

Wednesday, 15 March 2017

raise concerns. But feel this is the first time really able to have a conversation and been listened to about the issues. RJ thanked SH for making the time to meet with him. Didn't have confidence in other members of the board but respected what i was trying to do. Always treat people and everyone with respect. Feel he could have an open conversation with me. But very concerned that as I and other members of the board non-clinical, we have been misled. Ian should have provided more information.

- RJ said that with duty of candour he feels he should say something. He wants to raise this with CQC as feel the board is not listening. RJ described circumstances at North Staffs. Board on a path and wouldn't listen and whilst much wider issues, the missed many patient safety concerns and issues. Feels that he should be raising this. SH added that any member of staff and particularly health care professionals can raise concerns to CQC or to the police, we wouldn't prevent anyone from doing that. We need to think about what steps we can put in place to move this forward.
- RJ then added one thing that bugged him was on lead up to Celebration of Achievement awards, he was told to stick to the script. Wouldn't use an event like that to say things. Not his style. Wish this hadn't happened. SH explained that she'll take responsibility for that. She was the lead and should have had a conversation with RJ about it. SH provided apology.
- SH asked RJ what could be done to move this forward.
- RJ advised felt more comfortable about mediation process and thanked SH for meeting with him to discuss. Will provide availability for week after next to SH.
- SH asked what else could be done to move forward. What steps could support and improve this situation?
- RJ suggested a meeting with TC, maybe not IH and the Paediatricians. SH asked why not IH as TC could prefer to be there from a clinical perspective. RJ advised that may be easier to have a more open discussion but if IH there that was okay. Conscious that would be an emotive meeting. Concerned around behaviours from the paediatricians and TC / IH. SH asked how this could be a professional conversation? RJ said maybe if you join us - show us red cards, expectations of how we conduct ourselves. Almost facilitate / mediate the discussion.
- RJ added that we need a full and frank discussion. RJ stated that the with what you have sent to me today the board has been misled. We need to discuss that the plan has been based on a misinterpretation of the two reports. We need to be reassured and feel very uncomfortable that we need an explanation for the unnatural deaths beyond reasonable doubt.

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- RJ added that all discussed concerns re LL but all circumstantial. However, he remembers 3 occasions when there were concerns. One were baby deteriorated and LL at end of cot. Another were valve at different setting and it was explained that it was a mistake when she was looking after the baby. And a third. All feel really uncomfortable. Not personal but cannot explain. RJ gave feedback around **Doctor ZA**

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- SH thanked RJ for openness and RJ reiterated his thanks for listening. SH said important that we agree what could be done to move this on.
- RJ advised will come back to SH re dates for meeting.
- RJ said meeting will be helpful. Difficult with diaries but need to try and get as many there as possible. Felt that in meeting in January, it was a pantomime and TC just wagging finger and talking about crossing the line. All thought it would be clinically focused but didn't even have sight of the report. Just talked about issues which were all based about what we'd done wrong. Then Karen acted around reading LL statement. What told her exonerated - she should have been advised not to add this. The focused on actions from grievance. Should have been more of a clinical conversation. Then we had to write letters together. Didn't have a response to the first letter and then second letter, appreciate spoke with coroner. Probably told to not do anything. SH advised not part of the discussion with coroner but not our right or gift to advise the coroner what he should or shouldn't do.
- RJ just feel like we were bullied and intimidated in that meeting to tow the party line.
- SH asked so what are the steps to take this forward. How can you and I move this on?
- RJ said about meeting. Need to feel valued, been one of the most difficult things we've all been through. SH added not fair for parents most importantly but also not fair for you, nursing teams, all individuals involved, LL, but also personally, hardest issue I've ever dealt with in my professional career. RJ agreed and just wanted frank open and full professional discussion as we don't feel listened to.
- RJ thanked SH again for openness today and for taking the time to listen. Feel first time listened too. Can SB meet with SH if needed? SH agreed.
- SH thanked RJ for frank discussion. SH advised lets see if we can work together to move this forward. SH added if anything wish to discuss, then contact SH. RJ advised he would. SH provided personal mobile number if something to discuss