

**Cc:** Rees Karen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

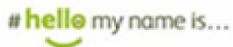
**Subject:** RE: Lucy Letby

Hi Tony,

Thanks for your email, I have re-directed your communication to Karen's email address (hoping your initial email hasn't gone to another Karen Reece)

I know Karen would be happy to meet with you to discuss. However, I also think it may be beneficial for Sue and I to clarify a number of points with you when she is back from Leave next Tuesday (especially regarding the terms of reference of the review)

Regards, Alison

 #hello my name is...

Alison Kelly  
Director of Nursing & Quality  
Countess of Chester Hospital NHS Foundation Trust  
Tel: (01  I&S)  
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**From:** Tony Millea [ I&S">mailto:Tony.Millea@ I&S]

**Sent:** 02 September 2016 12:12

**To:**  I&S">karen.reese2@ I&S Cooper Hayley (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Cc:** Kelly Alison (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)

**Subject:** Luck Letby

Dear Karen,

Following our telephone conversation of the 02/09/16 I felt it necessary to follow this up in a letter. The reason for my call as you know was to highlight my grave concerns in relation to the Trusts treatment of our member Lucy Letby.

As you are aware there have been unacceptable high mortality rate on the Neonatal Unit at COCH. It has been alleged that our member has been involved with more of the deceased patients than any other member of staff, to date there has been no evidence provided by the Trust to substantiate this allegation.

As a result of these allegations it was initially decided by the Trust that our member would have to work under direct supervision and an action plan would have to be followed and she would have to redo all of her clinical skills and competencies, as per what would be expected of a newly qualified nurse. This was communicated to Lucy in a meeting on the 14/07/2016 by Sian Williams.

This course of action was never followed by the Trust, due to the fact that another meeting was called on the 18/07/2016 chaired by yourself and Linda Guatella HR Business partner. When it was communicated to Lucy that it became apparent that it was not possible to provide her with full-time supervised practice at this time, because of staffing levels on the NNU. The decision was taken by the Trust at this time to redeploy Lucy on a temporary basis to work with the Risk Management team. We understood and accepted that this decision was taken in the best interest of all parties and in the interests of patient care, pending completion of an external review.

I am now aware that the independent external review has commenced and Lucy was interviewed on the 01/09/2016 by the panel. Lucy was accompanied by Hayley Cooper staff side Chair. It is following this meeting that my concerns have deepened, this is due to the fact that the terms of reference for this investigation does not seem to address the initial

Trust concerns they have in relation to the unacceptable high mortality rate on the NNU and our members involvement. Instead the investigation centred around procedure, culture, staffing levels and what was it like to work on the NNU. No question of our members involvement was discussed. In fact it was imparted by the panel that the review will not solve the issues for Lucy personally.

It has also recently come to my attention that our members recent move to Risk Management, is as a result of the Trusts response to either a number of consultants, or a consultants comments about our members practice, again if this is a true reflection then I would like to request to see the Trusts evidence to substantiate their actions following these comments.

As a result of this I now believe our member has grounds to action a Grievance. Given the gravitas of what is being alleged by the organisation I believe our member has a right to be fully consulted and a full and frank explanation is given by the organisation into my concerns. The allegations that have been made by the Trust could have a detrimental effect on our members career. Which may constitute professional slander resulting in our member being constructively dismissed from the Organisation. Once again I have to request that the Trust provide me with the evidence they have to suggest that our member may be the only nurse linked to these unexplained mortality rates. Why is she the only member of staff to be excluded from the NNU. I feel the Organisation now need to review their position and to reinstate our member back to her substantive role on the NNU.

If you wish to discuss this any further then please do not hesitate to contact me on 07 [redacted] I&S

Regards,

Tony Millea RCN Officer.

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