

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

PRIVATE AND CONFIDENTIAL

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| Present: | Dr Chris Green (CG) Alison Kelly (AK) Lucy Sementa (LS) Penny Weaver | Investigating Officer Interviewee HR Specialist Note Taker |
| Standard: | <p>Introduced the members of the interview.</p> <p>Stated the purpose of the interview and informed of his/her right to be accompanied by a trade union representative, fellow employee.</p> <p>Explained that notes would be taken so that a final statement could be agreed by all parties.</p> <p>The statement will be used in the completion of the final report</p> <p>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.</p> <p>Counselling support also offered and need for confidentiality stressed.</p> | |

Body of Interview

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| 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 <u>us-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> |
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| | 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 (incident room) 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>sdo</u> the decision was made to redeploy LL to another department, a non-clinical area while the review was undertaken. 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 aAnd |

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| | AK. |
| CG | On the 9/8/16 an email was sent to the unit to say Lucy had been seconded for 3 months |
| AK | wasn't aware of this email |
| CG | LL got the impression the panel didn't know that she had been redeployed? |
| AK | Confirmed that she had told the panel on the first day. |
| CG | LL said she struggled to get representation to go to panel as she was only told on the day. |
| AK | I asked for only one or two panel members to attend and wasn't aware there had been an issue pulling representation together. Hayley Cooper attended with her. |
| CG | LL received a letter from RCN regarding concerns from consultants |
| AK | In hindsight we should have told her, but these concerns are not based on any concrete evidence. AK was concerned <u>that the</u> whole unit was safe. AK now has daily oversight of the unit and weekly review. Consultants would say it was about one individual. |
| CG | Asked if AK had heard terms 'angel of death' and murderer used |
| AK | It has been fed back to AK that these terms had been used |
| CG | LL has heard that questions have been raised regarding relationship between LL and SB |
| AK | These questions never came from us - we never instigated any questions around this |
| CG | LL remains redeployed, is there a plan to get her back to the unit? |
| AK | Yes – the plan is to get LL back to the unit as our number 1 priority. We have to get her back on the unit. AK & SHW now meet fortnightly with LL and are meeting at 12:00 today |
| CG | LL asks if the review is not about her they can't she go back to work? |
| AK | Confirmed it was a board collective decision. AK feels medical consultants aren't thinking how this is having an effect on LL |
| CG | As regards the external review – it appears that it has arrived and we haven't told LL. |
| AK | KR phoned about the report to ask whether it had arrived as she had heard that LL had been told it had arrived in the Trust. In fact, the report had been sent to Ian Harvey that afternoon and he had not had a chance to tell AK. AK wasn't sure how LL had found out because even AK didn't know about it. |
| CG | LL was told she was the first to be supervised |

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| 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

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

PRIVATE AND CONFIDENTIAL

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| Present: | Dr Chris Green (CG) Sian Williams (SW) Lucy Sementa (LS) Sam Walker | Investigating Officer Interviewee HR Specialist Employee Representative |
| Standard: | <p>Introduced the members of the interview.</p> <p>Stated the purpose of the interview and informed of his/her right to be accompanied by a trade union representative, fellow employee.</p> <p>Explained that notes would be taken so that a final statement could be agreed by all parties.</p> <p>The statement will be used in the completion of the final report</p> <p>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.</p> <p>Counselling support also offered and need for confidentiality stressed.</p> | |

Body of Interview

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| CG | Can you talk to me about your knowledge of the circumstances around Lucy Letby being redeployed? |
| SW | <p>Sometime last year, me AK, Ruth Millward, SB and maybe Ian Harvey were in a meeting and concerns were raised around the mortality rates in Neonatal. We looked at trends, themes and found nothing that raised any concerns at the time. I was also aware that SB had met again with IH and AK. Then this year, there was some anxiety from the clinicians – I'm not sure how it was raised or who to. I was told that Lucy was swapped from nights to days as a result of that. I would have expected an investigation. There was a gap I think then she went on leave and we did some investigating during those 2 weeks, she came in on Thursday 14th July and I saw her then. Clearly her name had appeared through the clinicians' own analysis and when I did my own analysis with the support of Julie Fogarty we came up with the same. I looked at who was on duty before and during all the deaths. Lucy did look after a proportion more than the others but the</p> |

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| | feedback is that she is excellent and she works full time and she does additional hours. There were no red flags. Sudden deterioration in Neonatal babies is apparently common, although I'm not neonatally trained. I didn't find anything more than that. I asked how the sudden deterioration could happen and was told they are more unstable than adults. I met Lucy in my office with EP and explained that she featured in terms of attendance and so we would start with her doing supervision, clinical competencies then work down the list of staff and finish with the ones that only work one shift. She knew about the increased deaths and the reduction in cot spaces. We were not apportioning blame. We talked about patient safety, told her the external review would be taking place and tried to reassure her. I have a daughter her age – it was difficult for me to do. |
| CG | Did you tell her there had been allegations from the consultants about her specifically? |
| SW | No I used the phrasing I was asked to use by SH and AK. Telling her there could potentially be issues around her practice. It was the hardest thing I have ever done. She was clearly very distressed. It was clear the clinicians wanted her off the unit and so it was trying to balance their concerns so AK and SH came up with supervision and this was explained to Lucy. |
| CG | Why did the plan change? |
| SW | I think the clinicians were uncomfortable that she was going to be on the unit at all. I'm not aware of any staffing issues that would have meant she couldn't be supervised. I wouldn't have agreed to meet her if I had known she wouldn't be doing what I told her the following Monday. She's in my team now, I see her there and the feedback is that she is working really well. I know she is desperate to get back in the unit. I have reflected about how I handled my part in this. I went to see EP afterwards and she reassured me that I had been kind. |
| CG | Are you aware of the expectations regarding the External Review? |
| SW | I have had no involvement with that – I have not seen the terms of reference |
| CG | Do you believe the goal is to return Lucy to the Neonatal unit? |
| SW | I would like to think it was. Whether or not it is possible I don't know. I would be asking myself what had changed. Something went awry between the Thursday and the Monday. I met with the clinicians as AK was not there – IH, me, Tony Chambers, maybe Stephen Cross, Ravi, <u>Doctor ZA</u> and then SB came at the end. IH explained the results of the internal review and that was the agreement – that she would be supervised and wait for the external review. |
| CG | Have you heard about any allegations about Lucy? |
| | I am aware that they feel she is to blame. I was told by someone else that one of the doctors had referred to her in the context of "There's a murderer on the loose out there" in one of the outpatient clinics, but not by name. |
| CG | Have you seen any written documentation that supports that Lucy has done anything wrong? |
| SW | I have seen her clinical notes and they are very good and comprehensive. I |

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| | didn't see anything wrong with them. |
| CG | Have you any knowledge of any questioning around whether Lucy had a relationship with SB? |
| SW | Someone had suggested at some point that maybe that was his driving factor but it had no foundation. |
| CG | Is there anything else you want to tell me in relation to this? |
| SW | If the consultants really believed she had done it, why didn't they go to the Police? And why have they come to that conclusion? |

Investigating Officer:-

I declare that this is a true and accurate record.

Signed:

PD

Dated: 14th November 2016

Interviewee:-

Stan Williams

I declare that this is a true and accurate record.

Signed:

Personal Data

Personal Data

Dated:

24th Nov 2016

DIRECTORATE: URGENT CARE
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ON 20th OCTOBER 2016

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Body of Interview

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| KR | <p>Went through events from mid-July. Karen Townsend had a one to one with Ravi Jayaram who had raised major concern with LL purposely harming babies – highlighted by SB. Inference was that LL was purposefully harming babies. KR believed concerns were raised earlier in the year but unsure of the details. KR questions if Stephen Brearey was that concerned why he hadn't gone to the execs not fed back through another member of staff through a one to one. KR went to find SB but he was in clinic and <u>could not</u> wouldn't see her- KR threatened <u>stated that she was willing to sit outside his room clinic</u>, until he spoke to her. KR wanted to understand from SB what he meant from the allegations. KR then went to see Ravi Jayaram who said <u>"Don't start Karen..." and asked him to ring SB on his mobile phone, to see when he would be free to see her.</u></p> <p>KR understanding was that triplets were born well, two died and one was transferred to another hospital – these deaths lit the flame that led to LLs removal from the unit.</p> |
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| | <p>LL is one of five Band 5 advanced ITU nurses.</p> <p>KR has been based in surgery <u>the Planned Care Division</u> for last 10 year and had not met SB or LL.</p> <p>KR first contact with SB she asked what his exact concerns were with LL and what evidence did he have. SB answer was gut feeling and a drawer of doom (referring to a drawer in his desk).</p> <p>KR went straight to see Alison Kelly. Wasn't happy to exclude LL, felt no grounds to exclude.</p> <p>In the evening KR received a call from SB <u>at home</u>. Unsure how got mobile number but possibly from switchboard. Felt SB tried to bully me/putting pressure on. Felt that SB was exhibiting passive aggressive behaviour – remained professional but gently powerful.</p> <p>SB had no concrete evidence. AK in agreement with KR not to remove from unit. Eirian Lloyd-Powell has no concerns.</p> <p>LL went on leave after that weekend</p> |
| CG | LL was swapped from night shifts? |
| KR | <p>I went on leave. Sian Williams was then involved. Think LL was swapped removed off night to days to check competencies. Also think SW discussed with LL supervision. After KR returned from two weeks annual leave Linda Guatella arrived at <u>her office</u> to say they needed go and remove LL from the unit and redeploy to the risk team as advised by Sue Hodgkinson. Felt myself and LG were put in a difficult situation. I didn't know what to say. <u>It There</u> was initial intention to supervise LL but this wasn't feasible due to staffing levels</p> |
| LS | Who's decision was this? |
| KR | I was on leave. Possibly SW |
| CG | Do you know why LL had been told not to contact the unit? |
| KR | <p>I think this may have been my fault. I didn't want her talking to all the unit staff. I think this was misunderstood – LL wasn't refused contact – that wasn't the intention anyway.</p> <p>Initially given 4-6 week window for the report. A deep dive report of clinical notes is also taking place. I felt AK needed to speak to LL to give an update. KR checks on the neonatal unit every morning now.</p> <p>KR has heard that a Band <u>6.5</u> nurse from the unit who is currently working in clinic heard RJ stood in clinic saying that have a murder on the unit. Nurse on the unit not aware of what's going on.</p> <p>Eirian Powell told KR that a junior doctor openly tabled at a meeting.</p> <p>EP and the nursing team are 100% behind LL.</p> <div style="border: 1px dashed black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">I&S</p> </div> <div style="border: 1px dashed black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">I&S</p> </div> <p>SB behaviour is upsetting the whole department.</p> <p>LL attended the review panel with Hayley Cooper</p> |

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| | EP told KR about SB comment regarding the "Angel of Death" – this came from SB via EP. |
| CG | Was the deep dive into clinical notes mentioned to LL? |
| KR | Assume it was a verbal recommendation. LL given no detail |
| CG | Before being taken off the unit LL was told she was the first to be picked? |
| | KR asked Yvonne Farmer that all competencies checked. Not sure if the medical consultant competencies have been checked. |
| CG | Do you believe the intention is to return LL to the unit? |
| KR | <p>With some, not others.</p> <p>I've heard that SB is adamant LL is not going back to the unit. I feel very strongly we need to get LL back on unit.</p> <p>I raised with AK & SWH if can get deadline of date. Also questioned why haven't brought police in? KR hasn't because of LL</p> <p>Would we like our daughter to be treated like this, I don't think so.</p> <p>In a meeting with Steven Cross it was mentioned about if we call the police the unit will be shut down and people <u>may be</u> arrested.</p> |
| CG | LL has heard that questions have been asked if she had a relationship with SB. |
| KR | <p>No one has asked me. People look for a reason /rational as to why this is happening.</p> <p>I asked SB to share evidence of how she'd done it – he couldn't answer me.</p> <p>There has been a suggest from RJ of air embolism or twisting of tubes - I understand that the three babies didn't have <u>IV</u> lines in.</p> <p>SB called it his drawer of doom – he wouldn't share what was in it with KR</p> <p>When LL returns to the unit all competencies are to be completed for confidence.</p> |
| CG | LL is aware people are asking why she has been moved |
| KR | <p>LL has been seconded to the quality team.</p> <p>Eirian Powell, Yvonne Griffiths and Yvonne Farmer are in contact with KR</p> |
| CG | Staff outside of NNU are asking NNU staff |
| KR | <p>I don't know where LL hearing this.</p> <p>I am also supporting Hayley Cooper. I am going to support LL when she is back in the unit.</p> <p>It could have been handled better and I think AK and SW acknowledge that now.</p> <p>My observation is that the unit managers are not strong leaders – they allow the consultants to dictate too much.</p> <p>SB wrote a letter to the exec team saying there are no rifts within the team and wanted Eirian to sign it. SB has also sent EP emails</p> |

Investigating Officer:-

I declare that this is a true and accurate record.

Signed:

PD

Dated: 14th November 2016

Interviewee:-

PD

I declare that this is a true and accurate record.

Signed:

Dated: