

DIRECTORATE: URGENT CARE
GRIEVANCE INVESTIGATION INTERVIEW CONDUCTED BY DR CHRIS GREEN
ON 20th OCTOBER 2016

PRIVATE AND CONFIDENTIAL

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| Present: | Dr Chris Green (CG) Sian Williams (SW) Lucy Sementa (LS) Sam Walker | Investigating Officer Interviewee HR Specialist Employee Representative |
| Standard: | <p>Introduced the members of the interview.</p> <p>Stated the purpose of the interview 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

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| CG | Can you talk to me about your knowledge of the circumstances around Lucy Letby being redeployed? |
| SW | <p>Sometime last year, me AK, Ruth Millward, SB and maybe Ian Harvey were in a meeting and concerns were raised around the mortality rates in Neonatal. We looked at trends, themes and found nothing that raised any concerns at the time. I was also aware that SB had met again with IH and AK. Then this year, there was some anxiety from the clinicians – I'm not sure how it was raised or who to. I was told that Lucy was swapped from nights to days as a result of that. I would have expected an investigation. There was a gap I think then she went on leave and we did some investigating during those 2 weeks, she came in on Thursday 14th July and I saw her then. Clearly her name had appeared through the clinicians' own analysis and when I did my own analysis with the support of Julie Fogarty we came up with the same. I looked at who was on duty before and during all the deaths. Lucy did look after a proportion more than the others but the</p> |

Countess of Chester Hospital

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| | feedback is that she is excellent and she works full time and she does additional hours. There were no red flags. Sudden deterioration in Neonatal babies is apparently common, although I'm not neonatally trained. I didn't find anything more than that. I asked how the sudden deterioration could happen and was told they are more unstable than adults. I met Lucy in my office with EP and explained that she featured in terms of attendance and so we would start with her doing supervision, clinical competencies then work down the list of staff and finish with the ones that only work one shift. She knew about the increased deaths and the reduction in cot spaces. We were not apportioning blame. We talked about patient safety, told her the external review would be taking place and tried to reassure her. I have a daughter her age – it was difficult for me to do. |
| CG | Did you tell her there had been allegations from the consultants about her specifically? |
| SW | No I used the phrasing I was asked to use by SH and AK. Telling her there could potentially be issues around her practice. It was the hardest thing I have ever done. She was clearly very distressed. It was clear the clinicians wanted her off the unit and so it was trying to balance their concerns so AK and SH came up with supervision and this was explained to Lucy. |
| CG | Why did the plan change? |
| SW | I think the clinicians were uncomfortable that she was going to be on the unit at all. I'm not aware of any staffing issues that would have meant she couldn't be supervised. I wouldn't have agreed to meet her if I had known she wouldn't be doing what I told her the following Monday. She's in my team now, I see her there and the feedback is that she is working really well. I know she is desperate to get back in the unit. I have reflected about how I handled my part in this. I went to see EP afterwards and she reassured me that I had been kind. |
| CG | Are you aware of the expectations regarding the External Review? |
| SW | I have had no involvement with that – I have not seen the terms of reference |
| CG | Do you believe the goal is to return Lucy to the Neonatal unit? |
| SW | I would like to think it was. Whether or not it is possible I don't know. I would be asking myself what had changed. Something went awry between the Thursday and the Monday. I met with the clinicians as AK was not there – IH, me, Tony Chambers, maybe Stephen Cross, Ravi Doctor ZA and then SB came at the end. IH explained the results of the internal review and that was the agreement – that she would be supervised and wait for the external review. |
| CG | Have you heard about any allegations about Lucy? |
| | I am aware that they feel she is to blame. I was told by someone else that one of the doctors had referred to her in the context of "There's a murderer on the loose out there" in one of the outpatient clinics, but not by name. |
| CG | Have you seen any written documentation that supports that Lucy has done anything wrong? |
| SW | I have seen her clinical notes and they are very good and comprehensive. I |

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| | didn't see anything wrong with them. |
| CG | Have you any knowledge of any questioning around whether Lucy had a relationship with SB? |
| SW | Someone had suggested at some point that maybe that was his driving factor but it had no foundation. |
| CG | Is there anything else you want to tell me in relation to this? |
| SW | If the consultants really believed she had done it, why didn't the go to the Police? And why have they come to that conclusion? |

Investigating Officer:-

I declare that this is a true and accurate record.

Signed:

PD

Dated: 14th November 2016**Interviewee:-**

PD

I declare that this is a true and accurate record.

Signed:

PD

Dated:

24th Nov 2016