

**DIRECTORATE: URGENT CARE**  
**GRIEVANCE HEARING CONDUCTED BY ANNETTE WEATHER**  
**ON 01<sup>ST</sup> DECEMBER 2016**

**PRIVATE AND CONFIDENTIAL**

<b>Present:</b>	<p>Dr Chris Green (CG)</p> <p>Annette Weather (AW)</p> <p>Dee Appleton Cairnes (DAC)</p> <p>Tony Millea (TM)</p> <p>Lucy Letby (LL)</p> <p>Lucy Sementa (LS)</p> <p>Anna Halsall</p>	<p>Investigating Officer</p> <p>Hearing manager</p> <p>Deputy HR Director</p> <p>TU Rep</p> <p>Employee</p> <p>HR Specialist</p> <p>Note Taker</p>
<b>Standard:</b>	<p>Introduced the members of the interview.</p> <p>Stated the purpose of the hearing 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**

DAC	Introduced the meeting, clarified that we are here to hear the grievance raised by LL regarding her re deployment. Explained that AW was there to hear the grievance and that she would be supporting
AW	Introduced herself and advised that she had only received the full pack 48 hours ago.
TM	I am confused? Do we not deliver the case?
AW	Yes, but we have gone through more in-depth
CG	I was appointed by SH, Director of HR to conduct the investigation. How much would you like me to go through?

AW	The conclusions to your report that LL raised
CG	On the first question raised, and after I had spoken to the Ward manager and also the Exec team, there was no evidence to suggest that LL needed to go through any competency. I feel that the reason that the supervision didn't take place was due to the amount of staff available, and also other allegations that were raised which we will discuss later
AW	Did you scrutinise the off duty?
CG	No
AW	You took the word of others?
CG	Yes, the other issues will come out later
TM	Are you ok with it? Can I ask a question? When it was first suggested that LL was under supervision, there was only LL that was highlighted. What was the reason for this? Why wasn't all staff highlighted?
CG	For all to do it, it was selected who was on duty, and more often than not, LL was on duty when there were issues on the ward
TM	It seems that LL was singled out?
CG	Yes it would appear that she was – this was due to the issues that were on the ward
AW	Please can the questions just be for clarity at this stage?
CG	The reasons not to have contact with colleagues were not explained as LL was re deployed and not excluded. This was pending the outcome. There was no evidence to suggest that she wasn't to talk to the neonatal team at all. Karen has acknowledged that this wasn't communicated well, and it wasn't intentional
Aw	Was there comment that Eryan (Ward manager) was aware that there was no contact?
LL	Yes she was told not to speak to me
LS	Yes, she was in the meeting with Karen, and heard the same thing
AW	What did she mean to say?
CG	I wasn't there
LL	I had to give the names of 2 people
AW	For clarity, at the time, it was an intentional message not to have contact
CG	I found no evidence that LL was being investigated although the panel knew the circumstances
AW	Panel?
CG	External reviewers
AW	Who are these?
CG	A barrister and a multi-disciplinary team. While the review not tarnished LL

	directly, there definitely was something
TM	For clarity, I have sent 2 letters, are these allegations
AW	Yes, I understand that these should have been within the pack. Should be the RCN letter
TM	I am concerned that the letters are not there. I have copies of them here.
CG	In terms of allegations, there aren't any.
TM	Why are we here then if there are no allegations? Well you know what I am talking about
AW	Clarity – was LL being investigated? No. Her return to neo natal has not yet been answered.
CG	Difficult to come to a conclusion to help LL. The panel will see why this has been escalated.
AW	Just to be clear though, there was no reason why she couldn't return to the ward on neo natal
CG	Yes
AW	If others are on the unit, there is no reason that LL can't also be on their pending the outcome. Was this questioned sufficiently?
LS	I don't feel that there was a clear outcome to that really
AW	Looked at the letters from the RCN. This was when first aware of the consultants?
TM	At first we were just told that due to the high mortality rate, LL was being removed due to the investigation
CG	Discussed the second question, this was discussed with the exact nursing team. The Trust made the decision to re deploy LL. However I agree that LL had a right to know about this and that the Trust have not been open and honest with their communication
AW	I have no more questions regarding that
CG	Regarding the terms of allegations on LL, there isn't any, other than the deaths of the babies involved. No investigation for LL, and there is no answer, as there is no evidence at all. Has LL confidentiality been maintained? Questions were asked as to whether LL was in a relationship with one of the consultants SB, and other staff and the Exec team have also asked the same question. Is SB targeting LL? There wasnt a specific brief.
LL	There were questions from others that I was having relations with SB
AW	It says this in more than one statement
CG	Karen was asked to investigate this further
AW	It was nothing formal, however people were asking about it
TM	We didn't have an issue with the questions. It was the way that we were hearing about it 3 <sup>rd</sup> hand
AW	It is the rumour mill, There was nothing specific that lead to a breach of

	confidentiality and it wasn't intentional however people were talking
DAC	Question was asked tough, are they more than friends? Is there animosity maybe?
CG	I was asked a question for this as maybe this was a driver for it.
TM	We believe that there was something we warned LL to hear as didn't want to go back on her word
CG	The second part regarding LL re deployment – an email went out to explain the re deployment. The Executive team have worked hard to keep any secret in hospital, and they were careful not to say anything deliberate or confidential however it is hard to keep any secret within the hospital
AW	In the interviews taken with medical where you heard derogatory comments on LL, did you find evidence to link to this?
CG	I had concerns, yes
AW	In terms of confident, other people heard the words 'baby killer' and were associating LL with these comments?
LS	There was no name on any of the statements given to us. Ian Harvey was to address the unit
CG	This question relates to the Executive team however these are comments that have never been heard.
TM	The consultant made the comment 'baby killer' however provided no name
CG	The number of times the babies deteriorated and died whilst LL was on shift. There is a lot of mitigation and no evidence to associate anything more. The Trust have no allegations, the Nurse manager has no allegations and want LL back on the ward. The consultant raised issues which SB has denied in interview. There clearly have been discussions and references within emails but no specific allegations
AW	I have picked up on page 14 that it was a deliberate action. Is this in anyone's statements?
CG	Ian Harvey spoke to Ravi about the comments. Jim McCormack made a comment and clear reference to the Police in IH statement. There is no written allegation, and the only reason to call the Police would be for foul play. Ravi concerned about foul play and pushed to have LL removed.
AW	Your investigation is clear – were the team aware? – She deliberately set out to harm babies when the Executive and management team have no allegations towards this.
CG	Yes but no evidence to suggest this is the case
AW	Were they aware of the link – knowing that it was deliberate action?
CG	Yes
DAC	Sue H – there have been some allegations that were knowing and deliberate
LS	Confirmed that SH knew that it was deliberate
AW	What did she mean by interference? She goes on to say her opinion was

	shared with colleagues
CG	With an obstetrician
AW	So is a breach?
CG	Yes, however it was said in a closed meeting
AW	What did SH mean?
CG	I don't know – I would be speculating
DAC	Did you find anything to substantiate this?
CG	No nothing was found. There is reasonable evidence to suggest that the consultants did. The Executive team listened to the consultants but there is nothing to support this or any reference to the Police. The options for the Trust – Investigate, but there were no evidence, Call Police, but there was no evidence to exclude LL – again no reason to do that or re deploy. I genuinely feel that the trust were in a no win situation. A very complex situation. The suggestion that something could happen with the babies and the trust were not open and honest. To remove LL, stopped the Police and would have meant an arrest which would have been damaging to LL.
TM	Damage to Trust too – they were protecting themselves as this would have been in the paper
CG	They were also protecting the family of the babies
TM	Turn this on its head though, what if she was this person?
CG	Yes this is relevant, and the Trust was left wide open if something else were to happen. It is sad and regrettable the action against LL. The Trust were not open and honest
TM	It could have imploded on itself
AW	Another point not considered as an option was to leave her on the ward supervised.
CG	This wasn't an option due to staffing
AW	There is no evidence of this – Sian was concerned, no issue with staffing but I will look at the rota and make the decision myself.
CG	If she had been on the unit the Police would have been called
AW	Why?
CG	The Consultant advised that the Police would have been called
AW	So the consultant threatened to do this
LS	Both denied this. However we went with the probability
AW	So LL stayed on unit – she had done nothing wrong. I would question why there was no support. The consultant advised that they would call the Police, why were they concerned? There is no evidence to suggest anything?
CG	The move was complicated to complete with supervision
TM	There was no issue – 2 ladies were able to supervise but I can't remember

	Trust did their best?
CG	I think they did. Unprecedented situation that no Trust wants to be in. The issues escalated to incidents and to remove LL was the right thing. The Trust took a responsible approach to it
AW	Did you speak to the CQC? Did all of that happen?
CG	The unit was downgraded from a 3 to a 2. It was escalated to the RCN also. LL is well thought of, and the quality of her care. In my chat with the Exec team, they want to see her back. The consultants will have issues with that however the Exec team need to deal with that.
AW	The Trust are already making plans
LL	The Trust are waiting for the report before they will confirm
LS	They are waiting for a deep dive forensic report in to the death of the babies
AW	Why are we still waiting for this before LL can return? Would it make a difference?
CG	It was a board decision to remove LL
LS	I feel that a lot of it is to do with the consultants
AW	Are the Exec team going to have this chat with LL
CG	Can't remember, I need to look through the statement. There is an issue with the consultants and there is a split between the nurses and the consultants. The issue is managing that, it is a board decision to bring her back
AW	Feels like contradiction
CG	Yes I agree, the Trust want full documentation and then she can go back
LL	They never told me that
AW	No one has sat with LL and explained
CG	Letter dated 26/10 that wanted to return to the team
AW	No one explained to LL if she went back and there was another fatality what the repercussions may be
CG	On reflection, I am not sure what I want to say to that. I don't think it is as simple as that but not telling LL at the outset is a key learning on how to deal with it and I honestly believe that the Executive team found it very difficult and they have been emotionally affected.
AW	Questions relating to consultants – as interviewing people at any point did Senior managers or Exec advise that they wanted a further deep dive in to any others?
CG	No
AW	A review will look at how the babies died however it will show natural causes I presume. Has anyone suggested that the behaviour by the consultants was inappropriate? Bullying ?/ Harassment?
LS	Only Ian when he said he attended the unit – however no expansion though

CG	They are aware that there are issues between them
AW	Do you have confidence in that?
CG	I believe that the Exec team want her back, but I don't know about the consultants. I would like to say it would be managed.
AW	Can we have an overview of grievance and any statements
TM	Go through the statements
DAC	Just summarise. Do you feel that CG has investigated the key points?
TM	Yes – need to know how the trust take forward though, and will need to wait for deep dive. Happy with what CG has done
AW	LL can you talk me through the events and how it has made you feel?
LL	It was a challenging time, big problem the Trust not being open and honest. I have never been sat down and spoken to as it has all been 4 <sup>th</sup> hand. I want to go back but don't feel I can if these are not dealt with. It is awful and I don't know where it has all come from and why they can't let it go. I don't know how it will be dealt with and feel that the Trust want me to go.
AW	That is a feeling but I can't see any evidence of that. If the Trust can support you to go back can you put this to rest and move forward?
TM	Don't know what the Trust intention on the 2 consultants will be?
AW	What do you want it to be?
LL	It isn't acceptable
TM	They should be disciplined
LL	I have gone through all of this on their word.
DAC	Mediation?
AW	Do you feel strong enough to discuss this with them?
LL	I want to go back to work so yes
AW	The nature of the work on the unit, there will be deaths. How will you feel when that happens?
LL	I would want assurance that this wouldn't happen again
DAC	Support for you? OH, Buddy or a Senior nurse that you can go to
TM	The problem is the team think she is on secondment so how would that work?
DAC	Could have matron off the unit who you could go to?
AW	She will have supervision anyway due to the amount of time away?
TM	It is a Trust problem to deal with and come up with the solution. These 2 people caused this so should be brought to task
DAC	Need to turn this around and listen to what LL wants
AW	Had apologies from Senior nurses. Would you like apologies from the Exec team or meet them and get this in writing?

	Am I right in thinking that you both think that the 2 consultants have caused this?
TM	Yes
LL	I feel that it is personal
TM	My advice to LL was they had the right to have concern but this has gone off the rails. Another girl was named on the register however was taken off
AW	Everyone should be culpable
TM	The Trust have been held to ransom by 2 consultants
DAC	I am hearing what you say but I am wanting to know from LL what comes next
TM	You tell me Dee what will be done to the consultants?
DAC	We don't know
AW	The policy gives the process for bullying and harassment
TM	I can't stress enough that you need to deal with them
DAC	It is also about what LL wants
LL	It is nice to be asked that as no one has
LS	Shall I explain what will happen when there is a return to the unit?
DAC	Can agree some warding, suggest that Ruth Millward does an email to say it was positive and to thank LL for all her hard work in the department however it was time for her to return to the unit
LL	I have a concern that I am lying. I have nothing to hide
DAC	We need to compromise as if you go down the disciplinary route with the consultants
AW	All these will be dealt with and supported
DAC	You could have LS as a point of contact in HR
LL	No one wants to help me
AW	I wouldn't be here if I didn't want to help you The statements to pick up on, it is clear that the 2 consultants call the shots and have put pressure on the Exec team in making this decision
CG	I was disgusted by their behaviour. It is likely that they lied
LS	Also met with scrutiny as to why they had to attend the meeting, and wanted it in writing. They were also the only 2 that showed no empathy.
AW	I believe that the staffing issue was a red herring- there is no difference between July and August and the evidence supports this

**Investigating Officer:-**