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**INVESTIGATION REPORT INTO THE GRIEVANCE RAISED  
BY LUCY LETBY REGARDING HER REDEPLOYMENT  
FROM THE NEONATAL UNIT.**

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**NHS: STRICTLY PRIVATE AND CONFIDENTIAL**

**Report to:** Annette Weatherley

**From:** Dr Christopher Green

**HR Support provided by:** Lucy Sementa

**Date of Report:** 12.11.16

The Trust Guidelines for the Conduct of Formal Investigations (A30) states: *If necessary the investigation will be carried out under the terms of strict confidentiality, i.e. by not informing the subject of the disclosure until (or if) it becomes appropriate to do so. This may be appropriate in cases of suspected fraud or when there would be the possibility of irreparable damage to the working relationship of the people concerned.*

Whilst it is clear that LL was **not** under any formal investigation, the principles of this have been applied to LL's case in respect of both the potential damage that knowledge of the Consultants' alleged accusations may have had on LL's working relationships and on her health and wellbeing in general. In all the interviews involving managers and Executives, there has been a general acknowledgement that LL was not provided with the information relating to the consultants' accusations regarding her. There is also a consensus with these individuals that if 'we did the wrong thing, it was for the right reasons.'

Whilst I recognise that the Board found themselves in a difficult position, I conclude that the Trust have not been open and honest with Lucy in relation to the circumstances surrounding her redeployment and have not demonstrated the Trust Value 'we respect each other'.

**I also wish to be informed of any evidence the Trust may have and the process which they have followed**

During the course of this investigation I have not been made aware, nor has there been any allusion to, any evidence relating to any alleged wrongdoing by LL. There has been repeated reference to a commonality between the dates and times that LL was on duty and the collapse/deaths of a significant number of the babies but these is nothing to support that there is additional information or data beyond this, that has not been shared with LL.

**I would appreciate assurances from the Executive team that this has been dealt with appropriately and that my confidentiality is being maintained**

- LL alleged that colleagues had been questioned regarding whether there was, or had ever been, a personal relationship between herself and SB. The Trust Guidelines for the Conduct of Formal Investigations suggest establishing if the complainant has a grudge against the person whom the allegations are against. SH stated that an informal discussion was had involving herself, AK and KR during which this was discussed but that it "didn't leave the room". KR stated that "Nobody asked me...people look for a reason {for the accusations}..." SH further stated in response to this concern (A20) "We can categorically state...that nothing has been commissioned by the Executive team in relation to the concerns you have raised..."
- SH stated that LL had been advised the External Review draft report had been received by the Trust before either SH or IH were aware of this and has no knowledge of how this occurred.

Police if LL was not removed from the unit. IH stated that there was “a block to that [supervised practice] as the consultants were not prepared to have the nurse on the unit and if we do, the Police will be called” and further confirmed that there was “an unwritten threat to call the Police.” (A3) SB and RJ refute this. SB was asked ‘at no time did the consultants as a group or individually suggest that if the executive board took no action the police would be called?’ to which he responded “No” and further asked ‘it was suggested that police would be called if LL not removed from unit. Do you recall that discussion?’ and SB again answered “No” (A12). RJ also denied that this was how conversation around calling the Police was had and in response to being asked if there was ‘a suggestion that if Lucy was not moved then the police would be called?’ stated “No. A discussion took place that if no explanation found, then the police may have to be involved. Don’t recall any discussion as explicit as that.” (A11)

- When asked about his concerns regarding LL, SB stated only “the association with her being on shift and the death of the babies.” (A12)
- RJ stated that “All that was said was that we had concerns. We noted the association with Lucy being present. Decisions made were entirely those made by Senior Management – no Clinicians were involved in the decision to remove Lucy from the unit. It was a Board decision.” (A11)
- When asked if she knew any specific allegations made by the consultants, SH stated “I didn’t hear any phrases and I haven’t had any direct conversations with the consultants...” (A5)
- SH, in an email to HC (A20), dated 22<sup>nd</sup> September to “reiterate that your member (LL) is not under any formal investigation or disciplinary sanction by the Trust.”

No party refutes that concerns were raised by the Consultants, in particular SB, to the Executive team around a perceived commonality between LL’s presence on the NNU and the collapse/deaths of babies. I acknowledge that these concerns were raised through the appropriate channels in line with both the Trust Speak Out Safely Policy and the guidance proffered by the GMC (i.e. through the Executive team). However, I do not find that the consultants concerns, when reiterated to the Executive team were “clear, honest and objective” (GMC guidance). The evidence suggests that, whilst the Executive team acknowledged and appreciated these concerns, their preliminary fact-finding did not produce any information that prompted them to initiate either a formal internal or Police investigation. I believe the intention was to continue to review this for the agreed 3 month period, prior to the loss of two triplets on the unit.

I conclude that no formal allegations have been made with relation to LL from any party. I have been unable to confirm the exact wording of any ‘accusations’ in relation to LL however the members of both the management team and the Executive team are clear that the accusations were that there was a direct link between LL’s presence on the NNU and the increase in deaths on the unit and that it was suggested by some of the paediatric consultants that that this link was due to knowingly deliberate action by LL.