Meeting with COCH, Operation Hummingbird - Minutes / Actions

Held at 09:00 on Friday 12th May 2017 Meeting Room 5, Cheshire Constabulary HQ

At this stage, COCH have exhausted all lines possible and there is nothing that could potentially be evidence of a criminal investigation. The concerns raised by the consultants have been raised previously and there is nothing they are aware of that they would consider or believe that potential criminal offences may have been committed.

TC stated a meeting had been held on 11/05 with COCH executives, and it was felt that the explanations of what has happened do not lie in a single place or cause, and certainly not criminal. Concerns from the consultants were also expressed to RCPCH as it is referenced in their review.

IH added COCH are mindful they do not want to use Cheshire Constabulary as a HR process for staff. If you place yourself in the mindset of paediatricians to see what the motivation is, there is a strong sense of personal accountability that a clinician feels and when there is no clinical explanation they feel uncomfortable. It is unusual that they have a collective mindset. This is a problem which COCH need to manage as it is not a criminal issue.

TC satisfied that Cheshire Constabulary would determine whether or not there has been any criminal intent. COCH have maintained an open mind and would welcome an enquiry, if necessary but this has never felt the issue. It was felt amongst the executives that it needed to be checked.

DM was clear to TC that all Cheshire Constabulary have done to date is look through reviews and reports they have not investigated. There is a need to clarify points made in Dr J Hawdon's review in relation to the coronial position of the 4 babies in category 2.

If there is no direct allegation or suggestion from COCH of any potential criminal wrongdoing then DM would be comfortable to put into writing, based on meetings and documentation so far in response to TC letter that Cheshire Constabulary will not conduct a criminal investigation at this stage with caveat if further information comes to light.

DM asked what COCH intentions are in relation to the email sent from Dr Jayaram.

COCH have not spoken to Dr Jayaram yet, it would be dependent on the outcome of this meeting. It cannot be left as they have made the same allegations again, but with more focus than previous. A conversation would be required around the discussions COCH and Cheshire Constabulary have had in light of their email. There is a need to discuss what COCH can do to reach an end point, which they are comfortable with. IH would look at how COCH can manage the end point prospectively.

TC stated it would become a wider GMC issue as there becomes a point where a group of clinicians who are not prepared to take the recommendations of RCPCH are blocking the ability to move forward which creates a more difficult and dangerous environment for sick babies.

TC added that the consultants have made their points, and they have been seen and not judged as sufficient to warrant a police led investigation, looking at how close it constitutes as a criminal act. There was a need to explore to ensure COCH have not missed anything, but there is also a need to move on. It will become a GMC issue, likewise if the media are involved. This is for COCH to manage appropriately.

DM replied that if COCH's position is that they are satisfied where they are, and there is nothing of anything that would cause to believe potentially criminal offences have been committed which may warrant a police investigation then this needs to be placed in writing to DM.

DM would respond that based on meetings and discussions at this stage the police position could be summarised that police investigation will not be led due to these reasons listed.

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