

Notes of a meeting held on 22 December 2016 at 2.00pm in Chief Executive Office, Countess of
Chester Hospital

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| Present: | Sue Letby (SL) | |
| | John Letby (JL) | |
| | Lucy Letby (LL) | |
| | Hayley Cooper (HC) | RCN Representative |
| | Karen Rees (KR) | Head of Nursing, Urgent Care |
| | Tony Chambers (TC) | Chief Executive |
| | Ian Harvey (IH) | Medical Director/Deputy Chief Executive |
| | Alison Kelly (AK) | Director of Nursing & Quality |
| | Sue Hodgkinson (SH) | Director of People & Organisational Development |

TC welcomed everyone and introductions were made.

SL and JL asked if they could read a statement, a reflection on how they feel. They have been advised what they want to say and will provide a copy of the statement.

SL then read out the statement. SL advised that they recognised that AK/SH supported with KR/HC. SL added about the importance of this meeting; what we discuss in the meeting and how we manage the next steps. We have waited a long time for this.

AK and SH went through the letter related to the grievance.

TC explained that there had been an increase in mortality rates in NNU. We had been alerted to an increase, lots of investigation into the cause, we couldn't ignore the change in pattern and mortality rates. The second point is the explanation that the only reasonable cause was mischievous behaviour, but we never accepted this. In the spirit of protecting our staff, babies and the service, we downgraded the unit, undertook a robust internal investigation and announced the Royal College review. Unsubstantiated claims were made that the only common link was that Lucy was on duty.

We had a decision to make, and we could have contacted the police. However, we acted in the best interests of LL, staff and babies on unit. There is nothing fair about this but we acknowledge that the actions we've made were genuinely with the best interests of you, the babies and the unit. We never once believed that the only plausible action was action within the team, but we had to take reasonable actions.

SL Dr Steve Brearey (SB) held you to ransom, if Lucy didn't go off the unit.

TC If we had kept Lucy on the unit and something happened, then it could have been a self-fulfilling prophecy. We ensured the unit and Lucy were safe and that we could

understand the problems. IH will now share the Royal College review headlines, as it is still incomplete.

JL What has the review got to do with Lucy?

TC With the mortality rates on the unit, there could have been other factors to make sure things are safe. Sadly, this was never about fairness. I can apologise for the consequences of the actions, but it was in the best spirit of the unit.

LL But I had a right to know, it should have been right to know. That's my big thing. This hurt me a lot more.

TC Absolutely right.

JL What's the Trust policy? If there are serious allegations, do you phone the police under the policy?

TC We are within our rights to phone the police, but we didn't believe it.

LL But you couldn't be open with me. The trust has gone. Did you have a plan to inform me?

TC We can explore that. We can explore your transition back to the unit, that's what this meeting is about. How do we move on from where we are? We were as open and transparent as we could have been. But we wanted to protect you and support you in the transition.

To summarise, that was the intent and motivation behind the judgements and decisions made; we now want to work with you to make sure you transition safely and successfully back to the unit.

AK We have been regularly meeting with you and as we discussed with HC/KR, we wanted to do the right thing, at the time. We did that to protect you, help you, not to harm you.

JL But it made it 10 times worse.

LL At what point did you plan to tell me? I found out in September.

AK At that time.

JL But we wouldn't have been here then. Lucy should have been able to represent herself. In hindsight, the police could have been called.

- TC Our judgement was that this was not a criminal investigation.
- LL Annette Weatherly suggested we could seek police advice, but felt it had never been that extreme.
- TC But then the unit would have been closed down, you and others could have been arrested, this would have been harmful for the unit and reputationally, very damaging for everybody. If we believed it was a criminal issue, we would have phoned the police, it would not then be about reputational issues, it would have been about the babies harmed. The unit was downgraded, the criteria for access changed, a whole range of things to manage this. Equally right was the support for you so that you were protected from all of that. The spirit was right for you and the unit.
- SL But Steve Brearey was making comments. Why was Lucy in charge of the sickest babies?
- AK We had a meeting with SB in May 2016, and during internal paediatrics meetings. Nothing was flagged to the professional lead, there were no issues with Lucy's practice. We were content nothing needed to be done, no concerns raised. No action to be taken.
- SL SB wouldn't have LL on ward.
- AK Not sure why said as clinically ...
- SL SB seems to be above everybody.
- JL Look at the highlighted section of the grievance. At the summing up of the hearing, Dr Chris Green (CG) advised everyone that they showed everyone empathy, only RJ/SB lacking. The behaviour of those two people, they should be instantly dismissed.
- IH I need to advise on the lead up to this. Concerns were raised to AK and myself. We undertook a couple of reviews and then subsequently came together in May after two further baby deaths. We support any member of staff in raising a concern. We accept the behaviours were not appropriate. We set actions to undertake an external review and close to a conclusion. There was a panel of 4 of them, who spent 3 days here. They compiled their report quicker than normal. They then came out for a secondary review, taken to a further level. A small component needs to be completed early in the New Year. That is why we have not shared the completed review.

- SL Have you investigated LL?
- LL No.
- IH It is a comprehensive review; it's not aimed at any one person. The only people who have seen it at this stage are the Executives, the Chairman, 2 consultants and senior nurse, who have seen a draft and any comments were sent back to the College. We are planning who/how we share it. LL is at the top of the list, staff, parents of the babies, and the coroner and then a wider conversation with people.
- LL Do you know when it will be? I was promised several weeks ago.
- IH The final part is with Alder Hey, but we will be sharing in the next few weeks, in the New Year. Part of this sharing is us as an organisation drawing a line; anyone steps over that full disciplinary policy may be used.
- SL Not what SB/RJ say about LL? That is why she was redeployed and no other reasons, she was removed from NNU by instructions from the unit. SB collaborated with others. LL was not on the ward for several of the deaths, so collaboration has gone on. Speaking honestly and from your recommendations, this all happened - you allowed it to happen. Cannot see 6 months down the line all this still going on. Someone, possibly you, taps you on your shoulder; you're the chief man, you could have stopped it. Given the opportunity, no heads on poles, nobody being realistic and saying we're doing wrong thing here. That's all I've got to say.
- TC Our ambition was to keep LL and the unit safe. It has taken longer to resolve than we hoped for. We had unexpected deaths, we have received an explanation by expert reviews.
- LL But SB doesn't want Lucy back on the unit.
- TC He doesn't run the organisation. We will be meeting in the New Year. We have learnt a lot, we are not an outlier, we have a safe unit. We will be meeting with the consultants early in the New Year. What I was thinking we would do is to share with them your statement Lucy?
- LL Will Karen be allowed to attend?
- AK/SH Yes, we've already agreed that in our meetings.
- TC It will be a tough meeting. We will discuss the recommendations of the Royal College review, behaviours we expect to see will be clearly described, and then

disciplinary action may follow if not followed. IH and I categorically support this.

SH This would be a reasonable management instruction, and if necessary we would follow the disciplinary policy.

SL/LL In the grievance, it was agreed to receive 4 apologies.

TC We will be meeting with them all in the New Year. Then when you are ready, you come back to the unit. We don't underestimate how difficult that will be. You have my categoric assurance that we will support you.

SL What if something happens; they will point finger at LL again.

TC That itself will instigate a different process.

JL Have you read the interviews? I can't believe the comments.

SL Called Lucy an "Angel of Death".

LL In public areas.

SL Mr McCormack said the Trust is "harbouring a murderer", "you're harbouring a murderer".

Doctor V said she is "cold and calculated".

I&S

RJ: "knowingly deliberate action by LL". Heard in Outpatients by a nurse, someone deliberately killing babies, in statements and people named said it.

TC It's not acceptable.

LL It's personal. It's not acceptable.

SL They have a personal grudge.

JL Have you spoken to Ravi?

IH It is not appropriate behaviour. Not had it reported to me subsequently. SH and I met with SB, will be followed up with documentation to all of them.

JL What severity of action?

SH It depends on the issue; if it's helpful, we can share the disciplinary policy with you so you are aware. Hayley will also be able to advise you from her understandings.

IH We need to support you; we need to ensure we pick up with medical staff and also the requirement for mediation.

LL The mediation needs to commence as soon as possible. When can I discuss going back to unit? KR, what is your view?

KR We've had conversations about you going back to the unit.

SL What will you be sharing the statement on?

KR LL wants to be as open and honest on what to say. LL will get it checked beforehand.

TC Your resilience – Lucy, you astound me.

LL But I've not done anything wrong.

SL We thought when she moved from that job that you want her to leave.

ALL Absolutely not.

TC This has taken longer than expected. Our motivation is that the last thing we would want is a mistake to happen, adding fuel to the allegations which were unsubstantiated. That's not fair on you or the babies. This has been absolutely the right action. To protect you, protect the babies and the other members of the team. Our commitment is now to meet with the consultants, get you back on the unit and meet with you all again in the future.

LL Will you be open and honest with ongoing findings?

TC Completely honest with you. There have been learnings for us all.

AK We've reiterated that.

TC Your resilience is amazing.

SL She loves her job so much. When we were on holiday, she talked about how she loves it so much.

TC You must be very proud of her. I'm so sorry.

Is there anything further you want to say? Pause and reflect if you want to, we leave it entirely with you. Our commitment is to be honest and open.

JL We would like that, more open and honest. No one in this room has been open and honest. Numerous occasions not answered this question. This has been 7 months. Meetings with yourselves (AK/SH) lit more sparks. No answer to ourselves. Every time though we heard more hearsay, told why redeployed through hearsay. Overheard things – was she having an affair with SB? HC is the only one who's been honest. Nobody else honest. You are 4 top professional people and how you've treated my daughter is appalling.

TC Lucy, do you have anything further to say?

LL No, just support needed to get me back.

TC SL, anything?

SL I'm worried about these two.

LL We've received assurances this will be acted upon.

JL You've done the meeting very fairly.

TC We will share your statement.

JL Is their behaviour in line with the GMC?

HC In the grievance, they didn't go about it in the right way. They can be reported like any of us. We could action other things, but want to try to get Lucy back on to the unit.

IH I am the Responsible Officer, this will be a facet of the conversation - certain professional standards, separate to Trust processes. I have no hesitation in reminding medical staff of the standards.

TC I'd like to say again, thank you. I hope this has helped you, it has moved things on for us. It is important to have a frank conversation with each other. I can now explain and look you in the eyes Lucy, and your family.

LL Could I put forward something for them to read?

TC Yes.

Genuinely, have a very happy Christmas.

SL Started in July. Still going on now. I've got our statement for you. [SL shared the statement].

AK/SH We will discuss the statement from LL in New Year.

Meeting ended at 3.20pm