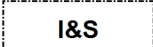




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14<sup>th</sup> July 2016

**STRICTLY PRIVATE & CONFIDENTIAL**

Miss L Letby

**PD**

Dear Lucy,

Thank you for coming to see me today with your Line Manager, Eirian Powell.

I explained that the purpose of the meeting was to discuss the recent events in the Neonatal Unit (NNU). As you have been away for a few weeks, I wanted to bring you up-to-date on the current position.

You explained that you were aware that there had been an increase in mortality rates on the NNU and as a result, some of the cot spaces had been closed. I explained that this was correct and that the Trust was currently undertaking an in-depth review of the NNU, including a number of factors such as dependency, acuity, safety and staffing.

The review which has been undertaken to date has been unable to explain the collapse or deterioration of babies on the NNU in a number of cases. Clearly, this is of serious concern to the Trust, our clinicians and is something that needs to be investigated further.

The review which has been undertaken to date has revealed that a small number of staff were regularly involved in the care of the babies concerned. Their involvement was either on the shift, or the shift before, a baby had unexpectedly collapsed or deteriorated. As we discussed during our meeting, you have been identified as one



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of these members of staff. The review has identified you as being more regularly involved in the care of babies concerned.

As we discussed, patient safety is of paramount importance and the Trust needs to be able to provide assurance to its patients, staff and members of the public that our staff are up-to-date, competent and safe practitioners. Therefore, a decision has been made to provide additional support to all of the staff, including you, who have been identified in the review. The Trust will provide all staff who had been identified in the review as having had regularly involvement in the care of the babies concerned, with a period of supervised practice. This will involve a review of all clinical competencies.

I explained that you will be the first nurse to undergo this process, due to you being identified in the review as having been most regularly involved in the care of babies involved.

The Royal College of Paediatrics and Child Health are undertaking an external review of the NNU, commencing on 18 August 2016. The Trust has decided that you will remain subject to clinical supervision until the Trust has received feedback from the external review. Other staff who have been identified as being regularly involved in the care of babies concerned will also undergo a similar process.

You were understandably upset and distressed by this decision and said that you would be very upset and could not live with yourself if any of your care had harmed a baby. I reassured you that the decision to provide you with clinical supervision should not be interpreted as apportioning blame but was intended to be an additional supportive measure, pending completion of the external review.

I gave examples of how over time that some deviation from good practices sometimes becomes norm and this is not ideal. As I explained this is no fault of individual rather custom and practice. To assure this is not the case we discussed that the supervising and refresher training programmes are a good way to review and support the staff and would offer a way to ensure standards are maintained.

During the meeting, we discussed an alternative to clinical supervision, being the option to take a short break from the NNU. However, you confirmed that you would prefer to continue supervised practice.

It was agreed that you would commence this on Monday 18 July 2016 and that you would take authorised leave until that date.



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