

From: HARVEY, Ian (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: 06 March 2017 13:33
To: BREAREY, Stephen (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Cc: Nim Subhedar; JAYARAM, Ravi (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); GIBBS, John (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); **Doctor V** (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); SALADI, Murthy (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); **Doctor ZA** (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); JAYARAM, Ravi (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: RE: Meeting summary from 28th Feb 2017

Dear Steve

Thank you for this and for the meeting which I felt was useful and productive. However, given the circulation list I felt that it was important to respond, especially since these notes – perhaps not surprisingly – have a particular slant and I am wary that if I didn't respond this might become the only version of the "truth".

Firstly I am surprised that there is no reference to the conversation about the Coroner. I am aware that you have each had a letter from Tony Chambers but I was able to give more detail and confirm that Stephen Cross and I had had a detailed conversation with both the Coroner and the Deputy (this latter point is important because the Deputy will be the Coroner with Mr Rheinberg's retirement on 10th March but also because it was the Deputy with whom Stephen first had a conversation in July last year when he specifically called out your concerns). I was able to confirm that not only had we given the Coroner a copy of the recent letter from you and your colleagues which highlighted your concerns but that Stephen and I also discussed this at length with them. The Coroner told us that we should not necessarily expect a response from him. He also informed us that his role wasn't to QA hospitals. I mention the conversation with the Coroner because John seemed to get significant assurance from the detail that Stephen and I had gone to with the Coroner when I spoke with him although I accept that Ravi and you did not feel the same way.

Contrary to the statement in the second para – it might have been stated but it was not agreed either that there were small changes in acuity (I certainly would dispute this) or that, by extrapolation, this couldn't play a part. I, for one, would not limit myself to looking for a single cause. Whilst I agree that Nim did say that other units are (were) working at similar levels of occupancy and staffing and COCH is (was) not an outlier – I have seen no evidence to confirm this nor have I seen anything to indicate that there was the same trajectories that we had in the period leading up to 2015/16. I accept, however, that this would not tell the whole story, most incidents are, by their nature, multifactorial in origin and it is relevant here to mention one thing that was agreed by all was that there no "smoking gun", no single cause, has been identified.

Finally, you have mentioned the mediation process and your concerns but have not referenced my response. There are two separate processes here that should not be conflated – the concerns and review process and the grievance process which should be separate and can run in parallel. Regarding the second I believe that I thanked you for the letter of apology that all the Consultants (excepting Michael) had signed individually but I also stressed that the mediation should go ahead and whilst Ravi voiced concerns about how this could run I have highlighted that there would be initial meetings just with the facilitator when there would be an opportunity to call these out.

I hope that between us we have come to a reasonable representation of the meeting.

Kind regards