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DIRECTORATE: URGENT CARE**GRIEVANCE INVESTIGATION INTERVIEW CONDUCTED BY DR CHRIS GREEN****ON 17TH OCTOBER 2016****PRIVATE AND CONFIDENTIAL**

Present:	Dr Chris Green (CG) Yvonne Griffiths (YG) Lucy Sementa (LS)	Investigating Officer Interviewee HR Specialist
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

CG	Have you any evidence that Lucy Letby has done anything wrong in relation to the fatalities on Neonatal?
YG	No. there have been lots of reviews and we have a briefing after every death and go over all the facts. We were concerned and asked for an external review but there was no indication of a specific person. This was at the beginning of the year. We also meet regularly in a network meeting where we share information for learning purposes.
CG	Can you talk to me about the incident that led to Lucy being temporarily redeployed?
YG	I text Lucy and asked her to come in that morning as I didn't want her to go to the ward for her own protection. The triplets had been born and then the first triplet had major resuss. I went in to support the father and Lucy was in attendance for resuss but that was normal. The night shift allocate babies for the next shift, we have to make sure we have the right skill mix. Lucy was working with another trained member of staff, we transferred the baby to the nursery and there were lots of consultants and doctors there. The next day,

	Steve Breary said he had concerns but never found any evidence, he said he wasn't happy and we said we would take her off nights so we did that for a month. The concerns were coming from the medical staff – she is a full time ITU nurse so statistically, she is going to be around at least 1 time in 3.
CG	Did you explain to her why she was being redeployed?
YG	Since then, we have decided that following 2 traumatic experiences it is a good idea to have a break and so we had put it to her that way. There aren't many band 5s. We partly did it for protection for Lucy and partly to pacify those casting aspersions.
CG	What protection?
YG	I didn't want Lucy to be on the ward and Steve Breary to come over saying things to her.
CG	Why were there concerns raised?
YG	<p>There were some concerns around commonality, Eirian Powell has a graph that shows which staff were on at which time which has been reviewed and in some of the cases, Lucy wasn't providing care and the baby had already deteriorated before she was present. For example, if a nurse goes on a break they do everything before they go but then someone else is assigned in case the bell goes and so names are attached. Lots of people were around. Steve Breary was concerned and wanted to grasp at anything that might be linked, to 'point the finger'. Lucy's documents are excellent; the standard of her work is excellent. Steve Breary was the only one with concerns prior to the triplets.</p> <p>After the second triplet passed away, Lucy was on shift the next day, then annual leave and then I text her after that. Steve Breary had heard about the second triplet and EP rang me and said Steve Breary had called and wanted Lucy removed from the unit. EP and I didn't feel we had to remove Lucy from the unit - we are a neonatal unit and babies are admitted there for a reason. The consultants all met on the Monday (4th July) and Steve Breary voiced his concerns. I was there because EP couldn't attend. Steve Breary wanted to go the Chief Exec and we said you can't just do that on a gut feeling. He got Ravi and Doctor V on board. It's not like Steve Breary to cause trouble but we had looked at the information and the only thing seems to be that she was on duty. SB had voiced concerns prior to the loss of the two triplets. They said that if they didn't go to the Chief Exec they would be going straight to the police. We were very uncomfortable. We told them to take their concerns to Lucy but they were adamant. I think they wanted her fired immediately. I found it very difficult to act on something I didn't believe in – it was a witch-hunt. I hate the secrecy. I think they were frightened she would go to the police herself about the allegations. We are supposed to be open and honest. I think they were pacified by Lucy moving to another area and doing the external review – contain and control.</p>
CG	When you text Lucy, did you know she would be meeting Sian?
YG	I knew Sian wanted to speak to her and that was the easiest way to not make a big deal. I text her as EP never does. I didn't know she would be

	<p>taken off the unit but I didn't want her to have a sleepless night worrying about it. After the meeting, it was decided she could come back with support and arranged for her to come in with Yvonne Farmer, the clinical facilitator saw her with Union rep (Tony Millea). Then we all went to the meeting, she wasn't informed of suspicions. I have always been uncomfortable knowing more than what she knew, but was told by Karen Rees and Karen Townsend not to say anything.</p> <p>I believed the plan to undertake competencies and be supervised was to be implemented. YF and I were to support. Told it was for all staff, shel had done advanced training and gone on all the study days. She came back after the meeting and everyone was frightened of saying the wrong thing. Union rep knew there was more going on, and Karen found her a secondment. I didn't feel comfortable her being on the unit in case Steve came in and said something. I didn't know that she was going on secondment until the following Monday. We did question how we would facilitate the suspension, and talked with Karen about it. There was only LL to be supervised; all others were to do competencies. Deaths can be very difficult. Someone else opted for a secondment, for a break and had to take a pay drop. Someone else went to her clinics on a phased return. We are now trying to support people following 2 traumatic experiences.</p> <p>Other people have now retaken competencies and started it now. Some people are on secondment and have different things in place. It has a huge impact on the unit overall and there has also been sickness.</p> <p>I have worked on the unit for 10 years and I feel we have had equivalent deaths in previous years but now we have more older mothers, increases in fertility treatment, and less termination of care. Some outcomes are not fantastic. No other concerns from similar in the past.</p> <p>It would be easy for LL to walk away, but I hope that she will return to the unit. It is difficult for LL and me as it hard when you have lost trust. She's done wrong however I would hate anyone to point the finger with the evidence. She didn't know the allegations. We are looking for a new neo natal lead, perhaps with progression here will be easier. It will be difficult however all the nursing staff are behind her and she is one of the most experienced B5.</p> <p>Think it was brought up by Review panel. Heard a few of the Junior doctors on the corridor. It was obvious that people do know but nobody had said anything. Bernie saw LL and asked when she was coming back. It is so hard. We find it really hard as we have to keep things from our staff. We would be delighted to have her back. Only seen her 2/3 times and told her we are behind her.</p>
CG	Did LL know the details of the allegations made by SB?
YG	<p>I thought she knew what SB said, then KR said 'oh now she knew everything' and that was only recently. KR was concerned about her as she had heard the news on Friday. I don't know who actually told her what SB was saying.</p> <p>LL says she should have stayed on the unit whilst waiting for a review. We are concerned that this was not policy. We know it isn't about assigning</p>