

### **Interview on 8 July 2020**

DARREN THORNE: Okay so in the room is Paul Jamison, Kay and Darren say. Just so you know what we had access to, we've seen a number of emails, a number of documents, all of the record and various versions of the reports, we've actually got all of the executive notebooks from that period. So we've got access to a lot of information. But we wanted to talk to you about your involvement because we want to be really clear about the sequencing of events in relation to the medical executive committee. And you may have been involved in other conversations that we don't have sight of. So I guess, shall we start with just when did the story start for you?

PAUL JAMISON: Yeah, I suppose the story started for me. And obviously it is a long time ago, but I was approached by the paediatricians. So my role in the hospital is chair of the medical staff committee, or it was at that point, which is an unpaid post representing the medical body within the trust. And historically, it would always have a seat on the hospital management board. And that would give guidance from the BMA and others from a governance's point of view, that's good practice. The previous management administration had ceased that.

DARREN THORNE: Previous as in Tony Chambers ?

PAUL JAMISON: Tony Chambers yeah, the reasoning behind that was change of management structure. That did seem to go on a lot under his tenure. And so my role was was one of interfacing between Tony Chambers, interfacing between Ian Harvey and then interfacing with medical staff in a sort of mentoring role. I also had a role in the hospital negotiating committee, which is a more formalized access to management within the trust. But I was approached in I think it was the sort of February, March of 17 by, a number of the paediatricians who were basically in crisis. They and that was really the first I heard really anything about the neonatal concerns, there have been the odd sort of rumour within the hospital. But actually, I hadn't heard anything about the whys and wherefores. And they came to me really saying we were very concerned, we're feeling marginalised, we're feeling bullied, were feeling harassed. And all we're trying to do is, is raise patient safety. And that's where the sort of dialogue started.

DARREN THORNE: So by that time, they had had the meeting with Tony Chambers and Ian where they'd been told not to cross the line ?

PAUL JAMISON: Yes. And it was really, I think, on the back of being told not to cross the line and then feeling that they would be, in their view, which they were very clearly told we've decided there's nothing to see here, move on. And if you don't move on, they felt threatened to the extent that at least three of them said they were looking for other jobs and they didn't feel they had any other choice to look for jobs, even though this hospital was the one they'd strive to get jobs at. And they dedicated their lives to. So it was obviously, you know, sort of came slightly out of the blue. And then I. Because of the sensitivity of it and I asked their opinion about where they wanted me to take this forward. I then had discussions with

Ian Harvey. I don't know if I actually, I think I may have had a discussion with Tony Chambers, but I'm not certain if I did. But really, I work through Sir Duncan Nicholls, in trying to build to find out what was going on and to try and build bridges.

DARREN THORNE: Do you have a sense of when you first talked to Duncan ?

PAUL JAMISON: It would be round about that time. Yeah, it would be round about that time. He'd been [I&S] and wasn't around in the trust so it was probably when he was back. It may have been later in the year when he was back [I&S], then Duncan and I got a more regular contact, and then he realised, I think the enormity of the situation and again, acted as a as a sort of go between to try and address some of the the grievance and hurt that the pediatricians felt they came from both Tony and Ian, but also to address their very strongly felt belief that this was being basically mismanaged. And we did discuss bringing an extraordinary meeting of the medical staff committee to discuss it. At that point, we didn't. But I would say I'd probably had discussions with the pediatricians probably every two weeks or every weekly to see how they were. I was quite concerned about them. I think a couple of them were very much on the edge, as in emotionally and physically. They were really getting broken by this.

DARREN THORNE: And I think we've seen that through the interviews we have. Yeah. You know, they are becoming critically emotional.

PAUL JAMISON: Yeah.

DARREN THORNE: I wouldn't say it was broken down...

PAUL JAMISON: But they're pretty close to it, certainly with me. Probably felt.

DARREN THORNE: Yeah. How difficult is how hard it has been.

PAUL JAMISON: Certainly with me. It got to the point where I really realized these guys were in crisis. And also what was very obvious, that it wasn't just individuals. It was as a department. And I suppose as chair of the medical staff committee. That's what I find I found most upsetting when I began to seriously lose face in the management structure, it was this was a whole department to a woman and a man who was saying there's more to see here than we're being told. And just being reassured that there's nothing, move on is wrong. And then there are other issues that came out in that. They then came to me when the Royal College of Pediatrics Child's health report came in and they were, you know, when they were only allowed access to it for a brief period of time and then when they were given a redacted report. Quite frankly, I couldn't quite believe that. And that's when sort of I think my discussions with Sir Duncan and then thinking that we are going to have to see what else can be done if a group of professionals are only being given redacted documents, that to me that sounded, are we working in Russia? This is the sort of thing that the FBI and the CIA do not have an open, honest, trusting NHS for whatever reasons they said. And that became sort of quite difficult in that I knew that it was such a delicate, difficult matter. And obviously at the heart of it were a group of families who were bereaved and other groups of families who were worried they didn't know what's going on. And that was always what the paediatricians were sort of told, you know, you're just the