1, identified change in what our internal mortality data information is telling us.

You are a small hospital, you have said you felt very much a part of that hospital and you are head of HR.

This communication internally wasn't transparent and open at all about the position, was it, the big picture? What you were actually dealing with?

A. I think there is a balance around also maintaining confidentiality. You just, I know you described us as a small hospital, I think we like to call a medium district general hospital, with those --

Q. Fair enough.

A. Yes, with those members of staff.

So yes, we would like to be transparent. But you also have to consider confidentiality not only of first and foremost patients but also staff as well.

Q. We know, the Inquiry is aware, and so were the Execs, one of the Consultants was saying: I wouldn't want my own baby here?

A. I know.

Q. A Consultant on the unit. So this internal communication is providing false reassurance, isn't it, in a number of ways and you know as Execs a Consultant thinks that?

A. I can see how you see that. We -- we tried to do the best, we -- this communication, we tried to do the best that we felt we could at that time.

Q. There's another letter to a solicitor -- if we can take those down, please -- INQ0004597. And a bit

after then, 18 July, and you have had a conversation with Corinne Slingo about going to the police or not.

When you do get external legal advice, are you asked to do that by Mr Chambers or Mr Harvey or another Exec or can you independently decide to go and get that advice?

A. I can independently decide.

Q. Okay.

A. Apologies. I managed the budget for that particularly. There was different advice that Mr Cross had from a legal perspective which was more around, say, patient cases, which was in I think we had commissioned a contract as such with Hill Dickinson around that but from a people perspective our legal advice was DAC Beachcroft and if there was any conflict of interest I could always seek additional advice from there as well.

Q. So Ms Slingo, if we go to the next page, has given her advice and she bases it on what she sets out in the bullet points at paragraph 1:

"The only current evidence of any clinical concern is the potentially circumstantial fact that one particular nurse was on shift on more occasions than others at the point when neonatal deaths arose"

Nothing about them being unexpected and unexplained

and not the ones the doctors wanted, was there?
A. I think I went into quite a lot of detail with Corinne.
Q. Did you send her the Thematic Review? She said she had asked for documents, she didn't get documents. Any reason for not sending her the charts with the association with Letby?
A. Yes. No, I know -- I know that that wasn't sent. I think if I recall that I spoke to Mr Cross about whether to send that or not. You know, this kind of advice that I was receiving was not employment advice as such. This was regulatory advice.
So if I recall Ian Pace, he advised me that there was regulatory support within DACB Beachcroft and recommended me to have a conversation with Corinne which was obviously this first conversation.
That -- you know, that would normally I guess be under the kind of remit from Mr Cross's perspective, but because the offer was there from Beachcroft I took that offer and --
Q. If we look at the penultimate bullet point:
"Currently no cause of death or thematic clinical basis to suggest the deaths are connected to each other or connected by common intervention".
That was the point of Dr Brearey's review, wasn't

it, the common theme was the pattern of deaths and the presence of a nurse?
A. (Nods)
Q. So the bullet point at 5 is not accurate, is it; far from it?
A. I can imagine the phrase "thematic" if -- I must have raised with her the Thematic Review.
Q. Did you phrase the fact there was a pattern identified of deaths in the night and a common link of a nurse?
A. I certainly said about the common link of the nurse. I don't -- I cannot be certain whether I said about the pattern of deaths at the night because I suppose was I looking for that specific detail when I was going through things? I was trying to -- I was receiving I suppose that, that information from clinical colleagues.
I knew there was problem, I had heard that directly from the Consultants as I said earlier, I have described that to Ms Slingo as well, I described the position in terms of the Coronial system and it was a really mixed picture.
Q. "Approximately 75% of the deaths have also been through the Coronial system." Where did you get that figure from?

A. I must have got that from one of the Executive Team, I can't say whether that was through Stephen or Ian specifically but I must have received that information.
Q. What was the point you were making there and there were no concerns or there wasn't any issue?
A. No. It was that obviously when there is any patient death of concerning circumstances there needs -- it needs to go to the Coroner and the Coroner would -- is obviously external to the Trust as well and so that's -- it's important to get that additional set of insight, external insight, around what was happening and I think at that stage there was obviously information from the Coroner, there was information from the Thematic Review, there was information previously which I referred to earlier from the QSPEC conversation which included external, you know, panel member as part of that.
Then there was also the information from the Consultants. So there was multiple at this stage aspects being presented at that time.
Q. When Ms Slingo gave evidence to the Inquiry Chair, she said:
"If I wasn't told everything that was known then that would be disappointing to find out and it appears

to be the case."
Let me ask you this question arising from that. You were asking Ms Slingo about whether you should be going to the police. Why didn't you say to her: the Consultants have said this is a Beverley Allitt/Shipman situation. What you had heard with your own ears Mr McCormack saying in that meeting of 30 June as soon as you said that to her you would have got an answer wouldn't you: go to the police?
It's a really important point.
A. Mm-hm. I think there's two aspects to this. I think I described -- and it's clear from the notes that Corinne has, has helpfully provided back, I described a range -- you know, the situation. Did I use that phrase? I don't recall. Potentially maybe I should have done but I -- it wasn't around a misleading point or any aspect there.
In addition, you know Ms Slingo is the head of healthcare regulatory, she is the most senior person within DACB to advise on those matters. I had gone to I had been recommended to speak with her, and I would suggest potentially she should have asked me more questions. But I felt that I was giving a clear and honest and truthful overview at that time.
Q. Do you remember her asking for documents. You

said before you asked Mr Cross if you could send it to her. Might she have said: can you send me documents and did you check with him if you could?

A. I -- I believe I did check with him if I could and I was trying to, I was trying to pass this over to Stephen and obviously later that happened in I think 2017. I can't remember the exact date. But unfortunately those documents weren't sent to her.

Q. Can we have please another document INQ0007197, page 138. And this is a note, Mr Cross's note of an Exec meeting on 3 August 2016. And there's an action relating to Inquest:

"Child A Inquest action. Statements need to be reviewed by IH and AK. Coroner pushing for statement."

Can you remember now -- it looks as though the statements are to be reviewed by Mr Harvey and Ms Kelly. Can you remember a discussion about Child A's Inquest and the need for review of their statements?

A. Apologies, I can't remember that specific conversation.

Q. I think early on in the NNU action plans you were put next to Coroner but also Mr Cross. Did he take over that?

A. He took over that action yes.

Q. So did you ever deal with the Coroner?

A. No.

Q. If we go over the page since we are on that meeting note, there is a reference to something that we know halfway down Eirian Powell states in an email:

"Nurse started 2012, why now? Occupational Health referral."

At the bottom:

"What about nurse, more support."

So there's discussion there, isn't there, about more support for her?

A. Yes.

Q. We will come to that later.

A. Apologies, I think that may also be more support in general as well but it certainly would be around her.

Q. And the final document before we break if we can, INQ0004348, page 1. This is another Executive Directors Group, it is a typed note, Ms Hodkinson, on Wednesday 19 October in Tony's office.

It appears, if we look at the bottom of the neonatal review, that a document, the RCPCH document:

"... has now been received by the Trust, a copy of which Ian Harvey has shared with Alison Kelly. Ian Harvey highlighted aspects of the review. It was agreed that a copy would only be shared with Executive

colleagues at this stage. It is noted that Nurse Letby was aware that the report had been received by the Trust ... noticed that the chairman and the board needed to be updating. Agreed once Executive colleagues have had a chance to read the report. A decision would be made on further distribution. Action: [Mr Harvey]."

A. Mm-hm.

Q. When you heard that said, did you think it was reasonable that the Consultants shouldn't see the report at the same time as the Executives given that they had been pushing for it to be done in two weeks in that first meeting you were at and they were still waiting?

A. I think -- I think as a -- particularly in members of the -- Executive members who were clinical needed to consider that first.

The -- I think it was reasonable at that stage but I think the information was provided not long after that as well.

Q. Why wouldn't they consider it at the same time? Would they have had a different approach to the same information? Why wouldn't you see it with another medical colleague?

A. It was requested by the board and I think it was -- you know, it was relevant, similar to other reports that the Executive Team review it first.

MS LANGDALE: Thank you. This is a good time to take a break, my Lady.

LADY JUSTICE THIRLWALL: Thank you very much. So we will take a break now and we will start again at 10 to 12.

A. Okay, thank you.

(11.33 am)

(A short break)

(is 11.49 am)

MS LANGDALE: Ms Hodkinson, we move now to 15 March, INQ0003219, page 3.

This is the conversation you have with Dr Jayaram. You tell us in your statement at paragraph 285:

"[The] conversation with Ravi marked a real turning point in my mind and hearing those concerns made it clear to me that more needed to be done."

If we go to page 4, overleaf, you have documented here, and unlike your handwritten notes you have typed up this meeting, haven't you?

A. (Nods)

Q. So why did you do that?

A. So that I had a clear record, it was literally the conversation that I had with Ravi I was trying to capture as much as possible in my mind, it was a free-flowing conversation and --

Q. Had he come to see you about the mediation point or something else?

A. Sorry, what was that?

Q. What had he come to see you about, did you think?

A. He reached out to me in relation to the mediation, the process, what would happen around that as well and then we -- it was in his office, the meeting, I recall it being around about an hour and a half or so, maybe slightly longer, and it was a, you know, very open, open discussion.

I had interacted with Ravi before all of this. He was an excellent host of the Trust awards so that's how sometimes I had interacted with him. He was also an education lead from a clinical perspective so those were the elements that I had interacted with him around.

But it was -- specifically the conversation was around the mediation to start with.

Q. Did you trust him?

A. Sorry?

Q. Did you trust him as a colleague and as a medical doctor?

A. I had no reason not to.

Q. So that is a yes?

A. Yes.

Q. He told you what?

A. He was obviously going through around, you know, his concerns in relation to the mediation and we talked that through extensively but I think the key point is the top paragraph.

Q. Mmm.

A. Where he recalled to me three occasions where he had concerns, one, as it says, a baby deteriorated; another where a valve was at a different setting; and a third and I don't think -- I don't know whether as the conversation went he told me what the third incident was but I don't remember and I don't think I -- I think I was probably -- in fact I know I was stunned at hearing that.

Q. You tell the police, if it helps, nearer to events as well, INQ0012175, page 43, it begins slightly the page before. You were trying to reassure in terms of mediation process but, over the page:

"It was at that point that I suppose made me feel really, really uncomfortable. I didn't think we had really looked into some of the aspects enough clinically and I have to take his concerns seriously.

"One of the things I was, as well as being Director of People, I was one of what's classed as a Freedom to Speak Up Guardian."

Further down into the next answer, you say:

"... and the kind of things -- it would be in the notes, but the kind of things, the way he was saying, you know, there was an incident with the baby. Perhaps the baby didn't die, but there was mottling on the skin, there was something on the skin that couldn't be explained. That he felt that was, because he knew that Lucy again was there, but he couldn't be definitely certain it was Lucy but there was something not right. It was a really worrying meeting but he was very, very open with me, really open, and it was a good meeting and I agreed at the end of it and I said: right, Ravi, I am going to have to take these concerns seriously. And I think on that day I spoke to Tony straight away and said: I think we need to do something, we need to -- we need to have a conversation with Ravi."

If we go to page 44. Continuing in that vein:

"I think Tony -- Tony came as Chief Exec to Ravi and Steve's relationship, there was more to it at that point. And Tony really wasn't having many discussions -- I mean, he wouldn't, you know. He wouldn't.

"So I remember speaking to Tony. I said: look, you know, I feel really, really uncomfortable about this. We need to hear Ravi's concerns. I have asked Tony to go and meet with him. He said that we were free. So

Tony and I went to go and see Ravi and Steve and, you know, they just explained some of the issues and concerns further and we talked about: well, what do you think we should do and it felt quite positive."

Do you remember now having those discussions with Tony and Ravi as you described them there?

A. Yes, I do remember having them.

Q. Did Ravi Jayaram, we see him continually saying through the documents, repeat what he had said to you and generally about sudden and unexpected, not the babies expected to die, raise his concerns in a frank way with them?

A. Mm-hm.

Q. You were seriously concerned after that conversation with him?

A. (Nods)

Q. You describe to the police he had made you reflect perhaps that you hadn't been looking into some of the aspects enough clinically before then. Do you remember saying that? Is that what you thought, actually we haven't taken these seriously enough, this is really serious?

A. Yes, yes. I think the other -- the other thought was why is Ravi telling me this now? So I think why I didn't call the police straight away was because

I needed to triangulate, I needed to check, had anyone else heard of this? Had anyone else heard those specific phrases that Ravi was telling me then? You know, because for me to hear that as a non-clinical person I remember going home at night and I was -- I was in tears about it.

Q. So pausing there. What's the relevance of the fact that he told you and when he told you to how serious the concerns were?

A. Sorry, what's the --

Q. Well, you say you were wondering why had he told you that now, what's the importance of that compared with the importance of what he was saying?

A. I suppose I couldn't understand why that information was only coming to light then.

Q. What were the options for that? When you say you couldn't understand it, what did you think it might be, the reason for him taking that time?

A. I don't -- I don't know. I think because it was an open and hopefully a trusting conversation.

Q. So you had made it easier for him to say it?

A. I hope so, I hope so.

Q. So that didn't discredit anything he was saying, was it; if anything, it reflected on the fact that no one had been as receptive as you had before

then, is that fair?

A. You could see it that way, but --

Q. Isn't that the only way to see it. Help me with it another way, it is a genuine question: how on earth can you look at that differently?

A. No, I see what you are saying, Ms Langdale, as well and --

Q. He is talking --

A. I suppose I am pleased -- apologies, I am pleased that he had that conversation with me because I think it changed our direction.

Q. It appears to have been used against him that he only raised these concerns at this point.

A. I don't, I think I have reflected a lot around this particular aspect because I think to have that conversation as a member of the Executive Team and to be told in those terms I think one, I was very privileged that he told me in those terms in that way. You know, I don't know why he told me but I am glad that I enabled him to tell me in those terms.

Q. And you believed him --

A. Yes, and I did believe him.

Q. -- without a doubt?

A. Sorry?

Q. You had no doubt?

A. I did believe him but I think my reflection point is, and I know we may come to this as well, but I think it's important I say this at this time:

"I should have said to Ravi and because we spoke a number of times the days afterwards, apologies, I should have said at that stage: "Ravi, I don't want you to go through with the mediation".

You know, from knowing that and now knowing the distress that mediation meeting caused him as well, I can only say I am very sorry, Ravi, because I shouldn't have continued with that. I cannot tell you why I did. I think it was just, you know, the flow, but I -- I should have paused.

Q. You did though go to Mr Chambers and you did at the next meeting, let's go to a meeting on 16 March, which is INQ0003344, page 1, and this is a meeting with the Execs, it is the day after his comments to you and let's see what you do tell your fellow Execs then.

Halfway down, you speak about still unexplained deaths. On behalf of all bullied and intimidated, being victimised like other whistleblowers?

A. Mm-hm.

Q. That's of course -- I didn't take you to the full note of 15 March, but that is what Dr Jayaram is saying to you, that he feels victimised?

A. Yes.

Q. You are very clearly sharing that at the meeting, aren't you, with Ms Kelly and Mr Chambers?

A. (Nods)

Q. Want conversation with Tony/Ian. They do not feel assured.

What did they not feel assured about?

A. I think the way that Tony and Ian were managing, managing the process, maybe the -- you know, their kind of relationship as well. Yes.

Q. And you say, or somebody says:

"Needed more support as clinicians."

I am assuming that's you because you seem to relay or hear what happened in the meeting. Would it be you saying: they need more support

A. Yes.

Q. Over the page:

"TC had conversation with the CEO of Great Ormond Street, help me understand mindset of neonates, Peter will meet them, favour, he could then advise on process to get through this."

You refer later they want a neonatologist. Can you remember what that's about, what's Mr Chambers saying about "help me understand mindset of neonates", do you know?

A. Yes, I think -- I think it was around almost like a bringing together of the Executive Team and the Consultants as well to try and I suppose rectify the relationship that had broken down at that stage as well.

Q. And get a mindset, a collective mindset. There was a very different mindset, wasn't there, with the Consultants having, you trusted them, genuine concerns that a nurse was murdering babies --

A. Mm-hm.

Q. -- and them looking for other ways to investigate events internally within the hospital?

A. I -- I think, you know, there was multiple different factors that probably led us to that situation as well. I don't think -- you know, I am sure we will talk about the grievance again but I don't think that helped. I think, you know, you have got to remember that the Consultants had raised these concerns, we then had multiple reviews which were also, you could argue, criticising the care that was happening on the unit as well.

Then they had the elements -- particularly Ravi and Steve had the elements related to the grievance, that is further criticisms. Then, you know, the elements around, well, we are then getting Dr Hawdon in.

Q. We will deal with those separately.

A. No, I know, I am just trying to describe I suppose all of those aspects plus --

Q. You thought that you were doing things and it's in retrospect they weren't right --

A. No, no, what I am describing is that the -- I suppose that appreciation, the breakdown of the relationship was due to a number of factors. I think all of those different points that I have just described, plus then, you know, how they perceived Tony or Ian in some of the meetings as well, and I think all of that came together to break down --

Q. How did you perceive Tony Chambers in some of the meetings? Did you witness him to be intimidating and bullying in his tone and manner?

A. Not -- knowing Tony, no.

Q. What does that mean; that sounds like a caveat?

A. I can see what you are saying, but knowing Tony, he's --

Q. For those of us who didn't, what would we make of him if we went into a meeting.

A. If may just describe Tony as I knew him, you know, he was a fantastic Chief Exec. He couldn't have cared any more about making a difference within the Countess. He was passionate, he was supportive as

a leader, as a manager to me and I think to the other Executive Team.

But he got emotional and I think sometimes those emotions meant that he said things that came across in a way that --

Q. Aggressive and intimidating?

A. Some people may see it like that.

Q. So the answer is yes, you liked him, but yes?

A. No, I can see why people could see it like that but I don't think he meant to come across as intimidating.

Q. Page 3, you set out at the top what's been said about three deaths?

A. Yes.

Q. Alison Kelly says: why not before serious allegations?

Was that the first time Ms Kelly had been told by you --

A. Yes.

Q. -- what Dr Jayaram said. Her response is "why not before?"

A. Yes.

Q. Mr Chambers says:

"Lucy cannot go back to unit.

"[Ms Kelly] challenges: she should go back."

A. Mm-hm.

Q. So you have just told her a description of events that you say was a turning point for you:

"Took you home, afterwards upset"?

A. (Nods)

Q. Ms Kelly's first reaction is diametrically opposed on its face because she says "she should go back".

What did you make of that? Why do you think she was saying that?

A. I think she was -- she was shocked around why this was the first time it had been said in these terms.

Q. Therefore it couldn't be true?

A. Sorry?

Q. Therefore it couldn't be true because she is suggesting here, isn't she, "she should go back"; if she thought she was murdering babies, would she say that?

A. No, I don't think it was because she was suggesting it wasn't true. I think she was, she was genuinely concerned why -- why had -- why had this information not been shared in these terms before?

Q. Why is that relevant to whether she should go back?

A. I -- I don't know. I don't know.

Q. It isn't relevant, is it?

A. I think possibly because Alison and I were having those regular conversations with Letby and that was -- that was the position that obviously we had -- we were continuing to inform Letby about.

I think with that, there was -- I know it's hard to say it now, but there was almost a point of where we were just trying to maintain the status quo with Letby, knowing that certainly from my perspective it was highly unlikely she was going to go back even though I may have said it -- it was highly unlikely she was ever going to go back into that unit.

Q. Mr Chambers:

"Okay she goes back and something happens. Deal with the Speak Out Safely. Part of me says ring police and GMC."

A. (Nods)

Q. What's the purpose of the GMC?

A. I don't know. I don't know.

Q. But he's suggesting there GMC?

A. Yes, I don't know. I think if you can imagine in the meeting obviously I am relaying what -- information which shocked me hugely. It was a very emotional meeting, it was a very difficult meeting.

Q. Ms Kelly doesn't seem shocked or emotional about the safety of babies on the unit, does she,

because she says "she should go back"?

A. She --

Q. So what was she shocked by?

A. I think she was shocked about these -- the -- the information that I was relaying back. She was absolutely shocked. Ms Kelly, you know, again I have as, as a nurse and as a Director of Nursing she -- she was an excellent nurse to work with.

Q. Let's go, please, to INQ -- that document can come down -- 0014281, page 1 and a meeting on 28 March. Sir Duncan is here?

A. Yes.

Q. Ian Harvey, yourself, Alison Kelly. Sue and Alison Kelly.

"Lucy being returned to unit week commencing Monday, 3 April 17 for one hour a day."

Mr Cross says:

"This can't happen in the view of police investigation. To be discussed further."

But at 28 March 2017 that was your and Ms Kelly's view; that she was on her way back to the unit and due to start the following week?

A. So that -- that goes back to my point earlier that in terms of trying to maintain the status quo, that was the position we were saying to Letby, so that was

describing that.

Q. Let's deal with the management of Letby now, because it is complicated in terms of what she has been told. I appreciate that. Let's go to INQ0012175, page 9.

This is what you tell the police.

A. Sorry, what was the page number again?

Q. It is INQ0012175, page 9. It's going to come up.

We see here you tell the police:

"Lucy was informed, it was her first day back from annual leave, because as I said" --

LADY JUSTICE THIRLWALL: Are you using a hard copy?

A. I have got the hard copy here as well.

LADY JUSTICE THIRLWALL: I didn't appreciate that.

A. Yes.

LADY JUSTICE THIRLWALL: Will you also look at it on the screen, so we are all looking from the same copy?

A. Thank you.

MS LANGDALE: You said:

"Deep dive review took place while she was on annual leave. This was the first day back and she was advised that obviously there were some concerns around the increase in neonatal mortality and a potential connection with her being on duty. You know, a concern

that obviously on that basis potentially we needed to refresh her competencies and we would redeploy her from the unit but she was not advised that she was going under an investigation. She was not advised she was being suspended. We went for a different employment process. A different, yes, I suppose than what we would normally do but that was because we still weren't saying that was all due to Lucy at the time."

A. Mm-hm.

Q. Then over the page, you comment, so page 25 actually, not over the page, page 25, you comment this:

"So, you know, I think that -- I suppose alongside all of that the Royal College review and the draft report had happened but Ian and Alison to some extent were kind of managing that part but we started those series of meetings with Lucy. Did I believe she had done anything or did that come across or did she know nothing of that came across? When I have thought about this for a long time and I never -- I did not believe at that stage she had done anything. She was a quiet person, very reserved, but could get angry at other points. In those meetings she was very emotional, but, you know, I suppose when you have got a member of staff and you know they are being led by a very strong Union, you don't know whether they are being like that because

of the Union or, you know, that's generally how they are."

So when you say to the police you were following a different employment process, you tell them that's not what you would normally do because you weren't saying that this was due to Lucy at the time.

Is that your thinking about why you are not telling Letby the concerns you have? What employment process were you following?

A. I -- I think the reason that we didn't explain all of the concerns was in case we had to take further action further down the line. You know, redeployment is -- is in people professional terms and in employment law terms, it is a neutral act. It's supporting both -- and we did it to support both the unit and to run functionally and also to support that member of staff as well because we still needed to make sure that the unit continued to run.

Q. Before you redeployed her to the Risk Team, can we have on screen, please, INQ0002839, so it is not before then, this is when the review has been undertaken, the RCPCH review.

This is the letter that Sian Williams sends to Letby and she told the Inquiry that you drafted this letter for her and she didn't think it was transparent:

"...and with the benefit of hindsight I should have stood up to this more than this."

So if you read this letter, it's one of a number. Do you think you were being clear with Letby at all?

A. I think the grievance found that we weren't as well.

Q. If we look at INQ0002879, page 91, this is drafted by -- sent from Eirian Lloyd-Powell, I think Yvonne Griffiths may have had a hand in drafting it but you presumably saw it and would have approved at the time of what was being said at this stage?

A. I don't think I approved this, no.

Q. But it was being suggested, did you know it was being suggested Lucy was agreeing to the supervision first and others would have to follow and there was no plan for everyone to have supervision, was there; it was just her that you were concerned about?

A. It was just, yes, and that's -- that's -- apologies, Ms Langdale, I thought you were going to ask something else then as well. That -- the process around supervision was a normal process that we would use and any organisation would use within the NHS.

But it was potentially around was there a concern with her competence, her education and ensuring that there was a relevant professional supervising her

practice during that time.

Q. You had a complaint from her Union, didn't you, about the process? If we go to INQ0002960, page 2. You are cc'd to this email to Clare Edwards. We see at the first paragraph:

"It has been alleged our member has been involved with more of the deceased patients than any other member of staff. According to our member she is going to be informed at the meeting on Monday she will have to work under direct supervision and an action plan will have to be followed."

Next but one paragraph:

"My concerns are more to do with processes, what process has been followed and how has the organisation come to the conclusion it has? I would like to see evidence of an investigation into these allegations and the subsequent outcome. Who was the investigation officer? What evidence is there to suggest that our member may be linked to these unexplained mortality rates?"

If we go back to page 2, we will see further emails between yourselves. You email Alison Kelly. If we go to page 1. Concerned about the situation, and at the top, everyone is very stressed, Sian mentioned her email, you managed to have a chat with her and the

Unions. I will chat with you tomorrow.

So this appears to have created some stress for you, for Sian Williams, for Alison Kelly. Would you like to expand upon that for us?

A. Yes, I think one managing -- understanding the concerns from the Consultants, you know, was -- was -- again I said it in my first words at the start, being in this situation knowing those concerns from the Consultants at the start, knowing the difference of opinion of the nursing team, knowing that there was a whole set of other initial reviews that had been undertaken, you know, this, this was something that I had never envisaged having to go through.

And I don't think any of the team, and that added to the stress around this as well, trying to find the right set of actions to undertake, yes, it was -- it was an incredibly stressful situation.

Q. The next day we know you seek some advice from Mr Ian Pace. That is INQ0102205, page 1. So this is on 18 July. You are setting it all out on page 1. If we go to page 2. He sets out paragraph 2:

"We may also want to refer to the fact this action has been taken only in the interests of patient safety but also to protect her position going forwards."

Further down the page, the penultimate paragraph,

we see you say:

"Sue believes that they are going to need to call in the police and she also mentioned there was potential press interest in the story."

So your view following the emails from the Union reps and talking to him was that you would need to go to the police?

A. I think you -- it was very helpful this morning, actually, because you raised the point around Dee Appleton-Cairns' first conversation with Ian. I think it was roughly around 5 July and Dee had used the phrase around Beverley Allitt at that stage with -- with Ian.

So he knew and then obviously then I had the conversation as well so he knew the gravity of the situation that we were dealing with.

Q. Did you think you should go to the police? You seem to be saying you are going to need to. Was it your view --

A. I think that was one of the options, definitely. It was always an option that we were looking at as a team, it was -- absolutely all the way through it was an option we were looking at.

Q. When did it become the option you thought that was the right one?

A. For definite 15 March 2017.

Q. That can come down, thank you. On 8 September you have another consultation with Mr Pace, that is INQ0102274, page 1. You explain to him that Letby had now been removed from the unit and placed in the Risk Management Team.

You refer there to:

"The barrister who is on the review particularly commented in relation to the treatment of Letby and raised concerns regarding her treatment and exclusion from the ward."

We know there was a non-practising barrister on the RCPCH review. When you refer to the person as a barrister, what was your understanding about that person's qualifications or role?

A. I -- I didn't know initially that there was a barrister on the -- on the review group at all. And to be honest, I wasn't really managing that whole process. That was from Mr Harvey.

Q. So had Mr Harvey told you there was a barrister on it? Who had told you, do you know?

A. I can't recall exactly who had --

Q. So someone had said it to you and then you say that to him. And then over the page at page 2, you say:

"In respect of the Consultant Dee and Sue both have

concerns about him and said that more issues are being raised about him regarding behavioural issues. Seems to be a suggestion he's bullying and harassing employees on the ward. I accept this is likely to be an issue which, depending on the issues, whether it is bullying or whether it is a breakdown in relations may need to be managed. My concern was that there was a risk now that he has raised these concerns that he could allege this was a protected disclosure and if we start managing these concerns at this stage she may say she has been subject to a detriment as a consequence."

What did you make of the advice you were being given around this?

A. Apologies, in respect of what?

Q. What did you think he was telling you there? You have said you have raised concerns about behavioural issues --

A. Mm-hm.

Q. -- being raised about him regarding behavioural issues.

What were those concerns, what were you understanding they were?

A. So I think the concerns were the impact this was having on Dr Brearey and how then he was coming across with others as well. So, you know, I think it

was the stress of the situation was impacting on his behaviour, whether knowingly or unknowingly, I don't know. But it was impacting on his behaviour.

And I think the point that Ian was saying was that because Dr Brearey had raised those clinical concerns at the -- obviously with -- with other members of the Executive Team before I was involved, that was a protected disclosure from a whistleblowing perspective.

Q. That can come down, please. The 8 September there is a meeting again between Execs and if we go to an options document first, if we can, INQ0004660, page 1.

A. Excuse me.

Q. This appears to be the document you presented in the Executive meeting with the options around what could be done with Letby. Do you recollect that this is your document?

A. Yes, I pulled this together.

Q. You put it together. So we see there's four options on the front, other options on the next page.

In the meeting, it suggests you went for option number 4. Do you know which option were you going for?

A. What I think we went with -- actually 4. It -- we -- you know, there was the intention to

reintegrate back at some stage but the redeployment continued within the Risk and Patient Safety team.

Q. So:

"Reintegrate that with NNU without ITU/HDU duties whilst competencies review in three months."

That looks like that's option four, doesn't it?

A. It could -- yes, I don't know who took the notes of the meeting, obviously when you are presenting it it's -- you know, I wasn't capturing all of the details but we -- we retained her in that redeployed role at that time.

Q. If we go back to the meeting notes, INQ0006265, page 1. This is Mr Cross, Mr Harvey, Ms Kelly, Ms Rees, part of the meeting, yourself, Tony Chambers:

"Position re Lucy Letby. Options paper.

"Constructive dismissal discussed, other risks, no further work for nurse. Paediatricians not happy on return. SH options, recommended option 4."

Which appeared to be the one we have just spoken about?

A. Mm-hm.

Q. Competencies being assessed, et cetera.

Then it says: potential deal with Steve.

Was this about managing a move or getting him away

from the unit, potential deal with Steve?

A. No, I think -- I think it goes back to my point earlier as well in that there were concerns around Dr Brearey's behaviour at that stage which, you know, now on reflection I can see why because of the way in which the Consultants were having to deal with so many matters.

But I think it's important to note that right at the outset, and I think it's on my notes from around about 27 June 2016, that we were considering occupational health support for Dr Brearey at that point as well.

Q. We will go to that later. When you say "his behaviour", there's one email he sent Ruth Millward which the Inquiry has examined and subsequent to that he was asked to attend mediation with Ms Millward as a consequence of that email. Is that the behaviour you are referring to, because there is nothing else in his behaviour or communication with staff that the Inquiry has seen that would reflect what you have just said?

A. So, I don't -- I don't think the mediation actually happened with Ms Millward, apologies.

I think that was -- she raised a concern, we saw it on one of the earlier emails as well. But I understood that there was other concerns being raised around how he

was speaking to people within the unit.

Q. Who did you think -- who told you that and who was it?

A. I can't recall specifically but it was definitely, it was -- it was raised?

Q. If it had foundation, no doubt you would have been interested to know so who, what? You have had a long time to think about this.

A. I think -- I think it was from a nursing perspective.

Q. A nursing perspective?

A. Yes.

Q. So one of the nurses may have said that to you. Who?

A. It may have come through from Alison Kelly or from Karen Rees but, I -- I can't recall specifically. I think it was, it was valid to be concerned about Steve's behaviour because of the pressure that he was under as well. He was the clinical lead for that unit.

Q. The pressure he was under because he wasn't being heard with the complaints he was making?

A. No, I don't, I don't think it was just that. I think it was all the different aspects as well, you know, it's clear I didn't have much interaction with Dr Brearey but it's still clear he took this very

personally as well.

Q. If we go to INQ0015640, page 40, the next day, it's Dr Jayaram's behaviour looking at this meeting that appears to be being raised. Is this your note? Is this one of your notes, Ms Hodkinson?

A. It is, yes, apologies.

Q. Behaviour is not appropriate now we have got it for Ravi Jayaram, can you see, number 2?

A. (Nods)

Q. The obstetrician's behaviour. That is Mr McCormack, is it?

A. Yes.

Q. So suddenly we are talking about their behaviours as well.

A. (Nods)

Q. Why was that?

A. I think it was because the -- again, I -- I don't remember the full specifics around it but I think there was a particular incident or -- or a number of people were concerned around some of the language that was being used and how things were being talked about, which weren't necessarily in keeping with the Trust's values and behaviours.

Q. We will go to the evidence for that later, thank you, but if we look, please, at INQ0002860,

page 1, on the same day you are getting this letter from Karen Rees. We see in the second paragraph she says:

"In my opinion, this decision is wrong and immoral."

This is about the position for Letby not going back on the ward. She says at paragraph 4:

"I am led to believe two of the clinicians do not want LL back on the NNU. Why is the senior clinician allowed to destroy someone's career without any clear evidence?"

When you received that, you knew, because you had spoken to Dr Jayaram, that he had genuine concerns and you believed those concerns. You had been in a meeting on 30 June with Mr McCormack, Dr Brearey. This wasn't about one or two Consultants; it was a respected medical body of people, wasn't it?

A. (Nods)

Q. When you read Karen Rees' letter, did you go and disabuse her of some of this?

A. Sorry, I missed that?

Q. Did you go and tell her: you have got that wrong, that is not what Dr Brearey's saying or what he was trying to destroy someone's career? There is no motive there is nothing I am worried about; that's not the position?

A. I think -- I think Karen was a very passionate individual but she was a very strong nurse as well. And she would challenge -- there was many situations -- excuse me -- outside of this that I saw her challenge things.

So the question that you are asking me is: did I challenge her back?

Q. Yes, did you say to her: that's not an immoral decision, these were genuine concerns raised by the medical body?

A. Yes, we had.

Q. You had those conversations?

A. We did go through that and the reasons why.

I think it's also important to know that at roughly the same point I was also having similar concerns raised by Kathryn de Berger, who was one of my direct reports but she was the Occupational Health and Wellbeing Lead supporting Letby as well and raising why were we not letting her back on the unit.

Q. Both Karen Rees and Kathryn de Berger we know were having weekly meetings, weren't they, with Letby? Karen Rees says she was asked to do that by you and looking back, that may have compromised her objectivity. She got close to Letby. Do you agree that it was not a good idea those meetings should happen in the format

they did?

A. Again I have reflected on this an awful lot, you know, I have also had multiple different meetings with Letby, as you will see from the various letters, the various notes in my notebook and yes, it's -- it's something -- I think we were all we were almost acting like almost business partners as such managing the situation and I think all of that now has meant that my trust and judgment in people has really changed.

Q. If you look at one of those letters, INQ0008964, page 83, you find yourself in the situation where you are reassuring Letby from an early stage and before there's been any question of investigating the Consultants' concerns, at paragraph 5 here you say:

"Alison and I advise the best outcome would be to get you back working on the neonatal unit. Karen reiterated not to worry about how this would happen. She reassured you that a robust supportive plan would be put in place to facilitate this."

A. (Nods)

Q. And we go over the page, page 84. You repeat:

"Whilst you know you have support already available from Occupational Health, please be aware the service can be accessed at any time."

So not only does she have support, she can access

direct line for service help?

A. (Nods)

Q. If we look at another letter, 26 October, INQ0008964, page 81. This is October. And you say at paragraph 4:

"We explained we would represent your concerns within the board conversations and would continue to keep you updated on how this was progressing."

A. (Nods)

Q. If we go over the page. Paragraph 2:

"I explained you are not under investigation but that we are temporarily redeployed you as a supportive measure as it was a vulnerable environment with some of the comments we have been made aware of."

So suddenly she is not being told of the genuine concerns which you believed and felt were a patient safety concern. She's being told she needs to be protected from a vulnerable environment because of some of the comments that are being made by others about her, what did you mean by that?

A. I think, now looking back at this, I could have worded that differently.

Q. Because it wasn't true?

A. No, no, no. No, but I just think that I could have perhaps again been more transparent with this.

Q. What should you have said then? Let's not worry what's there, what would have been the right thing to say to Letby then?

A. That, you know, there were these the concerns around her providing care.

Q. And that they needed investigating?

A. But I -- apologies.

Q. No, go on?

A. I was just going to say I think you asked me at the start as part of my role as the Exec Director of People as well within the Trust and I think any Chief People Officer, as they are now, or Executive Director of People, also has to -- when you have an employment case such as this, not only are you considering the patient safety implications, the workforce implications, you are also considering the potential legal risk, the employment legal risk around a situation. I had been advised obviously by Mr Pace that we were at risk of a potential constructive unfair dismissal claim and while that was a claim that I was prepared to -- if it came out from Ms Letby, that I was prepared to manage. As a steward of the organisation and managing taxpayers' money obviously, you are trying to ensure that you balance your decision-making.

And so I think that that was, you know, a factor.

It was obviously advice had given by our external legal team and it was an element where I was trying to make sure that we were mitigating any other risk as well.

Q. You get letters from Tony Millea, from Kathryn de Berger, I won't take you to them all but expressing concerns about Letby's health and well-being and you come yourself to write a letter, INQ0002982, page 1, back to Tony Millea.

You say:

"Both Alison and I are very much aware of the impact on Lucy's health and well-being ... we know Karen, Hayley and our occupational health manager are providing significant support around. We did discuss any further support she may require and we agreed to follow it up with clinical contact with the NNU team which had not taken place whilst Eirian was on leave."

What pressure were you feeling at this point in respect of Letby herself?

A. I think particularly throughout all of this process the Royal College of Nursing put myself and Alison Kelly under significant pressure. I don't know whether that was right or not but that's certainly how it felt, so that was not only the local representative who I did work with really well who was the Staff-Side Chair as well, but also Tony Millea, and other

representatives, Colm Byrne and others who -- who supported the RCN and I think when going through the documentation from the RCN I have had probably 10 or more different types of emails expressing concern around the way in which we were treating Letby.

When the mediation process took place, and Dr Brearey did not attend, their view around how we should be managing that, there was also other aspects around the multiple different conversations that I had with Hayley Griffiths I think it was at the time. So there was a significant amount of pressure from the RCN.

Q. You write a further letter to Letby, INQ0008964, page 79. This relates to a review that's been conducted, the RCPCH review. And you say at paragraph 5:

"Alison reassured both yourself and Hayley Mr Harvey was very clear around the confidentiality of information contained within the draft report ... doesn't want to cause you or any member of staff more distress. The process of factual accuracy review would be strictly managed by him."

By Mr Harvey.

A. Mmm.

Q. "... and I added that if either yourself or Hayley become aware of anything untoward then you need

to advise Karen, Alison or myself immediately."

What was the instruction you had had there from Mr Harvey, if any?

A. I think there was a concern that information was going to be disclosed around any member of staff but particularly Letby, given the volume of -- or not necessarily volume, the concerns that the Consultants had raised. And I think as well, you know, within the grievance there was the point around her confidentiality.

Q. Over the page, you also explain that you thought Mr Millea's availability was key to the grievance hearing alongside the chair of the hearing and would ensure he was available. Why was that?

A. It was important that -- again this is standard practice I suppose within any grievance, that if -- I think I mentioned it before as well, that anyone who raises a grievance -- apologies -- particularly when it goes through a formal basis, they are afforded the right to have either an employed member of staff to support them or their Union representative.

So obviously Letby was keen to have an experienced Union representative there, which was Mr Millea.

Q. That can go down, thank you, and a totally different document from the Risk Register, INQ0004657.

This is an entry, Ms Hodkinson, on the Risk Register placed by Karen Townsend and it says:

"Potential damage to reputation of neonatal service and wider Trust due to apparent increased mortality within the neonatal unit."

The risk was added 11 July 2016.

In Karen Townsend's evidence, she said Ms Kelly and Ms Hodkinson scripted this for her. Do you remember scripting anything or putting anything together for the Risk Register that reflected what was going on in the neonatal unit?

A. I-- I don't specifically remember scripting that for Karen, no, I don't. I can see that it -- you know, the damage to the reputation point.

Q. What was the damage to the reputation point about the neonatal unit?

A. I -- I -- how -- how would those requiring the services from the neonatal unit feel by having their babies there?

Q. When there were suspicions of a nurse murdering babies there?

A. Or that, you know, the unit was being downgraded, you know, some of the public communication that we had to do, how would --

Q. It would depend why it was being downgraded,

wouldn't it, that might --

A. Sorry?

Q. It would depend why it was being downgraded; that might influence most of us as users of a hospital?

A. Yes, yes. I mean, ultimately as I know from friends and family I mentioned earlier who had to access the service, to have that facility on your doorstep was fantastic and to have you know those -- those clinicians on your doorstep was amazing.

But to then not -- take that away or reduce that level of service, you know, for a -- for a local Trust, that's -- that's significant in terms of the reputation.

Q. That can go down now, please. Can we have INQ0008964, page 95. I am sure we can take this quite swiftly in the light of your earlier evidence, Ms Hodkinson.

I am going to put on the screen the grievance and I think you agree with me that the grievance was actually against how the Execs, yourself, as head of HR, Sian Williams, Alison Kelly, how you had been communicating and the processes you had been using to inform Letby about what was actually taking place?

A. Yes, I think there was a further element as well, if I may, which was around the concern in terms of how Letby had been spoken about but it, but it was

predominantly around that openness and transparency in managing the issues.

Q. She wanted to know what the allegations were and how the Trust were dealing with them and informed of any evidence the Trust may have in regards to the above.

She was never, through this process, given the Consultants' or the Thematic Review or anything like that, which was the evidence of the concerns against her, was she?

A. No, no.

Q. So why was that?

A. I think it didn't feel appropriate because it goes back to the point I said before in that potentially if there was an investigation that was required further down the line, you know, we were balancing that -- that position all the time and you can see from various different notes the options appraisal, as I said before, the advice from Corinne Slingo, various different aspects, you know, going to the police was a potential.

So to give that information we felt was not appropriate.

Q. INQ0005279, page 2. This is your deputy summarising the key questions needing answering and she says:

"We do not have a modicum of defence for this ...

propose we appoint an investigating officer, I suggest Sandra Flynn. However, the investigating officer will have to ask very difficult questions of the Consultants. I understand you were considering asking Ian Harvey to speak to Stephen Brearey and other Consultants have asked him to explain their concerns in writing and Speak Out Safely."

A. Yes.

Q. Because then they wouldn't have to have been shared.

Did you actively consider following the process at this point and avoiding what was going on with the grievance?

A. I did speak to Ian -- excuse me, I did speak to Ian Harvey at that stage. I don't know what Ian did with that but I suppose it goes without saying and I think I mentioned this earlier as well, apologies, that Speak Out Safely was always around this set of issues as well.

Q. You were then interviewed yourself in the grievance INQ0002879, page 25. And you are asked about the redeployment decision. Second box:

"The point I am concerned with is how open we were with Lucy. The reason we weren't was there being such vehement feeling without substantiation."

Vehement feeling without substantiation. It's not what you have told us you thought, certainly from March 2017, is it?

A. No, I know, I -- I -- I realise how that now looks and feels but it was from in terms of March 2017, did you say, as well, apologies?

Q. Yes.

A. Yes. If I had -- if I known that information at the point of this meeting, on 21 October 2016, I would not have been -- I would not have said that in that way.

Q. You had had by the meeting, the June 2016 meeting when the doctors had said what they were concerned about and why. Did you still see that as without substantiation? Are you saying even then what we know was said on 30 June from your perspective was without substantiation?

A. I -- that was potentially a poor choice of words at that stage.

I think what I was trying to get at, and didn't articulate it well, I see, was that there was this range of factors that, that were we were having to unpick. You know, many different people had looked at this, the clinicians were raising those concerns around, around Letby. You know, at that stage, multiple different

reviews, multiple different people outside of the organisation telling us different things.

Q. The only people we have seen you describe before this meeting as either being emotional or over-involved are senior nurses. You don't describe the doctors as being vehement in terms of tone or emotional involvement, do you?

A. No and that's why I say I apologise. That's -- it's, it's -- I think that it was the emotion myself at that time and that was probably inappropriate.

Q. Over the page, you say, in answer to Dr Green's question:

"The aim is to get Letby back on the unit, that is the intention to get her back, how she wants it to happen. She needs some control."

And then in the last, on the last page, page 27, at the top:

"Difficult conversations for the board. Kathryn de Berger has concerns over Letby's short and long-term health as a result of it. IH is following up on the medical side."

So you express in this meeting concerns for Letby, don't you? They are filtering through even at this point?

A. Yes, without doubt. But I think I'm also

referencing the concerns from the medical perspective as well. I don't, I don't recall exactly when it was but Kathryn did raise to me particularly the health concerns around Letby and that was picked up in, from one of the meetings that I had with her with, with Kathryn and also with Letby as well.

I think, on reflection, the medical side of the support that we offered we could have done more, we could have done more.

I think whilst it goes without saying the Occupational Health support was there, did we -- Ian was managing multiple different aspects -- I've done it again -- multiple different aspects and did he have the capacity to pick all of that up? I don't know.

Could we have put someone in place to support the team? Yes. Could I have asked one of my business partners to support the team more regularly? Yes. And I think those are some of the reflections that I would like the Inquiry to be aware of as well.

Q. The hearing manager's findings. If we go please to INQ0003611, page 2 and while we do, the appointment Annette Weatherley, do you think she was an appropriate choice as a nurse? Would it have been better to have a neonatologist, for example, who understood the medical concerns?

A. I think when you go back to what the grievance was about: this was about the transparency of the information we had provided to Letby and how she believed she was being referred to by clinicians. This wasn't about clinical care. This was about the transparency and openness of the Trust and this was about how she was being treated.

So on the basis of that, we felt it was important to have someone independently hear the investigation and all the findings that Dr Green had, had undertaken and it was important that that person was aware of what potential nursing support could be put in place because Letby was a nurse.

Q. Should she have been aware, when Dee Appleton-Cairns was putting material together, for example of the Thematic Review, conversations, like the one you had on 30 June? Should she have been aware of the bigger picture, Annette Weatherley?

A. You could look at it now and say that absolutely, yes. But at the time, those weren't the points that she was raising her grievance about. So it wasn't relevant for the points that she needed the answers on.

Q. So you stayed in the lanes of the grievance process?

A. Sorry?
Q. You stayed in the lanes of the grievance process, the points she had raised and dealing with those?
A. She was dealing with those, yes.
Q. Looking at these findings now, at paragraph 7.
When you read this, what did you make of this conclusion at paragraph 7, particularly her finding herself able or appearing to be able to acknowledge concerns were raised through appropriate channels in line with both the Trust's Speak Out Safely policy and guidance proffered by the GMC?
Did you think that was the case when you read that?
A. Obviously this, this was shared with me. I didn't make any changes. It wasn't for me to make any changes to this. I -- I participated as one of the --
Q. Interviewees.
A. -- witnesses essentially as well. But it's not for me to change what the Chair of a grievance hearing finds.
Q. Did you think that was wrong, just inaccurate? I see you couldn't change it, but did you read that and think that's wrong?
A. Now? Now?
Q. Did you then? I mean, you knew what had

happened in terms of him talking to you, Dr Jayaram, what had happened at meetings.
A. I -- I think it could have been worded differently, but it wasn't -- it would be completely inappropriate for me to change that wording that a independent Chair has added into their findings from a grievance.
Q. And here we see the next finding:
"I do not find the Consultants' concerns when reiterated to the Executive Team were clear, honest and objective."
What did you make of that? I mean, Dr Jayaram had spoken to you as and Exec. Did you think he wasn't clear, honest and objective?
A. These were the findings of the, the Chair of the grievance hearing.
Q. But you knew that one was wrong, didn't you?
You were an Exec and you knew that it wasn't the case that any Consultant hadn't been clear, honest and objective with you?
A. I can see that now, how you are saying that, yes.
Q. So when you read that did you say: Well, which Exec are they supposed to have not been clear, honest and objective with you?

A. I don't -- I don't believe I did. But as I say, would it be -- I don't -- at the time I did not think it was appropriate to change the -- the information that was included from an independent Chair of a grievance hearing.
LADY JUSTICE THIRLWALL: Just to be clear. This is the Chair incorporating what Christopher Green says.
A. Yes.
LADY JUSTICE THIRLWALL: A direct quote from his. That's just really for the record.
A. Yes.
MS LANGDALE: So you didn't challenge it at the time, but you knew that that had been said; that's the position?
A. I didn't challenge it at the time, no.
Q. That can come down, thank you.
You send another letter to Lucy Letby, January 2017, INQ0008964, page 49, and you say at page 50:
"We went on to discuss how we all needed to agree a communication plan for your transition back to the unit."
You explained how you wanted to be open and honest in the communication that was issued regarding your return. You recognise that as a Trust we may not want

to communicate certain things.
And then four paragraphs down:
"Alison and I advise you that one of the key actions stated within the letter was to arrange a meeting with your parents and yourself."
This is the grievance letter.
A. Mmm.
Q. What did you make of that recommendation, that there should be a meeting? As head of HR, what did you think about that?
A. Very unusual. Very unusual to meet with the parents and I -- I'm sure the Inquiry has seen from my statement that I had already had a quite difficult set of interactions with Mr Letby as well. So it was an unusual step. But as far as possible whenever a grievance hearing is undertaken, you -- an organisation will try and deliver each of those points of that grievance.
Q. We know in a meeting, the meeting held on 22 December 2016, at the Chief Executive's office, if we go to INQ0002912, page 3. We see Mr Letby at the penultimate entry says:
"Look at the highlighted section of the grievance. At the summing up of the hearing Dr Chris Green advised everyone that they showed everyone empathy. Only RJ

[that is Ravi Jayaram] SB [Stephen Brearey] lacking. The behaviour of those two people, they should be instantly dismissed."

If we go over the page to page 5, Mr Harvey at the bottom:

"It's not appropriate behaviour nor had it been reported to me subsequently. SH and I met with SB. Will be followed up with documentation to all of them."

Mr Letby:

"What severity of action?"

And you say:

"It depends on the issue. If it's helpful we can share the disciplinary policy with you so you are aware. Hayley will be able to advise you from her understandings."

Mr Harvey, over the page:

"We need to support you. We need to ensure we pick up with medical staff and also the requirement for mediation."

So he is saying they should be dismissed. Mr Harvey is saying it's not appropriate behaviour and you're saying, "I can share the disciplinary policy and Hayley will be able to help you."

Why did you want to share with him the disciplinary policy or why would that be helpful?

A. I think just trying to be, I -- I think just trying to be helpful in the meeting. Sometimes that's my downfall.

Q. So you are trying to please him, "We have our disciplinary policy."

But you know why he's asking for that, or you think you know why he's interested in that. Because he thinks they should be instantly dismissed, doesn't he?

A. I think it's very clear that the parents wanted -- they wanted to take action against the Consultants.

Q. If you take that down. At paragraph 375 of your statement.

A. Which paragraph, apologies?

Q. 375.

A. Thank you.

Q. It is your calls with John Letby and you documented calls on 16 and 17 January. You say:

"In my view he wanted to express his anger towards the ongoing situation with Letby. He had previously contacted Kathryn de Berger who was providing Occupational Health support to Letby. John was placing Kathryn under significant pressure to have the calls escalated to a more senior level. In normal circumstances I would not have dealt with a call of this

nature or spoken to a staff member's parents. These were however exceptional circumstances and I felt I needed to step in and support other members of staff who were struggling with the amount of pressure being exerted."

When Kathryn de Berger was asked if she felt she was being pressured by Mr Letby in phone calls she said she couldn't recall that. Can you tell us from your perspective how it was that you saw that staff were responding to the situation of being contacted by Mr Letby?

A. Sorry, it went in and out slightly then. Apologies, could you say that again?

Q. Yes. What was your understanding of how your staff, Kathryn de Berger in particular, was responding and/or Hayley Griffiths if she had said anything to you about the level of calls from Mr Letby?

A. So I think I do recall the conversation with Kathryn and again for the benefit of the Inquiry Kathryn, extremely experienced Occupational Health nurse, been at the Trust for a good number of years, been at other organisations as well, and I had no reason to doubt her telling me this as well.

She, she described to me how Mr Letby was getting quite agitated on the phone with her, that it was

becoming increasingly difficult for her to manage. She felt very uncomfortable.

And, you know, I didn't -- I felt that it was -- I needed to try and support her through this situation as well. It was very unusual for me to have that; in fact, I don't think I have ever spoken to a member of a family in relation to an employment issue. That was the only time.

And then having the conversation with Mr Letby, it was very clear it was a very difficult set of conversations.

Q. You found yourself at the board meeting, I will call it up, INQ0003237, page 4. It is a board meeting on 10 January 2017 and it's you who finds yourself reading out a statement from the individual, it's reported that it was in the individual's own words. Was that the statement from Letby herself, the one that Karen Rees then read to the Consultants in the Consultants' meeting? See page 4, paragraph 6.

A. Yes. Yes. Sorry, what is the question as well?

Q. You read it out, we have seen the statement, I don't need to take you to you it, is three or four pages long. How come you were reading that out at the board, had anyone asked to you do that? Did you think

that was a good idea?
A. I can't recall exactly why I read it out. Maybe because I -- I was representing members of staff, only for those purposes or perhaps because I was -- you know, I had, I had met with Letby on a regular basis. I can't recall the reason why I read that out.
Q. That can come down, please and very briefly before we stop for another break, INQ0057275, page 1.
There is now an issue for communications, wasn't there, it is just the top of the email we need from Mrs Appleton-Cairns. You see at the top, we don't need the A&E stuff.
"Met with Lucy and her family prior to Xmas. Comms being worded with Gill. Lucy wants to draft her own comms. Work to be done with SH."
So this is comms around what obviously people are going to be told and if we see -- if that can come down INQ0102217, page 1, you look like you sought advice on this?
A. (Nods)
Q. Can we get a draft from Mr Pace --
A. Yes.
Q. -- on INQ0102217. That's his suggestion. Let people read it. (Pause)
But then we see what is sent at INQ0058663, page 1.

We see there:
"After a thorough investigation established all the allegations to be unfounded and untrue and I have therefore been fully exonerated and I have received a full apology from the Trust."
That goes to all of the staff in the NNU.
What did you think about the accuracy of that as a communication as far as you were concerned?
A. Very disappointed in it, if I am honest. We had provided the guidance to Letby and her Union colleague and this was the information that was then distributed.
Q. You then have a meeting on 6 February again with Mr and Mrs Letby and Lucy Letby, INQ0008964. It starts at page 29. INQ00089640029, there we are.
If we go to page 33 in this meeting, this is a regroup to discuss everything:
"SL: We want something on record. What if I leave?"
And you say:
"There will be nothing on your record. It will not affect your reference or any other matters."
So she's asking in February 2017 what is going to happen hereon in, and you say not affect your reference or any other matters. Was that your understanding at

that time?
A. At that -- at that stage because she was she had been redeployed, I see -- if she wasn't due to leave at that point so at that point in time that was -- that was factual.
Q. You thought she was coming back at that point in time in April as far as you --
A. (Nods)
Q. Is that option 4 she was getting back?
A. That was -- that was the direction of travel at that stage, yes.
MS LANGDALE: The meetings you have or the weekly meetings there are a number. Perhaps it is a good time to break and we will only go to a few of those and a few comments.
LADY JUSTICE THIRLWALL: Okay. Ms Langdale, how long for the lunch?
MS LANGDALE: Would 2 o'clock be suitable?
LADY JUSTICE THIRLWALL: Yes, certainly. That's five minutes longer than I was thinking, so that's good. We will take a break now and start again at 2 o'clock.
(1.08 pm)
(The luncheon adjournment)
(1.58 pm)
MS LANGDALE: My Lady, Ms Hodkinson, we will pick

up with the meetings that were happening on a weekly basis with Letby and they are at INQ0005340, beginning from page 2.
I am not going to highlight many passages as we scroll through but just a few, if you can, for amplification.
This first meeting on 10 January, second paragraph.
Reassurance is given by Mr Chambers that there was nothing in the report about you. This is the RCPCH report, because he is talking about governance, communication, doctor/nurse relationships.
Did you ever see yourself the RCPCH report. It can be highlighted in paragraph 2 at the top?
A. Sorry, again?
Q. Did you ever see the RCPCH report yourself?
A. I -- I do recall, yes, but it was really for Mr Harvey to kind of manage that report.
Q. There was a whole section about Letby, of the nurse, wasn't there and the HR process that needed to be followed and recommendations for forensic review of a number of babies that had died and we see here reassurance given there was nothing in the report about you.
When Mr Chambers said that, were you uncomfortable or ...

A. I think there was.
Q. Actually, my apologies, you may not have been -- were you at this meeting?
A. I don't think I was, no, no. In fact if you look at the details above, no. Tony, Alison, Letby, Karen Rees and Hayley.
Q. Would you have thought that's not right if you had been?
A. I think I seem to recall there were two different -- there was a confidential report and there was a more public facing report as well or not necessarily public facing but there was a different type of report.
Q. So there was something where stuff had been taken out and if it was talking about the bit that had been taken out, that was justifiable?
A. I -- I -- having not been in the meeting I couldn't necessarily comment.
Q. Okay. Let's go to page 3, please. You are advised in the top meeting: spoken with Karen Rees about taking those calls that you said about in the evening with Mr Letby.
A. (Nods)
Q. Made it clear you are a trusted member of staff. The onus is to have correspondence with you

first and not your parents.
A. Mm-hm.
Q. So that was discussed at the time. In paragraph 3, there's reference to "further support was needed at the time for your mum", and "that you would follow it up with Kathryn de Berger, Occupational Health and Wellbeing Manager, as necessary."
Was that an invitation for her mother to take Occupational Health support?
A. No, no, it wasn't. I think I may have described this in the statement with the police as well. Mrs Letby came across is quite timid but also very, very upset and -- and it was a concern about her own well-being and potentially I wanted to check with Kathryn whether there was something that she needed to do in terms of liaising with her -- with Ms Letby's GP, nothing more from a Trust provision to be provided.
Q. Page 5. A meeting on 31 January in the second to last paragraph. You had advised -- this is Letby presumably:
"... have been liaising with a colleague based at Alder Hey to view theatre lists and to have an observational contract. We agreed you would work with Karen to come back with a plan around this next week."
Were you expecting Letby to keep you informed of

any arrangements around where she was going?
A. Yes.
Q. You were aware of the Alder Hey visits, weren't you, that was something that was discussed?
A. Well, not at the time when they had actually happened. We were aware but she was supposed to be advising us.
Q. So did you find out later than you would have expected?
A. Those that she had been but at that point we stopped it straight away, because it was clear that she was supposed to be advising us.
Q. There was also a course, I think, that she attended, there was a discussion and you followed up whether there was any clinical involvement or something similar?
A. Yes, there was no clinical involvement.
Q. And then the Trust funded that?
A. Yes, that was at I think Glan Clwyd, if I recall.
Q. That's right. If we go to page 7, this time 14 February, the third paragraph in that middle meeting, you are saying:
"It would be helpful if you [that is Letby] could start thinking about what you wanted out of the

mediation and what success looks like as part of this as the mediator may ask you to describe this as part of the process."
Did you have that conversation with Letby about what she wanted out of it or not?
A. Yes, because I recall that we had clarified with -- I think Kathryn had clarified with the Cheshire and Wirral Partnership Mediation Team as to how the mediation would go and what they would be looking to speak to Letby about as well. So that was one of those points.
Q. Page 9, please. A meeting on 1 May at the top:
"We concluded the meeting [sorry, 1 March] by discussing your plans for transition back to the NNU. You had been working with Karen on dates 3 April and 10 April."
That's your understanding of the dates that were being aimed for at that time?
A. That's correct.
Q. We see overleaf at page 10, the penultimate paragraph:
"We agreed we would continue working through the plan for you to return and you would continue with your planning meeting with Yvonne, which was taking place on

3 April."
Those can come down now, thank you, and if we go to INQ0004402, page 1, this is an Executive Team note. I don't think that date's correct, Ms Hodkinson, Wednesday, 22 March, because the action notes from 29 March have already happened, do you see that, accepted?
A. (Nods)
Q. Your meetings are on Wednesdays so it looks like this may be 5 April, the following one. But look at the box at 2:
"LL was due on the unit today, has chest infection, leave next week so defer until post Easter. [She] doesn't want to go back to be pulled off unit again."
Can you remember her having a chest infection or something that delayed that 3 April start, it seems to be being referred to there?
A. I -- I can't specifically remember the chest infection. I think it -- you know, at this stage maybe it isn't explicit in the notes there, but I think as I mentioned before it was almost like a maintaining a status quo with Letby and, yes, we weren't transparent at that stage but it was because of the information that Dr Jayaram had disclosed to me on 15 March.
Q. Indeed it looks 5 April 2017, there is

A. Yes, only afterwards.
Q. So no one spoke to you about that at the time?
A. No.
Q. Then we see another letter of 27 April, INQ0008964, page 7, we see paragraph 4:
"You asked if you can return to the unit and both Alison and I explained that this time the Trust decision was your return to the unit has been paused."
Then over the page, penultimate paragraph:
"Alison explained that as your professional lead she did want you to return to the unit. However, she acknowledged again that this position is very difficult for you and that we will get there. She reiterated that Mr Harvey is facilitating the discussion in relation to the clinical case review and requesting an urgent meeting with the Consultants".
So as late as 27 April 2017, Ms Kelly explaining she did want her to return to the unit?
A. (Nods)
Q. Was that your understanding that that's what Ms Kelly thought at 27 April?
A. At that stage, it wasn't, that -- I think -- it's fair to say we weren't transparent with Letby at that stage.
Q. Can we go, please, to INQ0002797, page 4.

a letter --
A. Yes.
Q. -- sent from you, INQ0003477, page 1.
"Alison provided an update ... She advised that work has been ongoing regarding clinical concerns raised. She had met with Karen earlier today ... after further discussions it was felt we should pause your return to the neonatal unit at this time and to review the position after the Easter break."
We see at the bottom, Letby asked if it was guidance that she shouldn't return, or a management instruction. Over the page:
"... asked if [she] could continue to visit the unit and we advised we would consider whether this was possible. After reflecting on this further and to support your successful transition back to the unit, we would recommend that we again pause with these visits at this time."
The Inquiry received some evidence about a tea party or an occasion in anticipation of her coming back on to the ward having a cup of tea with some colleagues on the ward and one of them saying it was very awkward because she seemed very angry and didn't talk to them.
Do you remember that being set up, a kind of facilitation visit or something to set the tone?

Paragraph 5. Meeting between yourself, Kathryn de Berger, Hayley Cooper, Karen Rees, Ms Letby and Alison Kelly. Paragraph 5:
"Hayley then added how you had both been informed by two different sources that Dr Brearey was leaving the Trust. Alison and I explained we were not aware ... In addition, Kathryn explained she had some concerns in relation to the completion of the mediation with Dr Jayaram. She advised that as part of mediation the second part of the process required both parties to sign an agreement on agreed ways of working and this was returned to Jane, the mediator."
So pressure around them mediating. I think you conceded at the outset you should have made it clear to them and everyone they didn't have to do that?
A. Yes.
Q. They clearly thought they did, didn't they, and Dr Jayaram did and didn't want to?
In terms of Dr Brearey was leaving the Trust, that's what Hayley Griffiths said to you. What did you know about that at that time?
A. I didn't know anything about that, that was news to me.
Q. So 4 May, if people were talking about that in the hospital, that was of news to you?

A. At that -- at that stage, yes. I mean, I think -- I think it also links back, though, potentially to the pressure I mentioned before that he was feeling, you know on various different bases.

Q. At a meeting INQ0002797, page 9, so 3 June 2017 this is. Three paragraphs up from the bottom:

"You asked what was the reason [so Letby asked what the reason was] behind the decision that you could no longer go to Alder Hey. Alison explained she had instructed Karen to also pull every member of staff from their shadowing sessions at Arrowe Park Hospital and it was not about singling you out."

Again was that transparent?

A. No. It wasn't. With Letby, no. And I think, you know, that is that's a recognition that potentially we could have been more transparent with her.

Q. Then over the page, page 10:

"Hayley also asked if you could visit the unit but we collectively agreed this may be a police decision as they may want this to take place in a controlled way."

A. Apologies, which paragraph is that?

Q. The penultimate paragraph on page 10.

A. Thank you very much.

Q. You see:

"Hayley also asked if you could visit the unit but we collectively agreed this may be a police decision as they may want this to take place in a controlled way."

It was very important that it was understood where she was working --

A. Yes.

Q. -- or not, right?

A. Yes.

Q. Throughout the time in 2017 there was no restriction, there was no interim order preventing her from doing so?

A. I am trying to remember whether we had, I don't think at that stage we had a system called TeleTracking in place. We had that at some other point. However, she was being closely monitored within the Risk and Patient Safety team as well and if there were any areas that she -- she was not given any aspect around the neonatal, midwifery, obstetrics areas at all and I recall that they were more pharmacy based.

Q. I am going to move finally now to the Consultants' position and the support they by comparison did or did not get. If we look, please, at INQ0002884, page 1. This is a letter to Ms Kelly and you and others from Hayley Cooper.

"Yesterday, some of her colleagues informed her

that a Consultant, SB, is going around the NNU and informing staff he has seen the external report ..."

That's the RCPCH report:

"... and, I quote, 'appears to be bragging about it', stating 'the report has cleared all the medical team as expected' and he also informed the staff that had been given the funding for a new Consultant post because of it."

When you received that, as head of HR --

A. Mm-hm.

Q. -- what did you do with that? Did you find out who was supposed to have said it or did you just let that sit as a hearsay complaint?

A. No, I think it's -- I can't remember exact sequencing but I don't know whether this was linked to one of the conversations that I had with Ian and whether we spoke to Dr Brearey at the time. I can't remember the exact sequencing around it. So it may have been before that, but I -- yes, I -- I can't remember it exactly what else happened then.

Q. This is 23 November and then we know from Dr Brearey's evidence he receives and has a meeting with Ian Harvey. If we call that up before we look at your note of the meeting INQ0003094, page 1.

This is a letter that Mr Harvey sends Dr Brearey

having had you in the room when he met with Dr Brearey. And so you know, if you don't already, Ms Hodkinson, Dr Brearey's evidence on this is:

"The only discussion I had with one nurse in respect of the RCPCH report was to mention one aspect that was not contentious, that two new Consultants had to be appointed before the unit went back to the LNU designation."

That is what he said; he was talking about the designation and what was required?

A. Okay.

Q. We see in this meeting and from this letter that Dr Brearey is being told that he can't share the final report, but only in a controlled way, by which he means Mr Harvey there should be an order of priority and sharing the information whilst ensuring appropriate support for those with whom it's been shared and he expects a factual response.

Do you think that's quite a controlling letter in terms of the issue it was addressing, how a professional Consultant should deal with a report into concerns he has about babies dying?

A. I don't know whether controlling -- I would agree with the phrase controlling, but I can see where it says "in a controlled way".

I think -- and again this would be from, for Mr Harvey, for Ian, to -- to reference really as well, but I think he was making clear that the information that came through from the RCPCH report was shared sensitively and obviously there are -- you know, there are parents and there are babies at the heart of the report as well and making sure that that information was carefully managed and -- and communicated in the right way.

Q. So what did you think they knew about that report in December 2016, the parents?

A. What did I what, sorry?

Q. What did you think the parents knew about that report in December 2016?

A. I wasn't involved in any of the parent communications, so I couldn't be clear in terms of what happened then.

Q. So do you know if Mr Harvey was --

A. I know he was responsible for -- for that. But I don't know which parents he spoke to and when.

Q. Shall we look at your notes of the meeting because you were there and you can perhaps tell us how the meeting unfolded?

A. I was.

Q. INQ0015641, page 26. It goes over to page 27.

If we look at -- sorry I will wait until it comes on screen.

A. No problem.

Q. If we look at your third paragraph about SB. Sorry, second paragraph: SB wasn't entirely explicit?

A. Mm-hm.

Q. Hasn't spoken about any sensitive details, discuss with Ruth, is that Ruth Millward?

A. I think it is Ruth Millward yes.

Q. So Ruth Millward, so the Head of Risk and Patient Safety this conversation is being had with?

A. (Nods)

Q. So discuss with Ruth re draft discussed with Ravi Jayaram, a fellow Consultant.

Mentioned to some nursing staff about the ninth Consultant before Level 2 designation.

So as he told the Inquiry then that is what he said he had spoken about?

A. Mm-hm.

Q. What does the next -- can you decipher your writing? I am sure it is clear, it's my eyesight probably, tell us what it says --

A. No, no it's my writing as well --

Q. -- the next paragraph?

A. -- I will be honest.

"... said no issue with Medical Consultant because of review getting ninth Consultant. Everyone hearing all sorts of things. Be very careful at this stage what you say and report concerns nurses and medical staff. Problem is they are getting head of steam."

LADY JUSTICE THIRLWALL: Gather.

A. "Gather head of steam", apologies.

MS LANGDALE: The next bit?

A. "Stephen Brearey, if cross line not my intention but not explicit in what discussed two weeks ago."

Would you like me to continue?

Q. Please.

A. Okay.

"Not completely quiet", possibly.

MS LANGDALE: Not kept.

LADY JUSTICE THIRLWALL: Keep.

A. Yes:

"... but this was a draft. I am sure I made clear at outset when final versions not received but need to be very careful, a lot of sensitivities, what say and no say it."

Q. And over the page?

A. "Misrepresentation, hopeful find two reports, next two weeks. Conversation with you. This is a note

of conversation re concerns I have."

Q. What did you think the concerns he did have, he doesn't mention parents and patients, by the way, does he, he says members of staff in terms of concerns? So from being there rather than trying to anticipate it from being there, what were his concerns?

A. I think it was, I think Steve was the clinical lead for the unit and I think whether Ian was explicit or not he was wanting Steve to make sure he was leading the messaging around the unit and leading them in the -- in the appropriate way.

Q. What was the appropriate way to lead that messaging?

A. I think it's, you know, trying -- trying to keep to the facts.

Q. What facts?

A. The -- the facts that Ian had described as such. I think, you know, on reflection whenever I join or whenever a member of HR joins a meeting it always can be perceived in potentially the wrong way which is more of a management conversation and -- and to some extent this was -- but I think I was also there to also offer that additional support to Dr Brearey as well and also, you know, to ensure that the points that were, there was no other points that Ian made that were not needed.

Q. It appears, though, with the timings, doesn't it, that all this arose from the letter I have taken you to from Hayley Griffiths, the complaint effectively at the end of November. She makes a complaint, he's been heard to speak, when in fact it's Ruth Millward who is spoken to, and this is the response?

A. (Nods)

Q. Where Mr Harvey, you are there noting it, all formal, isn't it?

A. Mmm.

Q. We are having to respond to this complaint made by Hayley Griffiths, you don't go and speak to Ruth Millward to see what was said?

A. Mm-hm.

Q. He's hung out to dry, isn't he, here, in your letter telling him in a matter that he's really concerned about as the neonatal lead who he can't discuss and when?

A. Mm-hm.

Q. The contents of a report that they were promised was going to be obtained in two weeks, that was the condition: remember, we will get a report in two weeks?

A. (Nods)

Q. Comes much later, they need to scrutinise it,

but Letby's complaint precipitates this, doesn't it, this meeting, this formality?

A. I think -- I think there were other elements that played in and I think there was other information that was coming through. I know that there may not be the documentation associated with it but I seem to recall there were other elements coming through, so it wasn't just about Letby's complaint.

Q. Let's look at the rest of your note here, it is still on the screen. Is there anything else in there that deals with anything other than his discussion of a draft report with Ruth Millward and mentioning a ninth Consultant?

A. Sorry?

Q. Look at this meeting, so the meeting that you have had, you have been asked by Mr Harvey to note this meeting?

A. Yes.

Q. So is there anything else in these two pages of notes before we take them off the screen that refers to anything else bubbling up?

A. I think there is a point around further down the page, the third from bottom: IH, a magnet for all gossip.

Q. Yes because Dr Brearey says are we able to see

the unredacted version?

A. Mm-hm.

Q. So he wants to see the whole report, to see what's been said by the RCPCH?

A. (Nods)

Q. And is the answer he gets to that --

A. I think likely, yes.

Q. -- magnet for all gossip?

A. Yes so, "give heads up, something circulating".

Q. So what did you understand from that, that they couldn't see the unredacted version or could or what?

A. I -- I believe at some stage they were going to see it, yes.

Q. But not at that point because of concerns of gossip, is that what that reads like?

A. I -- I couldn't -- couldn't say exactly why Ian said that. Or what was, you know, the exact meaning around it but I think there was a general concern from Mr Harvey that things were being said in the unit that were starting to gather, as he said in his words on the first page, a head of steam.

Q. So that can go down now.

So we know from the doctors' point of view they

think a review is going to be done within two weeks although at the meeting we saw Mr McCormack pointed out they wouldn't be able to do a review looking at the suspicion of a nurse or an Allitt/Shipman situation.

When the report comes, it is redacted, they have not seen it. You know the Executives are shown it first?

A. Mm-hm.

Q. When you sit there now, thinking from an HR perspective, that was not how the Consultants should have been treated, was it?

A. I think I said before there were different elements -- there are -- there are reflections around how we could have supported the Consultants differently.

Q. Then if we look at INQ0005795, page 1, Ian Harvey asks you in preparation for a meeting, he's trying to get the Consultants to do mediation, isn't he, and he wants information from you?

A. Mm-hm.

Q. You set out what's required from the grievance process and you set out there Annette Weatherley's findings.

A. Yes.

Q. "Clearly evident within the witness statements that your movement from the unit was orchestrated by the

Consultants with no hard evidence to support this action."

This was 25 January 2017.

A. (Nods).

Q. "... behaviours and comments, as witnessed by a number of senior managers and Executive staff, fall far short of what is expected by the Trust and professional standards."

Had you read the grievance report and tried to see what the evidence was for any of those comments or behaviours that were suggested?

A. Yes, I had, I did read the grievance report afterwards of course.

Q. There was hearsay and no hard evidence from anyone, was there? There was Eirian Powell's written document sent by Mrs Appleton-Cairns, to Dr Green. But no first hand account from someone saying: I heard them say this ...

A. I -- I -- I can't recall specifically but I know that definitely in my notes I have reference to in various different meetings this person had said this or this person had said that.

Q. What names -- the Inquiry has heard from a lot of people and asked questions about it --

A. No, I appreciate -- I appreciate.

Q. Just doing the best you can, what names of a person do you say heard either of the Consultants Drs Brearey or Jayaram speak in a derogatory way about anyone?

A. Certainly I think Eirian Powell described that Dr Brearey had said that or Eirian was concerned about Letby's well-being and Dr Brearey had said: I am not concerned about that. And Eirian had said something along the lines of: what if she goes and takes her own life? And he said: I am not bothered, or words to that effect.

Q. Mm-hm.

A. That is one of those instances.

Q. So she told you that, did she, or did you see that in writing?

A. I either was told that through one of the nursing team -- I can't remember seeing it in writing but I was definitely told that.

Q. That can go down now, thank you. Another document, please, just to see what you understood about the Coroner at this point. INQ0015641, it's another of your notes, 1 March. Sorry INQ0015641, page 111. Page 0111.

I don't think it's that, 0111. Read the note by all means to anchor yourself into the position it was at

the meeting.

A. Apologies, which note is it, Ms Langdale?

Q. 1 March.

A. Okay, thank you.

Q. So at the top you say:

"Response from Coroner more optimistic."

What do you mean, more optimistic?

A. I am, I am not clear on whether that was around point 1 or in relation to something else, apologies, I'm not clear.

Q. It says:

"Allow them to distance from allegations, collectively raise concerns conflating the two together. Not helpful moving forwards. Doesn't mean don't follow through on the grievance. Ian Harvey: separate grievance and concerns. Processes in parallel, grievance and mediation".

So did Mr Harvey -- indeed did you -- see them as separate issues, investigation of the concerns about whether she was harming babies, from the grievance process, and whether the Execs had failed to be honest with her?

A. They were absolutely two separate things and I think -- I don't know whether this also refers to that the Consultants could raise a grievance as well, should

they feel that that was appropriate.

Q. Well, the Consultants, Dr Jayaram wanted to find out what had been said at the grievance, didn't he?

A. He did.

Q. So if we can just trace a series of emails to see what happened there. In fact, before we do, can we just pick up with your email to Mr Harvey in relation to Jim McCormack. INQ0006219, page 2.

A. Excuse me.

Q. We see there he's asking for your assistance because Jim McCormack doesn't know what he is supposed to be apologising for so he's finding what that's about and sending an email back and you set out what Eirian Powell's statement had said in the grievance investigation.

So it was her written statement of what was said?

A. Mm-hm.

Q. Can you see at the bottom?

A. Yes, I do.

Q. Again, did it concern you sending that to Mr Harvey for which Mr McCormack was required to apologise, did it concern you whether he had ever been asked if he said that, Mr McCormack, in other words, if he had done that?

A. I think in one of the meetings he had said he

had done that as well, Mr McCormack.
Q. Was that your understanding?
A. Yes.
Q. Had he ever said that to you?
A. No. He hadn't specifically called her a murderer to me.
Q. He had never been interviewed for the grievance, you see. So it was Ms Powell's comments in her written document that formed the evidence for that but you didn't trace that back, you relied on Ms Powell, did you?
A. It wasn't for me to rely on Ms Powell, it was for the grievance obviously to -- that highlighted the issue and in addition I think Ms Letby had already heard that prior to Ms Powell raising it.
Q. Just to make the position clear for all, at INQ0006432, page 1, Dr Brearey writes to you to make it clear he thinks it's inappropriate to be undertaking the grievance process. And then we know and we will come to the meeting in a moment, Dr Jayaram discusses going to it as well but he also emails at INQ0011870, page 1.
It's when he appreciates we see at paragraph 2 that the mediator told him it was an entirely voluntary process and he hadn't appreciated that.
If we can go please to INQ0003219, page 1, this is

a meeting with you on 15 March to discuss mediation and follow-up and you explain the process at page 1?
A. Mm-hm.
Q. If we go to page 2, Ravi Jayaram, so looking at the treatment of the Consultants, he:
"advised he's read about whistleblowers in other organisations and those who raise concerns and they feel they are being treated by the board like this. The board going down a path and set on a path, making decisions around a member of staff returning and think they may have been misled. [You] advised Ravi Jayaram that Speak Out Safely incorporates whistleblowing and patient safety concerns encouraged for everyone. Concerns treated under the policy.
"Dr Jayaram raised concerns regarding losing confidence in Tony Chambers, Ian Harvey and the board. Feel bullied and intimidated to just accept it, the plan. Feel being pushed back on to the Consultants as our fault."
A. Mm-hm.
Q. "Alison Kelly praised her nurses and offered support. Medics had nothing from Tony Chambers and Ian Harvey. All started with Tony Chambers meeting in September re the ninth Consultant. Poor communication. Could have made a complaint then about his behaviour.

Talk about Trust values and behaviours, [Chambers] didn't display those then.
"Feel the board want us all to leave. If [Tony Chambers] really wanted this to work, would be thinking about STP and pushing as hard as he can to get the unit back to Level 2. We feel we are not wanted ... Raised he's written his resignation, three of us all actively looking.
"Feel I can offer more outside of the organisation to patient safety as not wanted here."
It is very troubling, is it not, that Dr Brearey and Dr Jayaram thought they could keep patients in your hospital safe when they weren't working there; safer than when they were working there?
A. Mm-hm.
Q. When you read this, what did you think about how the hospital had failed to treat the Consultants with respect and concern that they had for the babies?
A. Obviously this -- this was the first part of the meeting and it really disappointed me that Ravi was feeling like this and I think, you know, I expressed that to him as well.
I did state that to the Executive Team the next day in terms of the level of feeling and --
Q. It is not feeling, is it?

A. No, it is --
Q. It is reality.
A. Yes.
Q. Because there is plenty about they had gut feelings about, suspicions, how they felt, not loved. It is belittling, isn't it, Ms Hodkinson? They had medical concerns, wanted to protect babies at the hospital, and this is how they were treated?
A. I know it -- and it's, you know, it's disappointing to read this now and I'm glad that Ravi felt that he could raise that with me. And I think I said earlier and I stand by this as well, I think now on reflection, we should have put more in place for the Consultants.
I think if there is an opportunity for me to add on this as well, I think when trying to run a hospital, you know, in a busy medium-sized district general hospital alongside managing this type of case was extremely difficult. I think not only for Tony, but for Mr Harvey, for all of us, and I think potentially we should have put additional support in place for the medics particularly.
Q. Support from you, from the behaviour --
A. Not necessarily.
Q. From the behaviour you were all exhibiting

towards them, they needed protection from the way the Execs were treating their concerns and suspicions and them?

A. Apologies, are you meaning me personally or --

Q. All of you as Execs, collectively, as Execs: Mr Chambers, Mr Harvey, you, Ms Kelly; they needed protection from you?

A. I don't think necessarily they needed protection from us but I think we should have put more -- an additional level of support in place to make sure that they felt they were listened to, they were supported and whether that was one of the Divisional Medical Directors who specifically undertook that level of support, whether it was designated occupational health leads, there are multiple ways we could have done it and I think with everything that we were managed, managing, we overlooked that.

Q. This is why they needed protection, Ms Hodkinson.

Can we have a look, please, at INQ0015642, page 48. 11.45 am. 12 May 2017:

"RJ/SB plan re management.

"GMC [number 1] actions from grievance, mitigation from whistleblowing.

"4. Action plan to manage out."

To manage out?

A. (Nods)

Q. That is what Mr Chambers was discussing, wasn't he, managing them out?

A. (Nods). Yes. Nothing happened with that though.

Q. Well --

A. Nothing happened with that at all.

Q. Very difficult to find that note as well, not a criticism of you, you at least noted it. But in all of the material we have, that was clearly a discussion, wasn't it, from him?

A. It was a discussion in our one-to-one and nothing happened with that at all. I think in addition as well just -- apologies, I forgot to mention, in that conversation with Dr Jayaram on 15 March he said to me it was the first time he felt he had been listened to. And I can absolutely say I did not take anything forward around Deborah Healey and follow-up call. I expressed to Tony my concern around this, this advice, but nothing happened around this.

Q. And it's clearly the case you did hear his concerns when he first raised them --

A. (Nods)

Q. -- back in March 2017?

A. (Nods)

Q. You were then dealing with your fellow Execs but you weren't able to do what should have been done with those concerns or even before then, were you? Was that because you liked to please those around you or you were an active participant in the conversations around how do we shut this down, stop the Consultants on their witch hunt and make sure Letby gets back on the unit?

A. Okay. Could you just clarify what you are asking me, sorry?

Q. How actively were you involved in the decision-making around she should stay on unit and come back and there is a witch hunt here with the Consultants' concerns? How active were you in that story?

A. I think from that point onwards, I was absolutely not active in anything in relation to that. However, as I said earlier, I think the messaging to Letby was almost like a stalling tactic as such to ensure that we were not, I suppose, raising concerns around us bringing the police in. I think one of the difficulties, it took some time for that -- for a follow-up meeting to happen with Dr Jayaram and Dr Brearey.

Obviously Tony and I went to see Ravi and Steve the

next day on 16 March. As you will see in my police statement, there is various different elements where I have then spoken to Ravi a number of times. But the key part that we had agreed at that stage was to then have a meeting with -- apologies, I can't remember the name, I know it's Nim and Julie Maddocks, I can't remember the -- is it the Neonatal Network?

Q. Mm-hm.

A. And that was one of the actions that they wanted. So that took some time to -- to be arranged I think that took place on 27 March and obviously that was the one where there was collective agreement around going to the police and I think, you know, I was concerned that it was taking some time then to go to the police.

Q. If we just finally, Dr Jayaram's complaints about the grievance. If we go to INQ0068497, page 1, there are a series of INQ numbers here, Mrs Killingback, so I apologise in advance for that, but the first one is the first two emails.

You have emailed to say:

"I just want to advise you that I have receivded feedback that the joint meeting has gone well ... very much appreciated."

He responds:

"Cognitive dissonance once more. No, it did not go well. I have never felt as threatened, vulnerable, disappointed and angry in my life."

We then see another email chain, INQ0011817, page 4. Pausing before we begin that. Dr Jayaram said in evidence that he felt he was under duress to engage in the mediation, do you appreciate that's how he must felt?

A. Sorry, what was that?

Q. That he felt under duress to engage in mediation?

A. As I said earlier, I have reflected a lot around this and obviously I have heard Dr Jayaram's evidence, I can see this in the emails now and I regret putting him through the mediation process, I should have stalled it at that stage on 15 March as soon as he disclosed that information to -- to me.

I apologise if he felt under duress and for the -- for the experience he went through.

Q. Page 5 -- we are looking at page 4. Page 5 of the letter he says:

"I felt as if I had been hung out to dry."

"Two things that I found disturbing [paragraph 3] were that she has been led to believe (I am unsure whether from the grievance statements or from her

discussions with board members) that I and a colleague orchestrated a campaign to have her removed and a colleague gave an ultimatum to the Trust that if she was not suspended we would call the police, which as we know is clearly not true."

At the bottom of the page, he says:

"In the light of my concerns, please could you arrange for me to be provided with access to copies of the minutes from board meetings attended by the paediatricians, board meetings where the neonatal issues were discussed by the board and relevant copies of the grievance documentation."

A. Yes.

Q. If we go back to page 4, you respond:

"Thank you for your email. As you may be aware, I have spoken with Ian about your email. I understand he has spoken with you. I would be happy to meet with you."

Above he says:

"I think the concerns I have made were explicit, what's the process for me to be allowed to see the documentation referred to previously?"

If we go back to page 3. You say:

"Thank you for your email. I will provide a more comprehensive response to your email and your concerns

in due course which will include more detail around your request to access relevant documentation."

And higher on 10 April, "any progress," he's having to follow it, saying:

"None of my colleagues have any recollection of an ultimatum being given to the Trust by myself and Steve, nor do they feel we orchestrated a campaign."

If we go to page 2. You say on 11 April:

"Apologies, I am just on leave for a few days I will be back in later this week and be pulling together relevant extracts of the grievance."

Email above. He's saying it is over:

"... three weeks since I have asked for the documents discussed in my original email. Am I to assume the relevant extracts are still being pulled together, you are completing a fuller response and that Stephen Cross is still looking?"

If we go back to page 1, so 11817, page 1, he says:

"I am still keen ..."

What was the delay, had you spoken to Mr Cross about it?

A. Yes.

LADY JUSTICE THIRLWALL: We have not seen that last document, I don't think.

MS LANGDALE: If we go to your response, the

response email, 5 May. INQ0002931, page 1. Take your time. Everyone can read the response.

A. Thank you. (Pause)

Q. We know the Trust subsequently took legal advice on this. You weren't at that meeting with Corinne Slingo, it is Dee Appleton-Cairns, so I don't went to trouble you with that. But you respond with the extracts of interview notes on page 2 and that was it.

Dr Jayaram made a Freedom of Information Request, didn't he, and got sent little sections but he gave evidence it was only with the Public Inquiry he saw the whole grievance investigation and how it was put together, both Dr Green's findings and also Annette Weatherley's decision-making?

A. Mm-hm.

Q. When you look at that now, and the way Dr Jayaram and Brearey were criticised within that process and subsequently, do you accept that was entirely wrong?

A. The criticism of them?

Q. Yes, the criticism and the process, it was entirely wrong?

A. I think it goes -- I think it goes back to what the grievance was about though. The grievance was not about the care within the unit. The grievance was

about how Letby felt that she had not been openly and transparently communicated with by the Trust and also reference to inappropriate comments being made about her. So I think it's slightly different.

Q. The grievance finding by Ms Weatherley was that the doctors, the Consultants, had not been clear, honest and objective dealing with you, the Executives. That was wrong?

A. Mmm (Nods)

Q. The way they were treated by you as an employer was totally wrong?

A. (Nods) Sorry, the question is?

Q. Do you agree that it's totally wrong?

A. I have already said I think we should have put more -- more support in place and as I mentioned earlier, you know, I regret taking Mr -- Dr Jayaram going through the mediation process once I knew on 15 March.

Q. The Speak Out Safely policy was never followed as it should have been at the beginning, never followed?

A. I -- I think I -- because of there being so many reviews the view was that all of those reviews were still being captured under the Speak Out Safely policy and I think I recall at some point early 2017 the formal recording of this was captured within the, as it

LADY JUSTICE THIRLWALL: -- when we get to it. So if you look at the bottom left-hand corner.

A. Yes.

LADY JUSTICE THIRLWALL: Is that the bit you were thinking of?

A. There was -- there was another point as well.

LADY JUSTICE THIRLWALL: I haven't found that but do you want to read out this bit, if it's one of them, if you read it out?

A. In relation to Dr Brearey's point?

LADY JUSTICE THIRLWALL: Yes, I thought that is what we were looking for, yes.

A. Of course:

"Something nagging me, open about care on the unit. Observations before meeting, Datix incidents, inconsistencies, problems governance."

I don't know whether that is "facilitates" or "facilitators: "

"First one wonderful and left. Second replaced, less than adequate, replaced by someone, fish out of water."

MS LANGDALE: My Lady I think at page 57 there is also a reference that you may have been referring to before, Ms Hodkinson.

LADY JUSTICE THIRLWALL: Thank you, Ms Langdale.

probably was called then, the Freedom to Speak Up Group as well.

MS LANGDALE: Those are my questions, Ms Hodkinson.

A. Okay, thank you.

Questions by LADY JUSTICE THIRLWALL

LADY JUSTICE THIRLWALL: Thank you, Ms Langdale.

Just before you start, Mr Baker, I will just ask a question because I meant to ask it earlier and I don't want it to come out of anybody else's time but mine.

Early on in your evidence, you were referring to -- you were referred to one of the meetings at which you thought Dr Brearey had said something and you couldn't find it and then we moved on?

A. Yes.

LADY JUSTICE THIRLWALL: I think I have found the passage.

A. Thank you.

LADY JUSTICE THIRLWALL: So the document is 00015639 and it is at page 60.

A. Thank you.

LADY JUSTICE THIRLWALL: Now, I know you have had a hard copy made of a set of notes but I don't know if it's this meeting but let's have a look and see if you can read what's on the screen first --

A. Certainly.

MS LANGDALE: Bottom right of page 57. That's 58.

A. Yes, that is the point.

LADY JUSTICE THIRLWALL: That is the bit you were looking for.

A. Yes.

LADY JUSTICE THIRLWALL: Do you want read that?

A. I can indeed:

"Reviewed every case more than once. Care never perfect. Learnt concern, theme to this individual. All clinicians come back, not going to reassure us that issue comes back but Dr Brearey was saying that the care was never perfect."

LADY JUSTICE THIRLWALL: Thank you very much. Now Mr Baker, it's your turn.

Questions by MR BAKER

MR BAKER: Thank you, Mrs Hodkinson. I ask questions on behalf of the Families of 12 children.

You referred to whistleblowing as being a protected disclosure, what do you mean by "protected disclosure"?

A. In a sense that if a member of staff raises concerns around patient safety that they will be protected around ramifications of any action taken by the Trust.

Q. Why do whistleblowers need to be protected?

A. So that they can raise concerns openly, fairly

and on a timely basis.
Q. It's because there is a problem, isn't there, when it comes to whistleblowing, that whistleblowers are often victimised, bullied, managed out of Trusts?
A. There has been -- there has been, it's I think -- you know, certainly from the education I had around it through Henrietta Hughes, who was the National Freedom to Speak Up Guardian at the time through the team. There was various different cases, unfortunately were there were some -- some deaths of former members of staff who have, you know, been whistleblowers, absolutely. So a critical, a critical element.
Q. So whistleblowers are vulnerable first of all?
A. (Nods)
Q. That is why they need the protection to make their disclosures. They are vulnerable to victimisation bullying, managing out of their jobs?
A. (Nods)
Q. What they do is incredibly important?
A. (Nods)
Q. Because they are the eyes and ears of the organisation --
A. Mmm.
Q. -- when it comes to patient safety?
A. Mm-hm.

Q. So they have to be protected because a culture has to be created whereby whistleblowers feel safe to disclose patient safety issues?
A. Yes.
Q. There is an expectation when it comes to whistleblowing, provided that the whistleblower acts in good faith --
A. Mm-hm.
Q. -- then they will be protected?
A. Yes.
Q. And their concerns will be listened to?
A. (Nods)
Q. And effectively what's said within the Speak Out Safely policy, and if we go to INQ0003014, and to page 2, now towards the bottom of the page, it says:
"By implication this policy is concerned with the possibility that a member or members of staff are not delivering the standard of patient care expected of them. Making a complaint about the way in which a patient or patient group has been treated may therefore place an individual member of staff in the difficult position of choosing between loyalty to a colleague and the patient's best interests."
So we can see this dichotomy between the need to protect patient safety and the loyalties that people may

feel to their colleagues?
A. Yes.
Q. Being a whistleblower is a brave and difficult thing, isn't it?
A. Extremely.
Q. What it says at the bottom, the final paragraph:
"If staff are uncertain about whether or not to express a concern it is normally better for them to voice this rather than to remain silent. Often discussing an issue, normally with the immediate manager, will provide an opportunity to view the matter from a different perspective. From there it can go forward be and be dealt with if necessary. Delay in expressing concern could lead to recurrence and/or make investigations more difficult."
A. Mmm.
Q. So what you are telling your staff or the hospital staff there is: if you have a concern, voice it?
A. Mm-hm.
Q. We will listen to you, we will protect you but if you delay voicing this concern, then you risk harm to the patients, so that's what's written on paper for the staff.

If we go back to a snapshot of early 2017. History tells us that the Consultants were right, Lucy Letby is a serial killer?
A. Mm-hm.
Q. Now, a receptive whistleblowing culture, one that is properly embedded and has proper leadership behind it, would encourage people to come forward with their concerns as soon as possible?
A. Yes.
Q. Potentially if it existed it could have actually saved lives?
A. Mm-hm.
Q. If we go to INQ0015642, and to page 48, there we go, you have seen this note before. Now, you were taken to this note and you said nothing happened around this?
A. Mm-hm.
Q. Well, can I tell you the reason why nothing happened around this. Because on 12 May, there was a meeting between the Executives and the police, so the involvement of the police on 12 May stopped this, it didn't happen because people changed their minds about it.
A. May -- may I just raise a point there, though, if that is possible?

Q. Yes.
A. Apologies, please continue if you were going to.
Q. You can raise a point, that's fine?
A. Thank you. I think -- again I have thought long and hard about why Tony said this, I think it was linked back to what I described before, you know, Tony -- he was -- he was -- he is or was then a great person to -- to work around, but I think sometimes his frustrations came through and this was one of those moments. But it was in a place to me, I made a note of it, you can all see that there, but nothing did happen with it and I challenged it in the meeting and if it had continued, I would have challenged it then as well.
Q. Yes. So let's look at what's being discussed.
So plan re management item 1 GMC, so refers the Consultants to the GMC?
A. Mm-hm.
Q. Item 2, actions from grievance.
Now, in February 2017, at a meeting Ian Chambers(sic) Had said to Lucy Letby and her parents that he supported the nurses and that Lucy Letby would be back on the ward, he gave that assurance didn't he?
A. (Nods) Mmm mm.

Q. Now, item 3, what does this mean:
"Mitigation from SOS/whistleblowing"?
A. I can't -- I can't recall the specifics around that at the moment as to what -- what exactly, you know, he said or meant by it. I --
Q. Does that stand for Speak Out Safely?
A. "SOS" is Speak Out Safely, yes.
Q. So why would you need to mitigate the Speak Out Safely/whistleblowing policy? Why would that need to be mitigated in this situation?
A. I -- I don't know.
Q. Well, can you guess?
A. Potentially "how do you manage around that", but as I say I -- I think I just took a note of this at that stage and I know that I would have gone back to Tony about it because it really concerned me.
Q. So given what's written next:
"Action plan: to manage out the two Consultants."
A. Yes.
Q. Presumably you would have to do that by working around the SOS whistleblowing policy which protects them?
A. Potentially.
Q. Well, not potentially; you would have to, wouldn't you? Because they would say: we were

whistleblowers, we were doing the brave thing that the policy told us to do, and now you are managing us out?
A. I -- it -- as I say, nothing further happened around this.
Q. Well, something may have interrupted it. But this was certainly Tony Chambers's plan on the 12 May, wasn't it, because you are writing it down?
A. It's what we talked about in our one-to-one.
Q. Yes, and this is your note and nowhere within this note does it say that you challenged him about it?
A. But I wouldn't necessarily write my own note about what I discussed. If you check any of the notes that I have taken, I don't -- if I do say something it's very quick, if, say, for example, going back to that 30 June meeting, I think I say one point there around Occupational Health, so I quickly make a note of it myself.
Q. Okay.
A. But we definitely did discuss.
Q. So when you have meetings and you make file notes you don't write your own words down. We will come back to that in a moment. Are you saying that you challenged him about this or were you part of this?
A. I believe I did, but I -- but again you would need to verify that with Tony. I think I was very

surprised that that was --
Q. Yes. Because it's reprehensible, isn't it, if that was the plan, utterly reprehensible?
A. It's disappointing.
Q. No, no, it's reprehensible. Because these are whistleblowers and a plan is being created to refer them to the GMC and manage them out which is completely the opposite of what should happen to whistleblowers, isn't it?
A. (Nods) It, it's -- if those are the words that you choose to use, I suppose from my perspective, it was disappointing.
Q. Well, let's look at what you write when you write notes then, please. Can we go to INQ0003219. So this is a note of your meeting with Ravi Jayaram on 15 March 2017. We can see it's effectively a script that has "RJ" for Ravi Jayaram and "SH" for you.
So it does actually include your words as well?
A. But I think that's very -- this type of meeting is very different to a one-to-one with a manager. This is a meeting where Ravi has at the end of the meeting disclosed very serious concerns to me that I had never heard in those terms before.
So and in addition his concerns around the mediation. So I think it's appropriate that I wrote it

like this, but for a one-to-one with my line manager, I wouldn't be -- I think if you checked in any of my notes, I wouldn't be saying "I said this, he said that".

Q. So a one-to-one with your line manager where your line manager tells you to mitigate the whistleblowing policy and manage two Consultants out of the Trust, that must be a fairly extraordinary meeting to have?

A. And I think as you will see from one of the actions that I -- I typically -- what I do when I take an action is I write an A and circle it. And so one of the actions was to get external advice about this which, whilst I can't remember all of the detail of that meeting, because it was eight years ago, or seven years ago, I think that one was now, you know, I -- I felt uncomfortable to give advice on that myself and needed to take external advice on it.

Deborah Healey is a partner at DACB and so was the most experienced person I could go to there from an employment perspective.

Q. Can I suggest to you that the note is written in the way that it is, the note on 12 May, because you were a willing participant in that conversation; you were there supporting Tony Chambers in that conversation?

A. No.

Q. -- had they not taken this step and called the police?

A. No, I said earlier that we were maintaining almost like a stalling position, a status quo position with Letby because of the growing likelihood at that stage that the police were going to get involved and I think because of the pressure from the RCN throughout, you know, that year and a bit, they were very clear around how they wanted the doctors to be managed as well.

So it was not to add anything further to make this an even more difficult position than it was.

Q. Can I take you then finally to INQ0005810 which is a note between -- of the meeting between a number of Executives and Lucy Letby's parents and Lucy Letby.

If we turn, please, to page 3.

Tony Chambers:

"I met with the neonatal nurses. Hayley was there. What you say in the email are two different things. We have made it clear we support the nursing medical team. All support your transition back. We are in a good place. The unit needs time to reflect what the report says. Leadership, trust, professional honour, intact

A. No, not at all. Not at all, categorically not supporting that position.

Q. Finally, can I tell you something else that almost happened. You see this process, the defensive grievance, the victimisation of the doctors, delayed Lucy Letby being brought to justice?

A. Mmm mm.

Q. Do you agree?

A. I said earlier that, you know, I was disappointed that they took so long for the police to be instigated from that 15 March meeting.

Q. But the diversion into the grievance, into meetings reassuring Letby and her parents that apologies would be given, the victimisation of the doctors all delayed Lucy Letby being brought to justice, didn't it?

A. I don't think the grievance did. I think that happened in parallel to the external reviews. All of the external reviews were still taking place while the grievance process happened.

So I would -- I would disagree with that point.

Q. What Dr Brearey and Dr Jayaram said in -- one of them said in their evidence was that at the time the police were contacted they believed that Lucy Letby was about five days away from coming back to the ward. That's what would have happened, isn't it --

for yourself. I want it to continue."

What Tony Chambers is saying there to Lucy Letby and her parents is that he backs the nurses, we are supporting you coming back, your honour is intact and I want that to continue.

Now, that's a reassurance, an assurance to Lucy Letby that she's coming back, isn't it?

A. I think he says we made it clear we support the nursing medical team, so both staff groups there. I think some of the wording that Tony said could have been worded differently and I think this is where Tony perhaps tried too hard on some occasions, not just this, other occasions I recall outside of this case where he tried to do the right thing and sometimes it just didn't come out in the right way.

Q. I mean his attitude, do you agree, was that Lucy Letby was coming back and if the doctors didn't like it, they would be gone?

A. I don't think that was -- I think also in that particular meeting and in the conversations I had had with Mr Letby he was adamant about the feeling for the doctors. He was wanting to refer them to the GMC. I think Tony was trying to manage that in the meeting as well.

MR BAKER: Thank you, my Lady, I have no more

questions.

LADY JUSTICE THIRLWALL: Thank you, Mr Baker. Mr Sharghy.

Questions by MR SHARGHY

MR SHARGHY: Mrs Hodkinson, I ask questions on behalf of the remaining Families of the babies that Lucy Letby harmed.

Can I start off by asking you that during the period from 2015 to 2017, did you believe that a nurse could deliberately harm babies in their care?

A. No, not until that point on 15 March. But you always have to have an open mind that not just a nurse could harm babies, but that any member of staff could do something which either knowingly or unknowingly could affect patients within the Trust and that's -- apologies, that's -- you know, there are other cases that I was dealing with during that time where that happened as well.

Q. You were asked by Ms Langdale previously in terms of your knowledge regarding the actions of Beverley Allitt and the fact that she did harm babies in her care. Was that not even within your contemplation during that period of 2015 to 2017?

A. It absolutely was, it absolutely was, and I think it goes back to a point I made earlier as well

in terms of my deputy Dee Appleton-Cairns who actually raised this with our external legal time DACB on 5 -- gosh, I have forgot my dates now. Is it 5 July 2016?

Q. July.

A. So absolutely, the point was well known at that stage.

Q. So even though you didn't quite believe that a nurse could deliberately harm babies within that period, you would have known, wouldn't you, in your role that if there were concerns raised about the very thing, that that is quite a serious matter?

A. Absolutely.

Q. In terms of the threshold for action that needs to be pretty low, doesn't it?

A. It does, it does.

Q. Insofar as evidence is concerned, that goes with the threshold, if there is a low threshold you don't need a huge amount of evidence; is that your understanding at the time?

A. It was at the time. However, I think it's important to note that having reviewed the Bowers report particularly I think there's an excellent recommendation in there that if I and the rest of my Executive colleagues had had at the time would have been extremely helpful for to have.

Q. Of course, but at the time --

A. Yes.

Q. -- the level of evidence that's required before action is taken doesn't need to be substantive, does it?

A. It -- it -- I think at that time eight years ago it -- there was various, the Thematic Review had happened, certainly from my perspective I was hearing those other elements on 30 June, not consistent around how the care was in the unit, there was multiple different factors playing in. And whilst now I know that we all -- you know, we all know the terrible acts that Letby did, it wasn't clear at the time.

Q. Do you agree or disagree with the proposition that at that stage, in 2015 to 2017, the evidence concerning deliberate harm did not have to be substantive before action was taken?

A. I can only say from the point I was involved, if that's -- because I wasn't involved prior to.

Q. Which is why I have taken the period 2015 to 2017?

A. Yes, yes. The concerns can be raised as -- absolutely.

Q. Is it also right to say that there was no policy at the time between that period that specifically

required a certain threshold or type of evidence to substantiate action to be taken to protect patients?

A. Safeguarding policy.

Q. Yes, but it didn't require things such as substantive evidence to be provided?

A. No, no, but the safeguarding policy I suppose was one -- was an element you could link in to there.

Q. In your witness statement to this Inquiry, you have used the phrase "no substantive evidence" 13 times --

A. Right, okay.

Q. -- to indicate and justify why no action was taken. Can you help explain why that does appear multiple times in your witness statement when in fact that was not the threshold?

A. I hadn't counted how many times I have, I have written it. So, but it -- this was an extremely complex set of circumstances, set of information, the Consultants' concerns, absolutely, I have said, you know, that I heard them and I specifically acted on them when Dr Jayaram spoke to me on 15 March 2017, but I think it was incredibly, incredibly complex.

Q. Let's go to the discussion and I won't necessarily turn up the notes, unless you wish me to do so, about the discussion you had with Dr Jayaram on

15 March 2017?
A. Yes.
Q. I understood your evidence to the questions that Ms Langdale asked you that you were stunned?
A. Mm-hm.
Q. You were drawn to tears on your way home and you said two further important things which was: it changed our direction, and I understood that to mean the direction of the Executives?
A. Mm-hm.
Q. You also said that at that meeting and the information you were provided regarding these three babies was what made you sure, "definite" I think is the word you used, that this was the time that the police should be brought in, so those are your words?
A. (Nods)
Q. Insofar as actually what happened only 15 days later, and I think it is important to bring this document up, INQ0005340, page 10, this is a meeting that you were present at with Lucy Letby, Karen Rees, Kathryn de Berger and Alison Kelly on 30 March 2017. So 15 days after this shocking revelation is made to you and you are of the clear view the police need to be called?
A. Yes.

Q. Can you explain why, therefore, on the penultimate paragraph up, it says:
"We [that must include you] agreed that we would continue working through the plan for your return to the unit and that you would continue with your planning meeting with Yvonne ..."
Which would take place a few days later?
A. Yes, yes. So the reason -- reason from that as I stated earlier as well is that we were maintaining a status quo with Letby. There -- there was not a plan at that stage for her to go back but I think in terms of communication with her we were stating that there was still that plan to happen. But internally from an Exec perspective that was not going to proceed.
Q. Can I please take you to your own witness statement, which I hope you have a hard copy of?
A. Yes.
Q. It is on page 131, paragraph 390, where you discuss this very meeting.
A. Sorry, 131?
Q. Page 131, paragraph 390. You say just two-thirds of the way down:
"It remained a collective decision [that again must include your part] to work towards Letby's return to the NNU on 3 April 2017. Whilst there were ongoing clinical

concerns and the potential for a police referral, there continued to be no substantive evidence."
That is simply not true, is it?
A. I accept that now and -- yes, but --
Q. What?
A. I think, sorry.
Q. I was going to say: this is a witness statement you made to this Inquiry this year?
A. Mm-hm.
Q. Earlier on this year. Why are you making such statements when you must clearly understand and know that it isn't correct?
A. I -- I apologise for that.
Q. You were also taken by both Ms Langdale and Mr Baker to the discussions about managing out the Consultants. Again I'm not going to take you to the note. What I would like you to do, please, is go in your witness statement to pages 116-117, paragraphs 348-349. Thank you, that document can come down.
Mr Baker has taken you through in some detail the action plan, that is not what I am going to focus on. I am going to focus on what you say in paragraph 349. You indicate that you didn't agree with the position of managing out the Consultants but what you do go on to

say is that:
"There was a growing consensus at the time that the Consultants, namely Dr Brearey and Dr Jayaram, were not acting professionally or working in the best interests of the Trust."
Do you agree that all of the concerns, all of the matters that these two doctors raised, were solely in the best interests of their patients, the babies?
A. I think they were in -- in the best interests of the patients and babies, yes.
Q. So who was part of this consensus that was suggesting that they should not have their patients' best interests at heart, but the Trust's best interests?
A. I think that --
Q. By who, I should indicate names, please, if you can?
A. Sorry?
Q. Names --
A. Names.
Q. -- of people within the Executive Team who were part of this growing consensus.
A. I think potentially Tony, Ian, Stephen.
Q. Alison Kelly?
A. No, not specifically, no.
Q. So were they the driving force behind

effectively the shutting down of the Consultants and the concerns they were raising?

A. They -- there was aspects which they were concerned around how they were.

Q. Okay. You also go on to say that as far as you were aware there appeared to be resistance to accept and work to implement the recommendations as a result of the RCPCH, again Dr Jayaram and Dr Brearey have given evidence and the Inquiry has heard more evidence around what recommendations were being made.

But what evidence were you being told was present that indicated that these two Consultants were not supportive of what the RCPCH had in fact recommended?

A. May I have a moment to think about that as well?

Q. Of course.

A. Thank you.

(Pause)

I think -- and again it's probably best to pick this up with Mr Harvey as well, but I think it was some of the points that were coming through from the recommendations and whether they were appropriate or not. Or -- or that needed to be seen through.

I think having, I didn't manage the RCPCH process, I didn't manage the communication with the -- with the

Consultants as part of that but I think there was some reticence around what some of the findings were from the RCPCH review, the Hawdon review, all of those different factors and I think it also goes back to what I said earlier: when you look at it now, the Consultants were being criticised from all angles and we didn't see that, we didn't think -- we didn't think of it in their terms and we should have done.

Q. Standing back for a moment and looking at the totality of your involvement, your knowledge and your actions at the time, it's hard to steer away from the narrative which was an individual nurse who serious concerns were raised in relation to of deliberate harm, was assisted and being worked back into her position on this unit, despite the serious concerns.

Those Consultants who were raising the concerns and should have had the protection under the Speak Out policy and other policies, no doubt, that the Trust had were effectively being ostracised and in the process of being managed out.

How did you allow that narrative to arise, to develop, and to continue until the police effectively became involved?

A. So I think they weren't effectively being managed out. If you go back to that point around the

12 May and Tony's points there, that no further action took around that and I would -- as I have said in my statement and I challenged it in the meeting, granted I accept I didn't record it, what I said, but I did challenge it and I would have continued to have challenged that view if that was Tony's view on a long-term basis.

I think -- you know, on reflection now it's as I said before in terms of the process that -- the feeling that Ravi has had particularly. You know, I was closer to Ravi because of that conversation. For him to have felt like that I accept, you know, is really difficult and that is something that we should have acknowledged.

Q. Finally, would you accept it was a spectacular failure on the part of the Executive Team to take patient safety seriously and to put it primarily in their thoughts?

A. No. I would not accept that at all.

I think at the outset of this we took patient safety extremely seriously I mentioned right at the beginning, this is my local hospital, I still go there now for various different things. Members of my family still go there now. I am really passionate about the care that is provided at the Countess of Chester and

I was extremely passionate about it then. We didn't get everything right. But we certainly tried to get everything right.

MR SHARGHY: Thank you, my Lady, thank you.

LADY JUSTICE THIRLWALL: Thank you very much, Mr Sharghy. Mr Kennedy.

Questions by MR KENNEDY

MR KENNEDY: Ms Hodkinson, I have one or two questions on behalf of the Countess of Chester Trust.

You have been asked a lot of questions about managing out and I am not going to -- I do not know want to take more time over that, I just want to address two points with you, if I may.

We can put back up your note if you need it. But the second part of the note refers to a call with a solicitor at DAC Beachcroft?

A. Mm-hm.

Q. Just so that we are clear, was that the plan at the end of your meeting with Mr Chambers, that you would speak to DAC Beachcroft about the issues that you had addressed, including managing out?

A. Yes, it was the plan, I didn't -- I didn't instigate that.

Q. Understood.

Just in terms of the chronological context, so this

is 12 May. Were you aware on 12 May when you were having this conversation with Mr Chambers that 10 days before, so 2 May, he had written to Cheshire Police seeking an investigation?

A. I -- I can't remember specifically the dates around --

Q. All right.

A. -- that, but I think because particularly Mr Cross and Tony were dealing with most of those -- in fact, all of those aspects.

Q. All right. Ignoring the date -- sorry, the number of days, were you aware in general terms that at the time of this meeting, there had been a request to Cheshire Police that they investigate --

A. I knew that we were going to be speaking to the police, yes, at some stage -- apologies. I knew that we were going to be speaking to the police at some stage and as I said earlier from that meeting on 15 March, it seemed to take a lot of time.

Q. Indeed. My question to you was whether you were aware that that conversation with the police had taken place before this meeting with Mr Chambers?

A. It's difficult to specifically remember now eight years ago but I -- I -- so I couldn't speculate.

Q. You were a member of the Executive Team, there

had been a lot of toing and froing, hadn't there, about whether or not it was appropriate to refer the case to the police?

A. Mm-hm, there was --

Q. Do you --

A. Sorry.

Q. Do you think that you were aware that that had happened by 12 May?

A. I -- I think I probably was.

Q. Okay.

A. And obviously I think Mr Cross was also taking advice from Mr Medland as well at that stage.

Q. I am not concerned about that. I just want to understand your state of knowledge.

I am going to ask you just to look at one, to start by looking at one document, if I may. It's INQ0102280, and just for you to sort out where we are in time, what we are about to look at, this is a note of a meeting that you had with Ian Pace -- sorry, note of a telephone call you had with Ian Pace. We can see it was 25 January.

A. Yes.

Q. I want just to ask you about two passages in it. So the first is at the foot of the second paragraph. So there's a comment, last sentence I think:

"The Trust should explain that it was prepared to listen to any concerns raised in respect of patient safety and Sue [so that is you] agreed that she would be able to support this by the fact that the three investigations [sorry, that doesn't read very well] have been raised and considered and each have concluded that LL [so Letby] has played no part"?

A. Mm-hm.

Q. So that is just one part.

Can I just ask you also to comment on a second, which is -- or just take you to a second, which is five lines down that same paragraph, starting on the right-hand side of the page -- sorry, four lines down.

If we need to read in for context, please say.

Mr Pace records they, so I take that to be the Trust or the Executive Team:

"... consider this to be a failure to follow reasonable management instructions, specifically the continued comments they make."

Do you see that?

A. Yes, I found that now, thank you.

Q. Okay. I want to deal with, if it can stay up on the screen for a moment, the first of those that we looked at, so the conclusion that Letby had played no part.

Firstly, do you think that is an accurate record of the conversation or that part of the conversation?

A. I think on reflection now eight years ago I could have worded it differently -- I could have worded it differently, but I think what I am referring to is that there was multiple different reviews, there was multiple different aspects and each of them were still really unclear.

Q. Each of them was ...

A. Still very unclear, apologies.

Q. Well, that is how you might word it now. But Mr Pace has recorded you as wording it on the basis that each have concluded that Letby had played no part?

A. Yes.

Q. My question to you is: do you think that is an accurate record of what you told him?

A. If that is what he's documented in terms of the telephone note out -- you know, Ian is a very experienced lawyer, that must have been what I said.

Q. All right. The three investigations, are those the Thematic Review, the RCPCH Review and the Hawdon Review?

A. Yes.

Q. Okay. Just so that we understand the basis for that assertion that they played no part, had you

read each of those yourself or were you relying upon a report from somebody else as to the contents of those reports?

A. I would have certainly reviewed them but I wouldn't necessarily understand all of the clinical aspects around them, so I would be dependent on clinical colleagues to advise me.

Q. Okay. So the assertion that Letby played no part, would that have been a conclusion you reached yourself or that you required assistance?

A. There was always a collective decision with this.

Q. All right.

A. Always a collective decision.

Q. So that was the collective decision of the Execs that Letby had played no part derived from those three investigations?

A. At that point yes, and I think it's not only the collective decision of the Execs, it was the collective decision of the board because the board were also being advised about all of this information as well.

Q. Very well. We might just look at that latter question. So in terms of -- in terms of timing, we know that the following day, 26 January, there was a meeting

with the paediatricians at which they were told that the board's conclusion was that Letby should be allowed to return to work?

A. Mm-hm.

Q. Yes?

A. Mm-hm.

Q. That conclusion we trace back to the 10 January, you recall that, that was the meeting at which the outcome of the RCPCH and Dr Hawdon's report was presented to the board by the Exec team?

A. Mm-hm.

Q. Does that ring a bell?

A. I believe so, yes.

Q. Okay. Well, if I help you further. It was the meeting at which you read Letby's statement to the board?

A. (Nods)

Q. It may be helpful just to -- we can anchor it in terms of INQ number, it's 0003237. Do you remember this just while it comes up: the RCPCH report was provided to the board at the beginning of the meeting. I don't think we can derive that from -- particularly from the note but we can see that object that Part 2 is to look at this very issue. Do you remember that the RCPCH report was presented to the board to read at the

meeting; do you recall that?

A. I -- I do, yes. It's difficult because obviously it was specifically eight years ago so I don't remember every single meeting in detail.

Q. No, but this was quite a significant meeting because --

A. No, I appreciate that. I remember -- I remember elements of the meeting but I am -- I can only assume you are correct.

Q. All right.

Do you remember whether Dr Hawdon's report was presented to the meeting at all?

A. I don't specifically remember now.

Q. All right. Do you recall that the board received a presentation from Mr Harvey?

A. Yes.

Q. All right. That presentation, if we look through that presentation, was consistent with what we have just looked at with Ian Pace --

A. Mm-hm.

Q. -- that these reviews indicated that Letby played no part?

A. Yes.

Q. Okay. If it is right that the board didn't receive a copy of the RCPCH report aside from to read at

the meeting and if it is right that they didn't receive a copy of the Hawdon report from an HR perspective, so your skill, is that an appropriate way of assisting people to make decisions?

A. No, I mean ideally you want to take in the information particularly, you know, as an Executive Director you are going from meeting to meeting, you know, and it's with that nature of information you need time to digest it.

Q. From the board's perspective, which is being asked to sign off the recommendation from Mr Harvey, it needs to do so on an informed basis, doesn't it?

A. I would imagine so, yes.

Q. You imagine so, or do you know so?

A. Yes, apologies.

Q. To do so on an informed basis it would need to have the material to read at least in advance?

A. Yes.

Q. Okay. And if we look at the same -- similar question in relation to the meeting on 26 January, with the paediatricians, same question. If the paediatricians were being asked to sign up to now a board decision to allow Letby back on to the unit again for them to make an informed decision they would need to see both the RCPCH report and the Hawdon report,

wouldn't they?
A. I -- I believe so, you would need to double-check with Mr Harvey as to what he -- whether the sequencing of when he shared both elements with them, particularly obviously the RCPCH report because that was earlier.
Q. Indeed. Well, we have looked at some material in relation to whether Dr Brearey had seen a draft of it earlier, haven't we?
A. (Nods)
Q. Okay. But just in terms of -- in terms of good HR management, for that a decision of that level of importance, it would need to be taken on an informed basis and therefore with people having had sight of the material which is said to ground the decision; correct?
A. I would agree, yes.
Q. Okay. Another matter, just see if we can agree on. The board -- sorry, the Exec team did not have the benefit of subject matter expertise, so they didn't have the benefit of a neonatologist or a paediatrician advising them?
A. Correct.
Q. That was a point that was made to you by Dr Jayaram when you saw him -- excuse me, Jayaram?
A. Yes.

Q. On 15 March?
A. And that --
Q. Sorry, forgive me?
A. No, I was just going to say and hence why I think, you know, Ian Harvey was -- I hope I get this right -- an orthopaedic surgeon.
Q. He was an orthopaedic surgeon?
A. So that's another reason why that external advice was sought; to ensure that that additional and appropriate and knowledgeable clinicians who were based in that particular specialty were involved in reviewing the cases.
Q. Very well.
That external support and advice being a reference to the RCPCH --
A. RCPCH, Dr Hawdon.
Q. -- and Dr Hawdon?
A. Yes.
Q. All right, because of course the Thematic Review was in-house?
A. Yes, with an element of an external representative, I believe, as well.
Q. All right.
It might be observed that if the conclusion of the Execs was that both reports effectively exonerated

Letby, that they could have benefitted from some independent interpretation of the reports. Do you have any thoughts on that?
A. I think as a reflection, without -- yes, I think that is a good recommendation really as well --
Q. All right.
A. -- and I think there are some other aspects that if I do get the opportunity to, I would like to reflect on some other points as well.
Q. So subject matter expertise is crucial, particularly in matters of this importance?
A. Absolutely.
Q. Okay. I just want to ask you briefly about behaviours. Do you think -- I am trying to, we have had a lot of questions, so I am trying to just steer a way through this.
Do you think that the net effect of the way that the grievance was managed was to turn the focus from concerns about how the Exec team had managed Letby to what it was that the paediatricians were alleged to have said about her? Do you think that was a failing of the grievance process?
A. I think it was -- it's a complication of the grievance process happening.
Q. All right.

A. But I think the two elements, the reviews of which, as we all know, there were multiple different reviews, plus the grievance process both happened in parallel. I think it goes back to my point that I have made several times, I don't think we considered things fully from the Consultants' perspective, that they were getting information and criticism from all different angles from the grievance, from the reports, how they felt that as an Executive Team they were being heard or listened to by us.
I think all of that alongside probably the -- real feeling of angst they had around these patient safety issues, you know, and what that meant to them -- apologies, I will finish in a moment as well -- I think that all impacted on how they were feeling.
Q. My question was a slightly different one which was whether you think the focus moved from the way that Letby had been managed by the Executive Team to criticisms of the behaviour of the Consultant paediatricians; do you think that happened?
A. Mm-hm.
Q. That was a change of focus?
A. Looking at it now, you could say that but I think at the time we tried to deal with both aspects independently.

Q. Well, they were both part of the grievance, weren't they?

A. Well the -- the way in which the Consultants had spoken about Letby was part of the grievance and then how the openness and transparency from the Trust was part of the grievance.

Q. Okay. So they were both party to the grievance.

My question is whether the focus moved from the former so that is how things had been managed by the Trust towards or the Executive Team towards how, what the paediatricians had said?

A. Sorry, I'm not sure quite -- apologies.

Q. All right, I am not going -- I can deal with this in due course, I will leave this and move on.

I want to -- I just want to ask you one question if I can or one or two questions about the meeting that you had with Dr Brearey and if we could bring up INQ0003094, which is the letter that Mr Harvey wrote to Dr Brearey at the conclusion of or after your meeting?

A. Yes.

Q. So this is the 24 November meeting. You were asked questions about this letter by Ms Langdale.

The proposition that I was going to put to you, and she put something similar, was that this letter was

a little heavy-handed. Would you agree with that?

A. Yes, I would now, yes.

Q. All right. Particularly just help us with the final sentence of the penultimate paragraph, where Mr Harvey writes: to do anything other than this is in direct contravention of an instruction from myself?

A. Yes.

Q. As noted by you, by Sue, by you. So you are the witness to the direct -- sorry, you are witness to the instruction?

A. Mm-hm.

Q. If we understand that phrase "direct contravention of an instruction from myself", so myself being the Medical Director or management, we understand that in employment law perspective, that would be a basis for disciplinary action against an employee, wouldn't it?

A. It would be -- you could consider it under the disciplinary policy and -- but it would depend on the level, the level of the -- the I suppose discretion -- the level of the action really as well.

Q. Very well. I am just going to move on finally, if I may, just to your conversation with Dr Jayaram on 15 March and just ask you to reflect on what you have said in your witness statement about this

being a -- you say in paragraph 443, this is a real turning point. So this is page 149?

A. Yes.

Q. You make various points but you say it is a real turning point. You describe it as a crucial meeting, you mentioned in your oral evidence about it bringing you to tears?

A. Mm-hm.

Q. The serious concern we can see over the page in 444. It resulted in a meeting I think the following day or that day between you and Tony Chambers --

A. The following day.

Q. -- and Dr Jayaram?

A. Yes.

Q. That in turn led to a meeting 10 or 11 days later on 27 March and if we can just bring up that meeting, so that's INQ00004406.

So we can see that, thank you, in addition to you, the three protagonists, so you, Mr Chambers, Dr Jayaram, we have now -- in addition we have Ian Harvey and then we have two from the Neonatal Network and we have Dr Brearey.

A. Mm-hm.

Q. We don't see anything about Dr Jayaram's revelations or what he had said in this document, do we?

A. I -- I -- I don't recall, no. I mean I think this meeting and I think I state it in my police statement as well, this was one of the -- the core outcomes that came from that, that meeting with Dr Jayaram. When Tony and I then went to see Ravi and Steve the next day, they wanted to have the meeting with the Neonatal Network as well to go through, obviously took some time to get arranged and Ravi's request for me to be there. I would not normally be in that kind of meeting.

There would be no need for me normally to be in that kind of meeting because it was a clinically facing meeting.

Q. But --

A. Apologies, if I just continue on this point.

Ravi wanted me to be there in case there was any tension for me to mediate as such.

Q. All right. But from your perspective, the conversation that you had had 12 days earlier was a game changer?

A. Yes.

Q. I just wonder why there is no reference -- if it was a game changer, no reference to it being brought up by Dr Jayaram or by Mr Chambers or indeed by you?

A. I think it was a -- I believe some of the

information had already been provided to particularly I think Nim, by Dr Jayaram or Dr Brearey, they were going to have some of those conversations as well and so this was about what do we do next? If we are going to call the police what does that mean? If we are going to change further aspects round the unit, what does that mean? And ensuring that the Neonatal Network was part of that conversation as well.

Q. But there is no reference to this game-changing revelation from Dr Jayaram?

A. I think that was -- you know, it was a given as part of -- I wouldn't say there was any stage in which Dr Jayaram couldn't describe that again in that meeting should he chose to -- sorry, should he choose to.

Q. I appreciate that but there is no reference to you raising it?

A. No, but I was more on an observatory mediatory basis.

Q. Okay.

A. This was a group of people I have -- you know, that was I think Julie Maddocks, Nim. I didn't have any connection with them at all.

Q. Okay. Can we look just briefly at the second page and just see -- what are you, notetaker?

A. I took the notes on this as well, yes.

Q. So we see what amongst others observations Mr Chambers made about calling the police and it's the fourth entry from the bottom of the page where you have written that he says:

"If that's where we are then phone the police, you can call the police."

A. Mm-hm.

Q. Presumably directed to Dr Brearey?

A. I -- I believe so, or to Dr Jayaram, it could have been either.

Q. All right, but directed to the paediatricians?

A. Yes.

Q. That effectively: over to you if you want to call the police?

A. I think that is the nature. Obviously that was how I have noted it.

Q. Okay. We know as -- and we can -- we can go to the foot of the -- just briefly if we can, the foot of that entry -- sorry, the foot of that note, where I think it's page 7, Mr Chambers's sign-off is: you need to leave it with us?

A. Mm-hm.

Q. What we know happens thereafter is then a barrister is instructed to look at it, there is

a briefing paper prepared by Ian Harvey, do you recall that?

A. Yes, I do.

Q. All right. There is a rationale document prepared by Mr Cross, the gist of both of those is that it's not thought that a crime had been committed, isn't it?

A. Yes, but I think that it was -- it was appropriate to go to the police because I think also around that time, it could have been 18 April, I think I also reached out to Corinne Slingo again, had that conversation there.

Q. But -- and there is the consequence of those two pieces, those two documents seem to have formed the basis for the instruction of the barrister?

A. Yes, but I -- Mr Cross was --

Q. If you don't know, please do say?

A. Stephen Cross was leading that piece.

Q. All right. But wherever we are from the meeting on 15 March which is -- my words -- a game changer --

A. Mm-hm.

Q. -- the contact with the Cheshire Police is still six weeks away?

A. And as I explained before that was

disappointing from a personal perspective.

Q. All right.

Do we take it that perhaps your views of the importance of what Dr Jayaram had said to you were not shared by others on the Exec Team?

A. You would have to ask the rest of the Executive Team that -- that question.

MR KENNEDY: All right. Ms Hodkinson, thank you very much. Those are my questions.

LADY JUSTICE THIRLWALL: Thank you, Mr Kennedy.

MS LANGDALE: I am conscious of the time. We have been going two hours.

LADY JUSTICE THIRLWALL: Yes, we had better take a break. We will start again at 10 past 4.

(3.55 pm)

(A short break)

(4.09 pm)

Questions by MS BLACKWELL

LADY JUSTICE THIRLWALL: Ms Blackwell.

MS BLACKWELL: Thank you, my Lady.

Mrs Hodkinson, the questioning by Ms Langdale this morning followed themes rather than a strict chronological order and so I want to begin my questioning of you by confirming what your thinking was and when.

Is it right that up until 30 June of 2016 you did not know anything about the concerns of the Consultants relating to deliberate harm?

A. I think there was reference to something on 27 June.

Q. Yes.

A. But until that point I had not been involved in any discussion of the detail at all.

Q. Now the reason that I alighted upon 30 June was because you have been taken to your notes of that meeting?

A. Yes.

Q. You were invited to express to the Inquiry what your knowledge was during the course of and by the end of that meeting as to the concerns that had been raised and Ms Langdale identified a comment during that meeting written in your notes by Jim McCormack that there were concerns of a Shipman or an Allitt nature?

A. Yes.

Q. In answer to her you also raised the prospect of there being clinical care concerns raised at the same meeting and her ladyship also took you to a note from Stephen Brearey --

A. Yes.

Q. -- in an attempt to assist you.

I am going to ask you to look again at the notes, please, and to invite you to identify certain comments, who made them and what your understanding was about them so that we can get a full reflection of what was being said at that meeting?

A. Okay.

Q. My Lady, given that Mrs Hodkinson had a little difficulty reading these notes --

LADY JUSTICE THIRLWALL: You have a printed version, have you?

MS BLACKWELL: Well, we have a printed version for her. I'm not sure it has been provided to her. I was awaiting --

LADY JUSTICE THIRLWALL: It was rather last minute but obviously she can have it.

A. Thank you.

MS BLACKWELL: The only annotation is the page number at the bottom right-hand corner.

LADY JUSTICE THIRLWALL: Good, thank you.

MS BLACKWELL: Can we also have up, please, the document itself on screen, which is INQ0015639 and if we go to page 54, please. As we are putting that up on the screen, what are your reflections on the tone of this meeting, please, Mrs Hodkinson?

A. I think it was a certainly at the outset

almost a collective meeting in terms of members of the Executive Team and -- and the paediatric Consultants as well. I think it was very -- at multiple times during the meeting there was almost like checkpoints to make sure that people were comfortable with the next stages, what we had agreed. If felt a very open meeting.

Q. Right, well, with that in mind, let's look please at the right-hand side of page 54 and we can see that there is reference three lines down to what I think is in-depth medical review individual ones.

Do you see that?

A. Sorry, which?

Q. Four lines down?

A. Four lines down. From the top -- apologies, I was looking at the bottom:

"Indepth medical review, individual cases"

Do you want me to continue?

Q. Yes please.

A. "Independent review. RC Paeds and Child Health. Unit close for model of care, required level of care. Spoken to CQC today, agreed re the informed agreed actions, fair, balanced, proportionate. Did ask some questions. Clinical decision-making, practice, staffing, environmental. RCPCH medical and nursing to be brought in, can do review in August. Two full days.

Immediate feedback and immediate areas of concern. Report two to three weeks. No specific date. Drafting proposal and Terms of Reference. Finalised TOR concerns where ..."

I don't know whether that is visit or?

Q. Weight?

A. "... data who interviewed, all data they require."

Q. Which is a reference to the instruction to the RCPCH to prepare their review and ultimately their report?

A. Yes.

Q. So that was being set out at the beginning of the meeting --

A. At the beginning of the meeting.

Q. -- as a potential action?

A. Yes.

Q. Yes. Over the page, please. Now we can see that there is a comment three lines down from the top of the left-hand page attributed to Dr Brearey. What does that say?

A. "Good rep", I assume that's shortened reputation, "paeds and obstetrics. Didn't matter of unit. Clinical concerns member of staff. Yes, downgrade to Level 1. Get ..."

And I think I have said I have missed out "rid":
" ...of intensive cots/HDU cots but not got complete assurance to clinical team without staffing."
Q. What did you take him to mean by that because it looks as if he's talking about two different things?
A. I think firstly it's, you know, as clinical lead explaining about, you know, the unit had a good reputation.
Q. Yes.
A. But that, you know, we needed to look at the acuity of the patients --
Q. Yes.
A. -- that we were supporting.
Q. And that was the downgrading of the unit?
A. Yes.
Q. But also there had to be a reassurance to the clinical team and that couldn't take place without a staffing review?
A. Yes.
Q. Right, further down the page then there is another comment attributed to Dr Brearey:
"Level 1 doesn't specify gestation. Nearest is Macclesfield. 32 weeks. Recommendation we take 34 weeks."
Was that him involving himself again with providing

guidance on the unit being --
A. Yes, I suppose on the acuity of the patients and the gestation period that we should be taking in for patients as well.
Q. On the other side of the page we see the comment by Jim McCormack which you were taken to by Ms Langdale?
A. Yes.
Q. He concludes that by reference to Beverley Allitt and Shipman being raised. But just above that, in the middle of his comment he says this:
"First time about member of staff his last three days"?
A. Yes.
Q. Do you know what that was a reference to?
A. I think whether that was he knew about it over the last three days or this was the concern over the last three days.
Q. Of course if we identify the timing of this meeting, 30 June?
A. Yes.
Q. It was almost a week after Child O had died and then Child P had died on the following day and then at the bottom of the page there is another comment from Dr V:

"Have to plan carefully, manage better."
A. Yes.
Q. Then over the page:
"Can't provide clear guidelines."
Now, that's Jim McCormack again?
A. Yes.
Q. Then at the bottom of the page again:
"Doesn't change ..."
What is that?
A. "Doesn't change thinking. No less than 27 weeks and six days, approximate gestation 34 weeks, difficulty is sick lady."
Q. "Looking after lady"?
A. Yes, "looking after lady".
Q. Then a comment attributed to Dr Jayaram, "reducing risk"?
A. Yes.
Q. Was he there agreeing that lowering the level of the unit would lead to a reduction of the risk?
A. Yes.
Q. All right. Then on the other side of the page, we can see in the middle of the page a comment attributed to Tony Chambers:
"Agreed comprehensive review, agreed timescales ..."

A. Yes.
Q. "... and obstetric service."
What do you take that to be?
A. That at that stage within the meeting and I think it's also referenced later on in the meeting this was what collectively we had all agreed. So the paediatricians and the Executive Team who were in that meeting as well.
Q. Can we turn over the page please to page 57 and on the left-hand side of the page, there is a comment which we know from the previous page is attributed to Tony Chambers, four lines down:
"Legitimate concerns re member of staff. Two weeks annual leave from today." Then what? "Looking at every single patient?"
A. Yes:
"Not snapshot, I have captured, will determine action we take regarding level of action to take. Know request remove from direct patient care duties, during annual leave drill down actions."
Q. Right. On the right-hand side of the page at the top of the page, is that Stephen Cross?
A. SPC, yes, it is.
Q. "Could be anybody."
A. "When heard about practices going by

clinicians reinforcing open mind."
Q. What is that a reference to?
A. I think that, you know, that it could actually be anyone, any level of care, any level of issues, anyone who is causing this. There was obviously, you know, multiple concerns and we had to keep an open mind, not just having one member of staff in mind.
Q. Then a few lines down tony Chambers again:
"know unit under extreme pressure. Review will help."
A. With help.
Q. "... with help. Acuity of patients change."
A. Yes.
Q. Right. Bottom of the page, Stephen Brearey again. What does that say?
A. So:
"Reviewed every case more than once. Care never perfect. Learnt concern theme to this individual. All clinicians come back, going to reassure us that issue comes back."
Q. And then over the page, please, to page 58. Stephen Brearey at the top of the left-hand column:
"Spoken at depth in May, concerns."
That was him confirming that he had raised these concerns in May?

A. Yes.
Q. "Alison Kelly: circumstantial."
Stephen Brearey?
A. "Other than HEI *(sic)* case, present at deaths, let you know about cases this year. Three Triplets just last week. Chances of. Understand don't want to wreck careers."
Q. What was that a reference to, whose careers?
A. The paediatricians' careers.
Q. By raising these concerns?
A. Yes.
Q. Then a comment from Khalid:
"Why not do external review until now."
A. Yes.
Q. Jim McCormack:
"Take stock of what's said. Child health expertise won't look different."
A. Yes.
Q. Then the reference to air embolism at the bottom the page by Dr Jayaram you have already been taken to?
A. Yes.
Q. Top of the next page, Tony Chambers:
"Direct LL"?
A. Yes.

Q. What then?
A. "Removed".
Q. Removed?
A. "Unit safe?"
Q. Stephen Brearey: "risk removed"?
A. Yes.
Q. Tony Chambers:
"Need to do both ..."
A. "... comprehensive review. Proportionate fair help."
Q. Jim McCormack says "may help"?
A. Yes.
Q. If we go over the page to page 59, left-hand column, Jim McCormack:
"Team from RCP don't know about ..."
A. Member of staff.
Q. "... member of staff.
"Ian Harvey: increase in mortality, cases highlighted, member of staff."
A. "Issues highlighted."
Q. Thank you:
"... member of staff not finalised Terms of Reference."
Then Ian Harvey further down:
"Opened up whole can of worms, look at everything,

review at some point."
Then Jim McCormack further down:
"Expertise forensic investigation, decision to evidence police."
LADY JUSTICE THIRLWALL: Involve, I think.
MS BLACKWELL: Involve police.
"Difficult decision to make."
Tony Chambers:
"Explain police".
Do you know what that is a reference to?
A. So that was around Tony asking Stephen to explain what would happen if the police were involved, Stephen Cross was a former member of the police and it was unusual to have that level of experience in the Executive Team but it was also a benefit during this.
Q. Thank you.
Over the page to page 60, please. Left-hand column halfway down. What are the comments, please, which have the arrows or the dashes?
A. I don't know why I started doing that rather than having the circles there.
David Semple:
"After two weeks definite decision at that point.
"JD: two weeks review and back off leave."
Dr Brearey:

"Made feeling clear."
Khalid:
"Apologies for tone.
"TC: feels personal ... needs to be safe, kind and effective."
Q. Just pause there.
A. Yes.
Q. Can you remember what Tony Chambers was saying feels personal?
A. That this was related to one individual and that we need to -- safe, kind and effective was our phraseology around our core values within the Trust so we need today think about things in a safe kind and effective manner.
Q. Then "Jim McCormack on board with plan", is that him expressing his approval?
A. Yes.
Q. Bottom of the page, and you have been taken to this already, from Dr Brearey: something nagging me?
A. Yes.
"Open about care on unit. Observations before meeting. Datix incidents. Inconsistencies. Problems. Governance facilitators. First one wonderful and left. Second replaced less than adequate, replaced by someone [and I think I have missed 'who'] is a fish out of

water."
Q. That was him complaining about the risk facilitator who had replaced somebody else?
A. Yes.
Q. Then towards the bottom of the page we are getting to the end of the meeting now, Tony Chambers says anything more?
A. Yes.
Q. Nothing from Stephen Brearey?
A. Yes.
Q. He asks Ravi?
A. Yes.
Q. Dr Jayaram says?
A. "Not them and us, Execs versus clinicians. Feeling running high. Safety for babies. Paeds and obstetrics appreciate your support [or appreciate support]. Plan pragmatic way forward. Share discomfort about member of staff. If suspicious ..."
Q. Ventilation?
A. "... ventilator get checked."
Q. Get checked?
A. "Not easy with people. Plan going forwards, drill down."
Q. Just pausing again. He says that he shares the discomfort about the member of staff and if what,

get the ventilator checked?
A. Yes:
"If suspicious ventilator get checked."
Q. Get checked.
So he was suggesting that there might be --
A. An equipment issue.
Q. Yes. Then Alison Kelly, nothing to add from her?
A. Yes.
Q. "Appreciate concerns from KR."
Then:
"Apologies if ..." what, from Stephen Brearey?
A. "Apologies if upset you."
Q. If upset you and "SH support" and that's you reference?
A. Occupational Health.
Q. A reference to Occupational Health.
Then finally on the right-hand side of this page, the concluding comments, Tony Chambers.
"Thank everybody, either collectively or smaller group, get together tomorrow. View of when ..."
A. Actioned, yes, unlikely tomorrow.
Q. From Mr McCormack?
A. "What do we say to our own staff?"
Q. Tony Chambers?

A. That's being worked through. It was a tough meeting.
Q. It was a tough meeting.
A. Yes.
Q. So is it your belief leaving that meeting that although deliberate harm had been raised, particularly by Mr McCormack --
A. Yes.
Q. -- that there were other potential problems to do with clinical care and possibly equipment on the ward?
A. As I said earlier to the Inquiry, that was my impression coming out of the meeting, it was multiple different factors but of course there was that concern around an individual.
Q. Yes, and is it your evidence, Mrs Hodkinson, that by the end the meeting, the atmosphere, the mood was still collegiate?
A. Without doubt.
Q. Right. Do we note that there was no reference in that meeting at all by Dr Jayaram to the disclosure that he was to make to you in 2017?
A. No.
Q. No. Thank you.
The second matter I would like to ask you about,

please, is Letby's redeployment. You have been taken by Ms Langdale to the email sent to you by Karen Rees --

A. Yes.

Q. -- on that topic and the terms in which she expressed her fervent support of Letby?

A. Yes.

Q. How did you feel when you read that?

A. I think concerned. Karen -- if I -- I may have mentioned it earlier, very credible nurse, very experienced, had nothing, you know, she was -- yes, she was meeting Letby later on on a much regular basis but at that stage it was still early -- early I suppose in that, you know, the considerations and it felt we needed to listen to her as well.

Q. Yes.

You were also contacted by Kathryn de Berger in similar terms?

A. Yes.

Q. I would just like to look at her email to you please briefly, it's INQ0002988, and it's page 2, please. Thank you very much. She writes to you in these terms, we will look at the date in a moment:

"As you are aware I have been seeing Lucy over the last few months to offer her occupational health support. I have seen her this morning [19 October] and

she has agreed for me to communicate with you following our meeting together. I do have concerns today about Lucy's health and well-being. She's really struggling with the length of time she has been working away from the neonatal unit, the lengthy process and has yet still no date to return for her substantive post. She is feeling isolated from her team and the ongoing uncertainty of the outcome is causing high levels of anxiety. The current situation is having a detrimental effect on her health and well-being and I have concerns for her health, both for the short and longer term.

"I would appreciate your advice on how the Trust can expedite an outcome and conclusion so I can help Lucy plan the way forward."

A. Yes.

Q. Did you take those concerns expressed to you by Ms De Berger seriously?

A. Yes, without doubt and I think -- so there was -- there was -- I mentioned earlier the RCN's concerns in relation to her -- you take into account Karen Rees' concerns, you take into account those concerns and I think later as well there were also concerns I had myself around her well-being.

Q. Thank you. That can go down, please.

The final matter I would like to ask you about are

your reflections and some of these have been touched upon already. But the first is a comment by Professor Bowers, King's Counsel, in his first statement or report and I would just like to ask you for your reflection on his suggestion that he wonders whether management in this case was perhaps discouraged from taking disciplinary action by the fact that the grievance was brought against the quasi disciplinary redeployment. What is your reflection on what Professor Bowers says there?

A. I think -- so firstly I think there is lot of very good points in Professor Bowers's report.

Q. Yes.

A. I think in relation to that particular point, I can absolutely say I would have had no hesitation in taking disciplinary action about -- for a member of staff including Letby as well. Throughout my career I have done that. Sadly I have had had to dismiss -- I have had to listen to appeals, I have had, you know, huge amount of experience both on a patient safety basis and otherwise as well and I would not have had any hesitation in taking that approach if all of the information was very clear.

Q. Thank you.

At paragraph 11 of Professor Bowers's statement he

talks about his thoughts on a protocol for determining when employers should refer matters to the police. What are your reflections on that?

A. I think it's a fantastic suggestion, I really do. I think you may have read in my statement that I sought advice on this not only from DACB -- apologies, but also I sought advice from a peer who was a Director of People at Stockport who had been through a very similar situation.

Q. Yes.

A. I sought advice from NHS Employers and the Chief Executive of NHS Employers as well and I think it's -- I think to have that guidance not just from a people professional perspective but from an Executive Team and board perspective is essential and it -- it's really unclear. There is no rulebook for dealing with a case like this.

Q. In terms of an internal investigation of the sort which was undertaken at an early point in these matters, what are your reflections on the running of a hospital when something like this arises and whether or not there is a need perhaps to consider bringing in another organisation or a designated Executive from another organisation to assist?

A. Yes, I think I have added this in my

reflections in my statement as well. You know, I -- I recall how much pressure is put under organisations both in my time eight years ago but also now speaking to former colleagues, speaking to peers as well.

Particularly there is so much pressure from a regulatory perspective now around the financials that the NHS is managing and I think to manage a case of this gravity alongside managing a Trust and all of the aspects around a Trust you can't do both well. So I think there has, there should be some consideration to how whether it's NHS England, or the system, the local system, the Integrated Care Board --

Q. Yes.

A. -- or other support, an organisation going through something like this as they would do if an organisation was going through a financial challenge. That happens. People are brought in to support a situation. We would have really benefitted from that as well.

Q. Thank you. And finally, at page 467 of your witness statement you tell the Inquiry that a Freedom to Speak Up Guardian was introduced in 2019 through changes to the Trust's policy and prior to your departure from the Trust.

A. Yes.

Q. But that you note from the third witness statement of Jane Tomkinson that the Trust now actively promotes an open-door policy?

A. Yes.

Q. What do you say about that, presumably that that is something which is an improvement and should be encouraged?

A. Yes, without doubt. I think both Alison Kelly and myself did try to get approval on a number of occasions to have an independent Freedom to Speak Up Guardian towards the end of my career at the Countess after I had been unwell. We obviously recruited one which was fantastic because the Execs are perceived as scary, we have talked about that today and to have ourselves and also a Staff-Side representative as the only people that people could go to was not the ideal situation you need that independence.

And I know Jane, I know the vast majority of the Executive Team at the Countess now. I have worked with Jane, I have worked with the vast majority of them as well previously and I am really pleased that they are focusing in that way around Speak Out Safely. Jane is wholeheartedly committed to patient safety and I think that is a really big important step forward.

MS BLACKWELL: Thank you, Mrs Hodkinson.

My Lady, those are my questions.

Further questions by MS LANGDALE

MS LANGDALE: Just two questions arising, if I may.

Just going back to these documents, INQ0015639, page 58, Mrs Hodkinson. Just to check what you said a note suggested so we understand your evidence. It's Dr Brearey's comment at the top of the left of the page.

LADY JUSTICE THIRLWALL: 15639, or?

MS LANGDALE: 156390058.

LADY JUSTICE THIRLWALL: I think you inserted an extra 8 just to keep us all on our toes.

MS LANGDALE: Did I? Sorry about that.

We see at the top to the left:

"Other than the HIE case present at deaths."

Who's he talking about there, Dr Brearey?

A. Apologies.

Q. Look at the top:

"Other than HIE case present at deaths."

A. Yes.

Q. So who's he talking about, who's present at the deaths?

A. I -- I believe it was Letby.

Q. Yes, so Letby present at deaths.

"Let you know about cases this year."

You have said you weren't included in all of that

but what's he saying in terms of "let you know about cases"? That he has let people know about cases she's present at this year?

A. That's either let us know or he has already let us know or he is going to let us know after the meeting.

Q. Well, he said "let you know" about cases this year:

"Three Triplets just last week. Chances of."

What does he mean, the chances of, what's he saying?

A. I -- it's difficult to I suppose remember the specifics. I have put chances of, but potentially I am speculating here.

Q. Yes.

A. It's chances of this happening again or chances of that individual.

Q. Then says: understood don't want to wreck careers.

Whose career is he talking about there, raising this?

A. That I do remember. It was around -- you know the clinicians -- the paediatricians were -- were so proud of the service that they were providing.

Q. Are you suggesting he was saying that he was

worried about wrecking paediatricians' reputations?
A. At that stage he was concerned about their own reputations because he didn't want them to be associated with a unit that was having failings of care.
Q. You have never mentioned that before.
A. Sorry?
Q. You have never mentioned --
A. Me?
Q. Yes, you never mentioned Dr Brearey was worried about the reputation of paediatricians when he spoke at any time about these matters?
A. But that was in those notes.
Q. Because the logic is he is saying she was present at the deaths, I will let you know about cases this year, three Triplets just last Wednesday, chances of. In other words she is on day shifts and they happened day after each other. Understand don't want to wreck career, because the mood later on continues talking about the police and the difficulty.
It is Letby he is talking about, isn't it?
A. No.
Q. You think he is talking about the police?
A. I remember it was specifically around the concern of the paediatricians as well because they were so proud of the care that they were providing within the

unit.
Q. Page 60. At the bottom of that page on the "four suspicion", do you see there is a reference there to suspicion, page 60?
A. Yes.
Q. He is talking about equipment, if we go over to the next page.
If it is a ventilator, get checked?
A. Yes.
Q. "Not easy with people. Plan going forwards, drill down."
He is saying if there is a problem with a piece of faulty equipment you check it to see what it is. When it is a person it is harder, you need to drill down?
A. Yes.
Q. You agree.
So he is not complaining about any equipment, he is saying it is harder with a person, you need to get on it?
LADY JUSTICE THIRLWALL: Are we on 61 now?
MS LANGDALE: Look at 61.
LADY JUSTICE THIRLWALL: We have got 60 on the screen.
MS LANGDALE: Look at the top of 61, he is not complaining about equipment, he is saying you need to

get equipment checked if you think it is a problem. Not easy with people, plan going forwards drill down.
It is the same principle: if you think there is a problem with a piece of equipment or a person, you need to drill into it.
A. Yes, but he's also saying that with a piece of equipment that is easy to manage you can replace it or you can get it fixed. With people, it's not easy.
Q. So he wasn't saying there was any problem with any equipment. We shouldn't understand your earlier evidence to suggest that you thought he was raising there was faulty equipment in the department. He wasn't suggesting that. He was saying when you got faulty equipment you check it, in this case it is a person, you need to check it?
A. But it's harder -- what he is also saying, it is harder when there are challenges around people.
Q. Yes.
A. With equipment, it is: is it working, is it not? Does it need to be fixed, does it not.
MS LANGDALE: Thank you.
LADY JUSTICE THIRLWALL: Ms Blackwell, I'm sorry, I was going to invite you to sit down then I realised you haven't got a chair, sorry about that. Please do.
MS BLACKWELL: Thank you.

Further questions by LADY JUSTICE THIRLWALL
LADY JUSTICE THIRLWALL: Just one or two matters from me and then you will be able to go.
We have looked now a lot of times at 15639 and we have been through it and you have it in hard copy?
A. Yes.
LADY JUSTICE THIRLWALL: What you told us earlier was the first thing you thought was: is she on the unit and that we need to protect patients? So you, as I understand it, went to the unit and you had had assurance from the nursing team.
So what assurances were you given and from whom, if you can remember?
A. I think -- so I went to the unit to go and see for myself --
LADY JUSTICE THIRLWALL: Yes.
A. -- as well and very much assurances from the leadership team.
LADY JUSTICE THIRLWALL: So that is Eirian Powell?
A. Eirian, Yvonne.
LADY JUSTICE THIRLWALL: What was the nature of their assurances, perhaps it's easier -- what did you say to them and what did they say to you?
A. Gosh, I can't specifically remember but I think it was, you know: how is the unit running? You

know, what are the pressures on the team? Just to try and get a sense of was it effective, the way in which the unit was running? Because I think at that stage there was multiple different things that were coming in and trying to get another view.

LADY JUSTICE THIRLWALL: Did you say to them: I have just heard some very worrying information in a meeting I have just been at, that is why I have come over here; did you tell them that?

A. I can't specifically recall that, whether I did or not, but they knew that -- they knew, certainly Eirian, Yvonne knew the obviously worrying information anyway from the clinicians.

LADY JUSTICE THIRLWALL: And did you ask them specifically about Lucy Letby?

A. I think it was probably a more general point to say: Well, how, how is the unit going to run? I'm sure I did speak about Letby as well, but how was the unit going to run, what did we need to do, you know, how did we need to assure around patient safety being maintained as well. So not only around Letby, but also ongoing as well.

LADY JUSTICE THIRLWALL: Because presumably the unit, insofar as they were concerned, had been running safely anyway?

A. From their perspective, yes.

LADY JUSTICE THIRLWALL: Yes.

A. Although there were, there were pressures in terms of the resources, the staffing.

LADY JUSTICE THIRLWALL: Yes, as one's heard quite a lot about that and in other hospitals as well.

A. Yes.

LADY JUSTICE THIRLWALL: But there was nothing particular about that?

A. No

LADY JUSTICE THIRLWALL: So there was no particular assurance that you had about Letby or indeed about the unit other than in sort of general terms?

A. Yes, there was nothing else that came.

LADY JUSTICE THIRLWALL: You were satisfied, were you, having heard that, that patients were safe?

A. Yes. But I think that the key part though was that we were going to daily monitor how the unit was, was -- not performing, that's the wrong word -- was functioning. And that was one of the aspects that was brought in through the Executive Team and we --

LADY JUSTICE THIRLWALL: But she was going to be away, wasn't she, for a fortnight?

A. She was.

LADY JUSTICE THIRLWALL: Yes.

A. But I think regardless of her being away, we still needed to monitor how the unit was functioning.

LADY JUSTICE THIRLWALL: No, I understand that. Thank you. Can I just ask you this. Once you heard what was said by the clinicians, did you believe them?

A. I had no reason not to believe them.

LADY JUSTICE THIRLWALL: So, did you believe them?

A. Yes.

LADY JUSTICE THIRLWALL: I will just go now to the grievance process if I may.

One of the things, and I don't know if you were aware of this, but one of the things Dr Green told us was that when the two Consultants arrived with their Union representatives he thought that they must be worried about their behaviours and he seemed to have a view that the presence of Union representatives signified something which he then thought about.

A. Mmm.

LADY JUSTICE THIRLWALL: Was that something you were aware of?

A. I think, as I mentioned earlier, within every grievance or, you know, any, any matter like that a person is able to bring a representative.

LADY JUSTICE THIRLWALL: They are entitled to bring their representative, aren't they?

A. Yes, they are.

LADY JUSTICE THIRLWALL: So it's a slightly odd situation where the investigator thinks they must be worried about the way they have been behaving if they bring their representative.

A. Yes, they are entitled -- absolutely. They are entitled to bring it.

LADY JUSTICE THIRLWALL: So you are not aware of him having that view?

A. I don't see it as an issue that they came.

LADY JUSTICE THIRLWALL: No, no, I'm sure you don't. I'm just asking about the person who was making the determination.

A. Yes.

LADY JUSTICE THIRLWALL: You weren't aware of that?

A. No, no.

LADY JUSTICE THIRLWALL: Right. Then can I ask you about your meeting, your interview with Chris Green. It's INQ0002879-0026. So it's the sixth box down, where your initials appear.

A. Yes.

LADY JUSTICE THIRLWALL: You have been asked a question about whether there had been a relationship and we know that Karen Rees was the source of that suggestion and that that had been eliminated very early

on.
A. (Nods)
LADY JUSTICE THIRLWALL: And your answer, which you give there, we can read it, what I want to ask you about is the next bit:
"We were trying to understand why he might have singled her out in this way. Nothing more"
What was the evidence that he was acting dishonestly and singling her out to make these allegations against? Her what were you working on?
A. I think that the phrase "singled out", it was because all of the points that Dr Brearey kept saying was that it was around one member of staff. So that was -- that was how I was referencing it.
LADY JUSTICE THIRLWALL: So you were trying to think of a reason other than the fact that he honestly suspected her?
A. Yes.
LADY JUSTICE THIRLWALL: So some other reason why he was saying this.
A. Yes. Whether it was competence, whether they just had a relationship -- you know, not as in a physical relationship but did they not get on or was there some other reason.
LADY JUSTICE THIRLWALL: Yes, and there wasn't, was

there?
A. Not as far as I am aware, no.
LADY JUSTICE THIRLWALL: No. I think that is all I have to ask. I can see, Mrs Hodkinson, you have had a very long day and I can see you are tired. Thank you very much indeed for coming and helping us. We are not going to adjourn now because we have another witness, so if you don't mind if you would just like to leave in your own time, there is no rush.
A. Okay. Thank you. Thank you, everyone.
MS LANGDALE: My Lady, may I, while the witness is changing position for the next witness --
LADY JUSTICE THIRLWALL: I think you will need to be closer to the microphone because you are competing with a lot of other noise now.
There is something that has to be said which you may want to listen to.
MS LANGDALE: May I update the position for the Executives remaining to give evidence, my Lady.
Mr Chambers is anticipated to take the day tomorrow and Mr Harvey will give evidence on Thursday and likely complete by Friday lunchtime, I would have thought.
LADY JUSTICE THIRLWALL: Thank you.
MS LANGDALE: Mr Stephen Cross has assisted the Inquiry with a witness statement and was due to give

oral evidence. Due to a serious illness he is no longer fit to give oral evidence. He has been asked as far as he is able to provide the Inquiry with a supplementary statement. If Mr Cross is able to provide this further statement we will adduce that evidence in due course.
LADY JUSTICE THIRLWALL: Thank you very much indeed and that will all be on the transcript.
MS LANGDALE: It is Dr Rackham now.
LADY JUSTICE THIRLWALL: Thank you. I'm sorry, Dr Rackham, I didn't see you there, you came in so quietly. Would you like to be sworn.

DR OLIVER RACKHAM (affirmed)

Questions by MS BROWN

LADY JUSTICE THIRLWALL: Do sit down, Dr Rackham. I'm sorry you have been kept waiting, but we will take your evidence today and you will finish it today.
MS BROWN: Could you please give your name.
A. Oliver Rackham.
Q. Dr Rackham, you have provided a statement to the Inquiry dated 22 May 2024. Is that true to the best of your knowledge and belief?
A. Yes.
Q. And you are a Consultant paediatrician specialising in neonatal medicine. Between 2005 and 2018, you were the Consultant on the neonatal intensive

care unit at Arrowe Park and between 2011 and 2016, you were the clinical service lead at Arrowe Park?
A. Yes, that's right.
Q. And you were also, during the 2015/2016 period, a Consultant on the neonatal transport team?
A. Yes.
Q. And it's correct, is it, that Arrowe Park neonatal unit differs from the Countess of Chester in that it cared for babies at all levels of prematurity, whereas the Countess of Chester, at the stage before it was downgraded, cared for babies 27 weeks' gestation and above?
A. Yes, that's right.
Q. And that meant that babies would sometimes be transferred from the Countess of Chester to Arrowe Park for their care and I think Arrowe Park geographically was the closest referral hospital?
A. Yes, that's true.
Q. Further as clinical lead at Arrowe Park, you represented Arrowe Park on the Cheshire and Merseyside Neonatal Network both at the Clinical Effectiveness Group and the steering group?
A. Yes.
Q. You say in paragraph 5 of your statement that that the concern over an unusually high number of deaths

in Chester was brought to one meeting by Dr Brearey.
Are you able to recall now what that meeting was and approximately when that was?
A. I'm afraid I can't tell you when it was because of the time period that's passed. But it was at one of the Clinical Effectiveness Group meetings where we would discuss things we would describe as clinical governance, so quality and safety measures, development of guidelines and matters like that. And it -- it had come to include reviews of mortality cases, although the cases weren't all presented formally and in full as they are in -- as they have become more typically done recently.
So the fact that there was this increased number of deaths was brought up, but -- and then we were aware that there was a review going on into looking into that. But we didn't review all of those cases in that forum.
Q. Sorry, you were aware at that point there was already a review going on?
A. The first -- at the first meeting I was just aware that Dr Brearey had raised the fact that there were an increased number of deaths compared to normal times and was bringing it to the attention of the network.
Q. When he first brought that, was there any

discussion about the possible explanation or causes for those deaths?
A. There was no discussion around that. It was just that there was an unexpected finding. There were more deaths and they hadn't -- at that point their internal review hadn't found anything.
Q. So are you aware of what that internal review was because that would assist us with dating the conversation?
A. I mean, I wouldn't have been part of those reviews. But the normal is that the team involved including people usually would be people who weren't directly involved heavily in the care would review the case.
Q. So at the stage when Dr Brearey was sharing this with the neonatal, as far as you were aware there was already a review under way?
A. Internally, yes. I think it was later that I became aware that there was -- there were the external reviews taking place.
Q. At paragraph 7 of your statement, you say:
"As the closest to home receiving neonatal intensive care unit we were aware in Arrowe Park of an unusually high number of babies suffering unusual collapse or death in Chester at this time."

Was that before or after Dr Brearey had raised the concern or were you not aware?
A. I wouldn't be able to answer that with any certainty.
Q. You say "we" were aware. Is that something that was discussed between you and your colleagues at Arrowe Park?
A. I think there was -- there was an awareness that there were babies coming to us with conditions that we wouldn't expect, so babies who had previously been well and stable who were then suffering sudden deterioration and without explanation who became stable as soon as they came to us.
Q. You refer -- I'm not going to go through the details, but you refer in your statement to the child we are referring to as Child I, that came to Arrowe Park after suffering collapses in October 2015. You give the details.
But there were other similar incidents, were there?
A. There were other similar incidences. I haven't had access to any of those records for a long time, so I wouldn't be able to give you details of any particular babies. But we were aware that there were babies coming to us who it was unexpected and unexplained why they'd had these collapses.

Q. And was that something you raised beyond the hospital at any time?
A. It wasn't. No, I didn't.
Q. If I can turn then to Child O and Child P.
In June 2016, when you became involved with these two children, were you already aware at this time of the number of unusual collapses coming from the Countess of Chester?
A. Yes.
Q. You relate to this in paragraph 10 of your statement and you say on 23 June you were contacted and I believe regarding an uplift, so a move to an intensive care for Child O due to unexpected collapse and you say:
"This was an unusual and unexpected event particularly in a baby of that gestation."
And I think you advise, but events overtook it and Child O died before a transfer occurred?
A. Yes. I mean, babies of that gestation are normally relatively well.
Obviously it's a -- it's a very traumatic experience for parents having a baby born prematurely and having to stay in hospital, but those babies in general we would expect to do well and survive.
Q. Then the following day, you were contacted in relation to Child P and I think that was also in your

role as transport Consultant --
A. Yes.
Q. -- because again what was being discussed was the transfer of the baby out?
A. Yes, that's right. I was on for the transport team that day.
Q. And on this occasion, you did then travel to the hospital?
A. We did travel to the hospital with the intention of moving that baby.
Q. And you say in the statement there was no identifiable cause. Of course we know that child -- that you did arrive and Child P sadly died and you say in your statement:
"There was no identifiable cause of death at the time, so I was surprised at the collapse and death and unable to explain what happened."
A. Yes, that's true.
Q. There was a debrief that took place after the death of Child P. I believe they are sometimes known as hot debriefs. What was the intention of that debrief?
A. There are two main purposes for that: one is for the well-being of the staff involved, to make sure everybody is okay and that their well-being is okay, is any extra support needed immediately for staff. And the

other is for us to quickly review and say: Did we, you know, with the benefit of hindsight did we do everything at that point that we could have done? Is there anything different that we should be doing to make sure we don't, if there had been a mistake, which we didn't think there was, in the resuscitation, that we didn't repeat that.
Q. So just to be clear. You were just looking at the resuscitation, obviously the events that you were involved in, and you weren't looking at your wider concern that you felt it was an unusual collapse?
A. Not during that debrief, no.
Q. Were you involved in any later debriefs regarding Child P?
A. Any?
Q. Any later debriefs --
A. No, I wasn't.
Q. -- subsequently.
And you agreed then to transport Child R, the third of the Triplets to Liverpool Women's Hospital?
A. Yes.
Q. Why was that transfer made?
A. So the child was well but was a triplet and the other two Triplets had died without any explanation and none of the -- none of the team caring for those

babies had been able to explain what could have happened. There was nothing obvious to me why that could have happened.
And in case there was some underlying condition in that family, such that that baby was also going to have a collapse, it would be more sensible for it to be in an intensive care unit when that happened. So I didn't know was there some other medical reason for this to be happening.
Q. So given the events, out of caution Child R was transferred to Liverpool Women's?
A. Yes.
Q. And you then weren't involved in the care?
A. Not after the transfer, no.
Q. And I think some time afterwards you were contacted by email from the ward manager Eirian Powell, who said that Dr U had mentioned that you had praised a Nurse Letby at the debrief and she asked if you could put that in writing. And I think your response was: you were unable to recall making that comment, so you weren't in a position to put it in writing or otherwise?
A. I -- I don't recall the comment. I recall that we, at the end of the debrief, we reflected that the team, the team had functioned effectively. But I didn't recall making that statement and I have no

reason to disbelieve that it happened, but I don't -- I didn't recall making it.
Q. But you weren't able to put it in writing at that stage clearly because you had no recollection?
A. No.
Q. Did that strike you as an unusual request?
A. It was an unusual request. But having said that, for nurses and doctors to revalidate, to retain their licence to practise, they need to provide a portfolio of evidence of good practice, reflection on events, their training.
So it is becoming more commonplace for people to ask for feedback and so it's, it's not an abnormal thing, but it was slightly unusual.
Q. When was it in fact that you became aware? So you have explained that you were aware of the increase in mortality, but when did you become aware that there were suspicions and concerns that a member of staff was involved potentially in the cause of those deaths?
A. I -- I was only aware of that when the -- when it became public knowledge that there was a police investigation.
Q. Just one final other very brief matter. In your statement, you deal with the various routes where a baby collapses and dies unexpectedly and you refer to

the Sudden Unexpected Death in Childhood, this is paragraph 26 of your statement, and you say that the SUDiC process is there to provide a prompt investigation of unexpected deaths including in the neonatal period.

Was it your understanding that that SUDiC process occurred even when a baby died in a neonatal unit in hospital?

A. In best practice that would still -- that would be the -- that would be the process. I think at that time that was unusual for that to happen. It did happen at that time, I think it's become a more accepted practice that that should happen even within the hospital setting. I think when the -- when the process was set up that wasn't its original intention or it wasn't set up for that purpose primarily but I think it was expected that it would cover deaths that occurred in hospital as well.

Q. So that was your experience as a clinical lead in another hospital at that time?

A. Our experience was that that policy existed but that it wasn't -- it wasn't always enacted for babies who die in a hospital but in certain cases it would be.

MS BROWN: Yes. Thank you very much, Dr Rackham, I have no further questions but there will be a few more

questions by another representative.

LADY JUSTICE THIRLWALL: Mr Jamieson.

Questions by MR JAMIESON

MR JAMIESON: My Lady, thank you. Dr Rackham, good afternoon. My name is Alex Jamieson. I ask questions on behalf of two Family groups but for these purposes and in particular, I am asking you questions directly on behalf of Family OPR.

It's been a long day and I anticipate you will have spent a long time waiting to give evidence but this is important to them so I hope you will excuse me if we do just spend a couple of minutes together now.

For brevity what, I am going to do is put the questions I have into context by giving you a short chronology, okay.

So the Triplets we have anonymised in this Inquiry as O,P and R. They were born in late June of 2016 they were premature but as you have said, clinically well. The medical interventions that they needed were being progressively reduced across the short days of their lives.

Letby was on holiday in Ibiza at this time. She knew that the Triplets had been born. Whilst she was away she had exchanged messages with Dr U and others seeking information about them.

The 23 June 2016 was Letby's first shift back. She was the assigned nurse for the Triplets. On that shift, Child O suffered a series of serious and unexpected collapses which ended with his arrest and his tragic death. That was because Letby had attacked and murdered him during the course of that day.

Ms Brown took you to your involvement which you have encapsulated at paragraph 10 in your statement. May I just repeat back to you your characterisation of what you were told over the telephone on that day about Child O.

This was an unexpected collapse of unknown cause. This was an unusual and unexpected event particularly in a baby of that gestation with no apparent underlying abnormalities who had been stable up until that point. Whilst you didn't know it, that point about no underlying abnormalities was correct and was confirmed at postmortem.

But may I just ask this question: your impression that you have recorded for us there in your paragraph 10, was that your independent impression as an external and experienced Consultant?

A. That's my own impression of the case from the information I was given.

Q. And in terms of the information that you had,

all that you were aware of in addition was your own impression that there had been an unusual number of unexplained and unexpected collapses at the Countess. I don't understand you to say that anybody had shared anything about their concerns about Letby with you by this time.

A. What's the question?

Q. Had anybody said anything to you about Letby?

A. No, not -- they had not.

Q. Thank you. In relation to Child P, you describe also in paragraph 10 a little further down the page, but again a short chronology to put the questions into context.

He too had been clinically well and improving on the evening of 23 June 2016. There had been no significant issues with him on the night shift into the next day. But at that point his care was then handed over to Letby on the morning of 24 June '16. In her police interview she said that she had asked to be his designated nurse on that day.

During that day, Baby P suffered a series of serious and unexpected collapses and it was during that period that Dr V has told us that Letby said to her:

"He's not leaving here alive, is he?"

That was accurate. Letby attacked and killed

Child P on that day.

Now, as that tragic chronology was progressing, as you tell us in your statement you were contacted by the Countess of Chester in your role as Transport Consultant and, if I may, I am just going to summarise what you tell us at your paragraph 10.

You ensured that space was available in Liverpool Women's Hospital in the NICU and you attended the Countess of Chester intending to transfer Child P to the NICU and you then led the resuscitation efforts when he collapsed shortly after you arrived, but tragically he could not be saved.

Now, Father P and Mother P -- OPR, I should say -- both had statements read to my Lady at the start of the Inquiry and what they have told us is that at that point they were desperate that Child R be transferred out of the Countess of Chester. Father OPR described his feelings in this way: I just felt that something wasn't right and I knew that if they didn't take Child R to Liverpool Women's Hospital, he wouldn't survive.

May I just ask you a couple of questions to explore the actions that you took at that time.

Can we take it that the Liverpool Women's Hospital NICU beds were a scare and precious resource at that time?

A. Yes, we had already had to move -- we had to await a movement of a baby to be able to accept Baby P.

Q. Precisely. So in order to make space for Child P, your preparation that day had been to remove one of the babies who was being cared for in the NICU assessed no doubt as being a child of lesser clinical need?

A. It would be to move a baby who could be appropriately cared for that -- obviously that baby wouldn't have -- wouldn't have been given any less care.

Q. Wouldn't have missed out, no, not at all, not at all.

A. It was that we had to wait for that move, yes.

Q. Yes, but that's what we are talking about, there is no spare capacity, you have to wait for it to be safe to move one baby before another one can come in.

Taken in isolation, there was nothing in the presentation of Child R that warranted that NICU resource, was there?

A. Not for Child R alone.

Q. But you made that decision in the light of what had happened to his brothers and taking it shortly you made those arrangements and you secured Child R's transfer away from the Countess and to Liverpool Women's Hospital.

May I ask you this question: do you recall Father OPR telling you that he thought if Child R stayed at the Countess, he would be next and that he would die?

A. I -- I have to say I don't remember that conversation. I do remember having the conversation with the parents about moving Child R. My -- my rationale for it was the thought that there may be an underlying medical condition.

Q. Yes.

A. The -- the thought of this being deliberate harm was not in my mind at that time.

Q. No, no. But they were anxious, they were very keen that Child R be moved?

A. Yes, I mean it's not unusual for parents who are in a -- who have lost a child to not want further care to happen in that -- in that institution and we see that -- we see that quite regularly so that -- that level of anxiety was entirely reasonable and almost expected.

Q. Yes. Were you aware that Mother OPR had to discharge herself against medical advice to follow you and her son to Liverpool Women's?

A. I -- I can't remember if I was aware at the time I don't recall that happening.

Q. Okay. To bring the chronology to

a conclusion, after those events, Letby was permitted to work on the NNU until 30 June 2016 and it was alleged at the criminal trial that during that period she went on to attack Baby Q on 25 June 2016. Family OPR firmly believe that it was the combination of their persistence and your efforts that saved the life of their Child R, that if it hadn't been for your decision, in their words, they wouldn't have him today either. In the light of that chronology that we have discussed, would you agree that that's an entirely reasonable belief for them to hold?

A. I -- I mean I knowing in retrospect what we have learned -- what we have learned from the criminal trial then I can, I can fully see that point of view.

Q. Thank you, doctor.

Finally, may I say this to you: I have been asked by the parents to say that the impact of Letby's crimes and of the failure to prevent them on the lives of Family OPR has been unimaginable. The parents have not been able to attend this Inquiry but they have followed it where they can and it is imperative to them that I take this opportunity to express publicly their profound gratitude to you for saving their son's life. In the ashes of their catastrophe you ensured that his flame could continue to burn bright. You have their

eternal thanks.

Thank you, doctor. Thank you, my Lady.

LADY JUSTICE THIRLWALL: Thank you, Mr Jamieson. There are no other questions, Dr Rackham, thank you very much indeed. You are free to go.

A. Thank you.

LADY JUSTICE THIRLWALL: So 10 o'clock tomorrow morning.

(5.14 pm)

(The Inquiry adjourned until 10.00 am, on Wednesday, 27 November 2024)

I N D E X