

DARREN THORNE: Yes.

SIMON HOLDON: When I joined, it was part of planned care. So whatever was the cause, I think relations were fractious and it could be done. The management review as far away as it is, you know, and I think that management review was probably on Tony's watch where they said we're not going to have three divisions in the hospital plan, merger to women's and children's. We're going to merge women's and children's into planned care and women's and children set up their own division or... Well, you know, if we don't need the division to manage that. They just need to toe the line. So whatever, I think then there was relations to whether that tainted what we would have done.

DARREN THORNE: I think it's interesting, we got some facts around that, I think and that's actually the split between neonates and maternity happened as far back as 2010. So it was predated Tony.

SIMON HOLDON: A split ?

DARREN THORNE: So there used to be women, which is what we've been told, there was a Women and Children's division. And then in 2010, there was a management consultation around the organizational structure which split women's and children's out. So you had neonates in urgent care and then you had maternity in planned care.

SIMON HOLDON: Well, I did like you said I'd come in in January and didn't appreciate it was obviously an element of whether it's trust, whether it's engagement, whether it's equally, you know Ian Harvey, his relationship with those clinicians. I don't know. I'm not sure about the nurse leadership at the time. So I would think it was a, a people issue, because we know which colors people's judgment, you know what color lens are you looking at this problem with? And I mean, all I could say at the time was, you know, we've got to be fair. You got to be balanced. You know, commissioning an independent report, looking at the evidence, acting on the evidence is an independent, balanced, neutral action you can take. But then equally, I know Tony was meeting with that Lucy's parents because I think Lucy lived. She lived on her own. You know, you've got a member of staff whose been victimized and the parents are saying, look, you know this. She's never done anything wrong. Then the poor girl's in bits and you've got all these consultants are picking on her. They got no evidence. You put that in the melting pot, you know, and you've got Duncan, who's got lots of experience, you know. So is it was in those meetings and I'm grateful for being in those meetings, and it'd be good to go back to my notes, but I think it was you know, I had no depth of. I was learning as I went. So, you know, the fact that women's and children's, a lot history sort of came out. You know, it was it was like, okay, what why did I feel like that and why?

KAY BOYLE: Were you in any meetings where the pediatricians were in the executive board meetings?

SIMON HOLDON: I was in one board meeting where Steve Breary came to talk and it was in the old board room. I can remember that.

KAY BOYLE: It was just Steve was it ?

outlier for this. And what's being said is there are worse hospitals. Now, will the national team. We're going to be worse than others. So we're on our outlier, but they're not leading us to our action plan. And it'll be the same action plan we did on neonates two years ago. You know, that's my thoughts. It worries me to death. So it just made me a better person. But, you know.....

DARREN THORNE: Well thank you.

KAY BOYLE: Thank you I will get those questions organized.

SIMON HOLDON: If I find the pad I will just give you the pad.

KAY BOYLE: That's fine.

DARREN THORNE: We've gone through the others and marked them up and then given them back to the corporate potentially to copy them. But then you can imagine this just wads of papers to look through, to try and triangulate, understand what actually happened. But I think that so there's a piece of learning from it. And that's to make sure that the questions that you are asking are going to give you the answers that you need, because the RCPCH report and the Howden report were both flawed. And that's where your assurance came from as an organization. Now that's partly poor because of how it was presented by the director responsible.

SIMON HOLDON: Was that Ian?

DARREN THORNE: Yeah. Just things seem to have been cherry picked to tell the story that he wanted to tell rather than kind of the reality of what the actual reports were saying. So the Howden report wasn't a forensic review. And she said that in a letter when she sends a report back and says, oh, no, I've done what I can. She spent an hour and a half on each case. That's all. A lot of stores been put on and I guess that's the other question is me as a as an executive you know, if you don't challenge your colleagues, you just accept what they say. Then you could find yourself in a difficult place. I don't mean the people who have to be distrusting of each other. Would you say the executive were relatively open at that point?

SIMON HOLDON: I would say and again you're back at hindsight, it is, I thought they were relatively open. Now you're telling me the report wasn't shared in all honesty. I think the learning point for me, I would argue our team now is probably worse at challenging each other. You know, I think. And it's rightly or wrongly, or if you looked at the number of directors who've left, you know, Anna Collins. Sue Hodgkinson, Stephen Cross, Lorraine Burnett, somebody or they all cross. Somebody else said, you know, they did. They said something and now they're gone. That's right or wrong. Does it cause people not to question? And that's the whole point of an open culture. I was gonna say I've witnessed bullying, witnessed some behaviors that I don't think are appropriate. It's probably from when I go back to being a chief. Exec You know, I'm a lovely finance director now. But I think you need to have that culture of challenging, you know, every asset and execs and every report starts off well with we're doing better than everyone else. We're doing really good. We're talking about bringing activity back. Well, we're doing more endoscopy or we're maxing the private sector or we're doing this. Yeah, we're better than everyone else.