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Countess of Chester Hospital   
NHS Foundation Trust

**DIRECTORATE: URGENT CARE**  
**GRIEVANCE INVESTIGATION INTERVIEW CONDUCTED BY DR CHRIS GREEN**  
**ON 28th OCTOBER 2016**

PRIVATE AND CONFIDENTIAL

<b>Present:</b>	Dr Chris Green (CG) Eirian Powell (EP) Lucy Sementa (LS) Penny Weaver	Investigating Officer Interviewee HR Specialist Note Taker
<b>Standard:</b>	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**

CG	Can you tell us how events unfolded?
EP	Referred to her timeline. Mortality numbers were up. CQC and embrace who review mortality and take all factors into account and adjust accordingly. LL works full time and also overtime during busy periods. LL switches from days / nights to suit unit. LL is so amenable and flexible, one of my best nurses. LL was also a student in the department, she was very quiet but diligent. Her practice is second to none. Compared to part timers full time staff working overtime are going to be higher commonality. A thematic review was done by N Subader from the Liverpool Women's Hospital. I met with LL and she asked if anything had come from the review. I told her the she was a commonality. LL didn't seem concerned as she was full time plus overtime. LL is QIS and ITU trained. If you are allocated a baby no other staff should touch the baby without your

	<p>permission.</p> <p>When incident with babies took place – on one occasion LL was walking into work another LL was walking off the unit finishing a shift. Another time LL was looking after the sickest baby on the unit and another baby across the unit desaturated – LL as QIS helped. On another occasion LL was on holiday.</p> <p>SB told EP that the exec team were concerned that there was a rift between nursing staff and the medical team. SB wanted EP to sign a letter while at a stakeholder meeting so refused. EP explained to SB that our only issue was the way they were treating LL. Believe she is 100% innocent.</p> <p>At an urgent meeting that was called on 16/5/16 7:30am regarding the downgrading of the unit SB alluded to LL being responsible. I told him not to, as it wasn't his place. Jim McCormack stood up, pointed to EP and said "you are harbouring a murderer". At the meeting were Stephen Brearey, Jim McCormack, Julie Fogarty, Sara Brigham, Usha Rao and possibly Ravi Jayaram I can't remember.</p> <p>Steven Cross is ex-Police and he had said that they have no evidence, if they put it together it would be looked at.</p> <p>Triplets in the unit – first started to crash then 12 hours later second baby started to crash in exactly the same way. When the third baby started to crash was transferred to another hospital.</p> <p>Ravi Jayaram was heard by a nurse <span style="border: 1px dashed black; padding: 2px;">Nurse T</span> in outpatients, when asked if anything had come from the review to say "somebody is causing these deaths on this unit" <span style="border: 1px dashed black; padding: 2px;">Nurse T</span> is now anxious to return to the unit after RJ statement. EP escalated to KR.</p> <p>On 27/6/16 EP and Ann Murphy met with IH &amp; AK to confirm that they agreed with the need for an external review but did not agree with consultants' concerns regarding LL.</p> <p>LL was also mentoring a student when during incident with triplets.</p> <p>Because you're good at your job you get put in the position of looking after the after sickest babies. LL will question registrars or consultants and will call and say if she wants them to look at the baby now if she has any concerns. LL will Datix herself and even close colleagues.</p>
	<p><b>I&amp;S</b></p>
	<p>Another commonality from the assessment was Mel Taylor. I told SB this, she wasn't as prominent as LL but still stood out and his response was "but Mel is nice".</p>
<p>CG</p>	<p>Are there any medical professionals who show commonality in this way?</p>
<p>EP</p>	<p>Yes Dave Harkness, I showed Sue Hodkinson</p> <p>I have checked all clinical competencies but have had nothing from the medical team.</p> <p>LL has also worked in a level 3 unit in Liverpool who said how good she was. Transport team have commented on LL professionalism and are</p>

	<p>willing to do LL a reference. <b>Doctor U</b> has said how wonderful and professional LL was and Oliver from Arrowe Park.</p> <p><b>Doctor V</b> accidentally killed a baby once. Insulation is very difficult. Nursing staff were supportive. There was evidence in that case but yet <b>Doctor V</b> was not suspended. And now, SB has 'gut instinct' and wants LL suspended.</p>
LS	Are you able to show us your analysis?
EP	<p>Yes.</p> <p>I sent my analysis to SB to escalate up to the execs. When AK received the analysis a column had been removed – the one showing the medical staff. When I noticed this I added the column back in and resent to AK.</p>
LS	How long have you worked at the Trust?
EP	Since 1982. Steve has been here around 6/7 years
LS	Have you ever known him raise concerns about any staff before?
EP	<p>No.</p> <p>We are a small unit. Need to look back over 10 years. SB not taken into consideration maternal age or congenital issues.</p> <p>I had LL down to do the advanced neonatal nurse practitioner course.</p> <p>On 7/7/16 SW held a staffing meeting and was agreed assurance need on competencies and clinical supervision was mentioned. EP raised should also happen with the medical team.</p> <p>When LL was brought in after her holidays on 14/7/16 LL was devastated – she had taken it to mean her competencies weren't right not that she was intentionally harming babies and that devastated her, that she might not have been competent.</p>
LS	Do you know who it was that told LL?
EP	I think it was the union.
LS	At the time you thought that she knew?
EP	Yes but when I asked if she understood and she said yes, she thought it was her competencies. I see that now.
LS	It was decided that LL would redo competencies and be clinically supervised?
EP	<p>I was off and when YF and YG tried to devise a package it was not going to be possible.</p> <p>KR &amp; SW organised for LL to be redeployed to Risk team.</p> <p>KR told EP I couldn't tell staff anything.</p> <p>I was also at a meeting and <b>Doctor V</b> called LL cold and calculated.</p> <p>BS called EP – she was not happy with Yvonne Farmer and Yvonne Griffiths decisions and wanted LL of the unit.</p> <p>Other staff have been seconded out of the department since down grading –</p>

	<p>I have taken the opportunity to be able to do this.</p> <p>Laura has self -seconded to the renal unit</p> <p><b>Nurse T</b> in outpatients</p> <p>Chris Booth is in the office auditing.</p> <p>3 nurses have been sent on course.</p>
LS	In terms of LL redeployment to Risk do you know how long this was for?
EP	I'm not aware when LL coming back.
LS	Were you told a plan?
EP	I want her back but the Consultants are dictating to the execs.
LS	LL was advised not to have contact with unit staff?
EP	<p>KR suggested not in the first couple of weeks.</p> <p>I've insisted people have counselling, I have.</p> <p>EP gave copies of emails to CG &amp; LS</p>
CG	Going back to the murderer comment. Did you ever hear angel of death?
EP	<p>Not that I heard.</p> <p>DR Gibbs voice of reason said to be very careful what they're doing. A nurse in Stepping Hill was wrongly accused and we could end up doing the same.</p> <p>Post mortems are carried out on most babies.</p>
LS	If LL came back to the unit how do you think consultants would respond?
EP	<p>No good. Equality doesn't run both ways. Brainwashed other consultants.</p> <p>SB and RJ are not malicious normally.</p> <p>I'm concerned if we don't do this right who will they pick on next. Something positive needs to come from this, need to treat equally. When I started my career the hierarchy and the gap between consultants and nurses was so bad. And at the end of my career, it's exactly the same.</p> <p>KT, SW &amp; KR have kept me in the loop, they've been nothing but supportive to me. Occupational health has been supportive too.</p>

Investigating Officer:-

Signed \_\_\_\_\_

Date: \_\_\_\_\_

I declare that this is a true and accurate record.

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