

Wednesday, 15 March 2017

## **File Note from meeting with RJ 2.00pm - 3.45pm 15/03/17 (RJ Office - Longhouse)**

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Meeting to discuss mediation and follow up from email received 13/03/17

- Meeting commenced 2.04pm between RJ & SH.
- RJ thanked for meeting with me. Understand more context around the mediation but also raised concerns re the patient safety concerns that he and the Paediatricians have raised.
- RJ could not understand why only 2 consultants picked out when it should be all of them.
- RJ felt very uncomfortable that being asked to proceed with the mediation when the review of the unexplained cases had not been commenced. Also felt that being put in a position to undertake the mediation as was clearly told at meeting on Jan 26th by TC with TC wagging his finger that they were not to step over the line. RJ described this meeting as a pantomime and that a number of us were taking notes but still not had sight of any minutes from it.
- RJ raised that didn't understand what he had said for LL to raise the issues and require mediation.
- SH explained process of mediation and how feedback had been provided. SH will obtain extracts of the grievance to share with RJ which reference the information related to him.
- RJ said that would be helpful. He explained that didn't see how helpful and useful the mediation would be as he would need to be open and honest and if asked about if it he thought it was her, he would have to say we can't explain the unexplained deaths. He feels compromised as TC said about crossing the line, and heard from others possible disciplinary action, but also told by Ian that could be repercussions from others re GMC referral. Doesn't want the mediation to compromise his position.
- SH explained how the process would take place and that it was about two people working towards working with each other in the future. RJ advised he felt more comfortable with proceeding with the mediation. RJ asked SH if SB could also discuss this with her and SH agreed.
- RJ advised asked how the board were advised about the process of the reviews and how they were assured that nothing further was happening as this was at odds with

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how the paediatricians viewed the report. The Royal College report is purely a service review. Jane Howden's review is clinical but indicated more forensic review of the 4 cases. Then in the meeting with Ian recently, with SB and Nim, reviewed a further 4 cases and identified a further 5 where no deaths but unexplained deterioration. Felt that the board were being misled by Ian, only an orthopedic consultant. Did the board not have a neonatologist taking them through the review? Someone with experience of the symptoms, the babies. Feel the board has been wrongly advised and this is causing significant concern for the 7 paediatricians. Feel there is a disconnect between the board and them.

- RJ advised he has read about whistleblowers in other organizations and those who raise concerns and they feel they are being treated by the Board like this. Board going down a path and set on the path. Making decisions around member of staff returning and think they may have been misled. SH advised RJ that Speak out Safely policy incorporates whistleblowing and patient safety concerns encouraged for everyone. Concerns treated under the policy.
- RJ raised concerns regarding losing confidence in TC, IH and the board. Feel bullied and intimidated to just accept it the plan. Feel being pushed back on to the consultants - our fault. AK praised her nurses, offered support. Medics had nothing from TC and IH. All started with TC meeting in September re 9th Consultant. Poor communication. Could have made a complaint then about his behaviour. Talk about trust values and behaviors but TC didn't display those then. Only found out about 9th consultant when spoke to med staffing team that been pulled. Feel that the Board want us all to leave. If TC really wanted this to work, would be thinking about STP and pushing as hard as he can to get the unit back to Level 2. We feel we are not wanted.
- RJ raised that he has written his resignation. 3 of us all actively looking. Feel I can offer more outside of the organisation to patient safety as not wanted here. SH reiterated that the Board and SH does not want RJ or any of the team to leave. They are valued and we have to learn from if things have not gone right.
- RJ added that feel the board are more worried about an employment claim worth hundreds of thousands from the member of staff concerned than patient safety. SH added that we are supporting the member of staff to return to the unit. We hope she stays but she may stay and then decide to leave and we have to manage that. However, patient safety is paramount and other decisions do not override that.
- RJ added again that concerned the board have been misled. How have the Board been assured that the information is sufficient? RJ reiterated comments re IH. SH explained that the board were assured on the plans and the information provided by the clinical review. RJ could not understand how we were so far apart and disconnected in our views. Feel not being listened to. Don't feel valued. Feel can't