

**STRICTLY CONFIDENTIAL – NOT FOR ONWARD CIRCULATION**

**MINUTES**

**Of the meeting between Simon Medland, QC and certain consultants in**

**Meeting Room 4, Education and Training Centre, CoCH 1700-1845hrs**

**12.4.2017**

1. The following were present: SM, Steve Brearey, Suzie Holt, Ravi Jayaram, Murthy Saladi, John Gibbs and Doctor V
2. SM began by stating who he was and why he was here – been instructed by the hospital to bring an independent objective view to present situation and see if formal report to police was presently merited, in other words whether there is presently information giving rise to reasonable grounds for suspecting that a criminal offence has been committed in respect of any one of the neonatal deaths in question.
3. SM said that the minutes of this meeting would be shared with the Board and circulated to each one of the attendees.
4. SM invited comments. Each one of the consultants spoke at length and in detail about the cases which are at the heart of this matter. They each feel very strongly about this. They expressed themselves clearly as to their

concerns which derived from the increase in number of deaths, that certain of the deaths occurred in neonates who would not ordinarily be expected to die and that there were particular unusual features which could be shown to have occurred or been present, some of which were common amongst several of the incidents. Amongst these latter features were the presence of one particular nurse on duty during/around some of the deaths, presence of unusual or unidentifiable rashes on some of the neonates and other features.

5. We all agreed that if there was an identifiable common thread between some of the deaths (c.f. the Beverly Allitt) then this would be powerful *prima facie* evidence that there was potentially a crime or series of crimes which had been committed.
6. SM gave his view that the police, being strapped for resources and in any event, can only sensibly investigate cases where there is – at the very least – reasonable grounds for suspecting that a criminal offence has been committed. He emphasised that this was very different from there being mere suspicion and also very different from where there were questions about hospital procedures and processes, as distinct from criminal actions. SM remarked that officially reporting any matter to the police was a condign step which was effectively a public action and would incur adverse publicity

- broader forensic review, SM suggested the possibility of a private discussion with Detective Chief Superintendent Wenham. He suggested that this might
- be helpful (always assuming that the DCS Wenham was prepared to entertain such a plan) because the officer was senior, independent and experienced in this area as he sat on the CDOP.

16. SM concluded the meeting by thanking everyone for their time and the useful nature of the discussion of this important matter. He emphasised that if, in his opinion, there had been clear information leading to reasonable grounds for suspecting that a criminal offence had been committed, he would have no hesitation in advising the hospital that it was their public duty to report the matter to the police and actively assist in the enquiry. He indicated his view that the hospital trust would agree with this course but was cautious of proceeding along that path in the apparent absence of such material (as things stand), given the serious, public and irrevocable nature of such a step.

17. SM said that his next step would be to compile minutes of the meeting for distribution amongst all the contributors to the meeting and he would disclose the minutes to the Board.