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DIRECTORATE: URGENT CARE
GRIEVANCE INVESTIGATION INTERVIEW CONDUCTED BY DR CHRIS GREEN
ON 21st OCTOBER 2016

PRIVATE AND CONFIDENTIAL

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| Present: | Dr Chris Green (CG) Sue Hodgkinson (SH) Lucy Sementa (LS) | Investigating Officer Interviewee HR Specialist |
| 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 | <p>I think the timelines are pretty clear with regards to the concerns raised and that this escalated this year following the loss of two of the triplets. I know LL was moved from nights to days then she went on leave and was told she would be supervised and then redo her competencies on the Thursday and then redeployed to the Patient Experience team on the Monday.</p> |
| SH | <p>The decision was made to redeploy LL partly due to operational issues. EP had raised concerns to SW, I know there was sickness in the unit and it was also discussed at board. My recommendation was to keep her on the unit but from there, concerns were raised by medical staff and so we decided to redeploy her into another area. 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. In hindsight, did we do the right thing? At the time we thought so. We met with her yesterday and apologised. She knows the concerns and we explained the reasoning for redeploying her – that we thought it was vulnerable environment for her to be in. She feels it was her choice to know but that is part of this process. We reiterated that LL is not under investigation.</p> |

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| CG | Are you aware of the specific allegations made by the consultants? |
| SH | I didn't hear any phrases and I haven't had any direct conversations with the consultants, only at board or in meetings. I have since heard that there were phrases used. The inference was that the action taken by LL was knowingly deliberate. I understand SB and RJ have shared their opinion with colleagues such as the Obstetricians. |
| CG | What knowledge do you have regarding Lucy being instructed not to talk to other people from the ward? |
| SH | It surprised me what she thought she was allowed to do and not to do. We have since put a clinical update in place and when we met yesterday she advised that this has not happened while EP has been in leave but that is getting put back in place now. We had not instructed that she couldn't speak to friends or colleagues on the unit. |
| CG | There has been suggestion that some people were asked if LL and SB had a relationship – do you know about that? |
| SH | I only know that AK, KR and I had a conversation between the 3 of us but it was informal and didn't leave the room. We were trying to understand why he might have singled her out in this way – nothing more. It was not requested at any time for anyone to go and check. It is difficult as speculation has happened – LL advised us that she was told that the report was in, that someone had mentioned it in handover on the ward on Monday but it didn't reach IH until Tuesday afternoon and I didn't see a copy of it until Wednesday. It is difficult for LL when we are trying to rebuild trust. We felt there wasn't enough evidence to investigate formally or contact the Police – this was a unique situation so we made a board decision. I have taken a significant amount of advice on this, both legal and from across the network from colleagues in Stockport. |
| CG | Is the aim to get LL back on the unit? |
| SH | That is the intention. To get her back how she wants it to happen, she needs some control. |
| CG | What is the criteria for her return? |
| SH | We have the draft report back and the internal review data but it is a board decision. It is not mine and not AK's at this point in time. When we have all the data, the decision will be taken. There was verbal feedback after the review that we needed a deep dive into forensics and the relevant case notes have only been provided to the reviewers last week. Within the conversation yesterday, LL asked why she hadn't been told this before. AK explained that this was the recommendation from the review and it had taken time for this to be gathered. Now we are waiting for them. We need all the data back. We are working on early December to prepare for LL to go back to the unit. AK and I will meet her again on 2 nd November and she is receiving OH support, support from HC and KR. I have tried to reassure her that we will be supporting her at the board level appeal, from People and Nursing perspectives. |
| CG | Is there a plan to manage the consultants? |

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| SH | Yes but it needs to be developed. We are looking at behaviours. I don't want it to be perceived that we are treating two different professions differently. There is a view from some of the consultants that LL has either knowingly or unknowingly contributed to the increase in mortality. There have been difficult conversations as a board. Kathryn de Beger has concerns over LL's short and long term health as a result of this situation. IH is following up on the medical side and DAC Beachcroft are comfortable with our position, from a legal perspective. |
| CG | There is some concern around the delay in acknowledging the grievance. |
| SH | There was some discussion around how we were handling it and we wanted to organise the external panel member before proceeding. It is not usual to invite in an external person to hear it but that's what we have done. I think this has reassured LL but this has caused the delay. |
| CG | Anything else to tell me? |
| SH | This is one of the hardest things I have done but I have had to try and take the emotion out. |

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: 23rd November 2016