

DIRECTORATE: URGENT CARE
GRIEVANCE INVESTIGATION INTERVIEW CONDUCTED BY DR CHRIS GREEN
ON 20th OCTOBER 2016

PRIVATE AND CONFIDENTIAL

Present:	Dr Chris Green (CG) Alison Kelly (AK) Lucy Sementa (LS) Penny Weaver	Investigating Officer Interviewee HR Specialist Note Taker
Standard:	Introduced the members of the interview. Stated the purpose of the interview and informed of his/her right to be accompanied by a trade union representative, fellow employee. Explained that notes would be taken so that a final statement could be agreed by all parties. The statement will be used in the completion of the final report Stress that this meeting was to be treated as a highly confidential discussion and the content of the meeting was not for discussion with any other persons. Counselling support also offered and need for confidentiality stressed.	

Body of Interview

AK	<p>Gave her view of events – in May 2016 Stephen Brearey raised concerns with AK and Ian Harvey regarding neonatal mortality rate. In an email from SB he pinpointed an individual nurse. AK flagged this us <u>up</u> with Karen Rees who then went to see Eirian Powell to find out if there were any issues. EP was confident there were no issues with the individual nurse, she was a competent nurse and had a good network of friends on the unit and there were no concerns about her behaviours. In the meantime SB conducted his own mini review of the cases and an analysis of staff on duty at the time of deaths.</p> <p>AK, SB, EP and Ann Murphy met and had an open conversation regarding SB concerns raised on an individual nurse but also referred to other staff.</p> <p>In a separate meeting it was decided that a deep dive into clinical cases was</p>
----	---

	needed.
CG	Was any evidence to support SB concerns?
AK	LL was on duty but not <u>always</u> allocated to the particular baby. There were lots of indirect links being made to one individual but there was no other rationale for it. There were no significant concerns about her, no red flags, no themes or trends, and the only thing might have been there could have been some escalation in a couple of cases.
CG	Why do you think LL was being singled out?
AK	I have no idea
CG	Did anything come out from the report?
AK	Confirmed nothing significant as regards Lucy- the report is only just in, <u>it is a draft report and we are awaiting a forensic investigation of the medical notes of the cases involved-</u> When the boardroom (<u>incident room</u>) was opened and the unit downgraded LL was on holiday. There was pressure put on the exec team from the consultants to know what was happening with LL when she returned from annual leave.
CG	When LL returned from holiday she received a text from Yvonne with an update and about returning to work but when she arrived was taken to meeting with Sian Williams
AK	Yes to talk about supervised practice and it couldn't be with me. All I had was that she was the most prevalent person and consultants concerns around an individual. The original plan was for supervision but due to staffing levels this wouldn't be possible <u>so the decision was made to redeploy LL to another department, a non-clinical area while the review was undertaken.</u> AK and SW did this to protect LL. They knew about the consultants concern and LL was very upset and stressed at the time. We thought taking LL out of the environment was the best thing at the time.
CG	Was a threat from the consultants
AK	The consultants were very anxious about it. There was talk about whistleblowing and going to the Police. It was talked about at the Board if we needed to go to the police but in the absence of any evidence, what was there to say? We needed to understand the external review and wait for the final report. We also spoke to other Trusts who have been in similar positions to us – Stockport for example, and felt we had done the right things. Board level review decided we needed sight of the external review looking at all elements of the service, didn't pinpoint an individual. Ian Harvey, Tony Chambers and AK were given no immediate actions by the external review panel which gave reassurance we were doing the right thing. The Terms of Reference for the external review panel were not about an individual, but they were informed of the concerns raised about an individual by IH and

AK	It was initially intended for supervision for all nursing staff but due to staffing level this wasn't possible. EP asked to review clinical competencies of all staff. Also instructed the medical team but AK unsure this has happened.
CG	Union has raised is there is anything in writing?
AK	Only initial email from SB – from which AK had not concerns. An informal meeting was held with IH and AK. SB then conducted his own review and it was decided to regroup in a few months' time, but then two babies died.
CG	Can LL get back to work on the unit?
AK	Yes, will need lots of support. From AK professional perspective sees no issues. There is an issue around the consultants fuelling the situation – it is difficult to keep the team together. The case will be closed when we get LL back on the unit
CG	CG queried the two week delay in responding to LL grievance which was submitted on 2/9/16. AK apologised for the delay and has explained to LL the need for organising an external person to review.
CG	confirmed with AK that there is no investigation into LL herself

Investigating Officer:-

I declare that this is a true and accurate record.

Signed:

PD

Dated: 14th November 2016

Interviewee:-

I declare that this is a true and accurate record.

Signed:

PD

Dated: 15th November 2016