



Notes of a meeting held on 6 February 2017 at 3.10pm in Chief Executive Office, Countess of
Chester Hospital

Present:	Sue Letby (SL)	
	John Letby (JL)	
	Lucy Letby (LL)	
	Hayley Cooper (HC)	FCN 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 Welcome everyone to the meeting. We promised we would regroup when we had the final report. We have received all of the outcomes for the reviews of all outcomes, 13 babies, over an 18 month period. We have explanations for the majority, but sometimes we don't get answers.
- We have held a Board meeting, reviewed the information and shared your statement. It was a tough meeting. We also met with the paediatricians, sharing the headlines of the report and your statement. It was a similar meeting. They will receive a copy of the report, as will the families. The report was leaked to the Sunday Times; which is understandable, as the families of the 13 babies felt they were in the dark.
- All aspects are coming together.
- It has been very tough for everybody, especially you Lucy. The paediatric doctors raised concerns, we have discussed the way those concerns were raised and the unprofessional behaviour; your statement said it all. We are now ready to share the report. We have a clear assurance from the paediatricians that they will write an apology to you.
- LL Will this be from all 7 consultants?
- TC An apology from the whole consultant team, it will be done as a group.
- LL Why is that?
- TC It is thought to be the most sensible. We have recognised some of their behaviour was not appropriate. This is acknowledged and we need to get to a position where we can move forward and get you back to work within the

Neonatal Unit, through mediation. We can take forward the recommendations, there are 24 of them, with no single casual factor. There are a range of things.

SL How will the mediation happen?

SH It is arranged through our Occupational Health Team and we commission Cheshire & Wirral Partnership (CWP) to do this. The two members of staff will be met with separately, meeting you first, and then all meeting. Kathryn is looking to arrange this early March, based on the mediator's availability.

LL I expect four apologies.

SL It is unacceptable if not.

TC They've all agreed. They are keen, and we are, for Lucy's benefit to draw a line. The important part is a collective apology; I'm not sure what is to be gained making it so personal.

JL/LL/SL It is easier to do a collective apology – they made it very personal against her, personal allegations and redeployed; she's not been told about it.

TC What does success look like for you? To get back to the unit.

LL It is one of the points agreed in the grievance.

TC The report may have been shared by family members through the coroner. We don't want further harm for you, for it to be about you and not about the mortality of the babies. My advice is that this is the best way forward. There is plenty of blame on all parts; whilst it might help, it may not help your transition to the unit.

SL We're not getting the outcome of the grievance though, we were expecting four apologies.

JL The report has been leaked to the press. What I'm concerned about is because people know Lucy was removed from NNU, was she to blame.

TC The report makes no references to you at all. It focuses on the relationships between doctors and nurses, delayed decision making. If we pursue the other line, it becomes about you and that's where the risk may sit. It talks about culture, leadership, comms - you won't see yourself in it. A collective apology may be better. I was concerned when you wrote to colleagues as we can't control what may get out.

- LL Who could leak it?
- TC It would keep it more contained.
- LL But I thought your email not reflective of what I felt.
- JL We need to support Lucy.
- TC I met with the neonatal nurses, Hayley was there. What you say and the email are two different things. We've made it clear we support the nursing medical team. All support your transition back. We're in a good place. The unit needs time to reflect what the report says. Leadership, trust, professional honour, intact for yourself, I want it to continue.
- Try and trust us with this, issue of trust I know; it's right for the unit for the doctors to apologise. The nurses have had a culture of coping, not escalating concerns. The whole unit needs to be supported to come together, we want you to be part of that support. This is about as good an outcome as we could wish for.
- I'm trying to advise you; last thing we want is sensational press. This is about sick, poorly, babies. The story in the Sunday Times is about families saying we are keeping them in the dark. Ian, would you like to add anything?
- IH I met with SB and RJ at lunchtime. We talked about how we need to support you and the mediation process. All members of the team will need a level of mediation/remediation process. They accept they have not acted professionally.
- LL And [Doctor V] and Dr McCormack?
- IH There is an order to escalate this. It is important to separate Dr M, to RJ/SB [Doctor V] as far as I'm aware, he doesn't know who you are – he was passing on generic reasons, hearsay. That is not to say an apology is not forthcoming, but there is a distinction.
- TC There is a meeting with all the obstetricians tomorrow, and will be a similar meeting with Mr McCormack. Emotions were running high, values and behaviours not maintained. We will get an apology from Jim and a written apology from the paediatricians.
- LL But they are not all to blame, not all of them played a part.
- JL There was another senior consultant. "Dr Gibbs, the wise one".
- LL He stood up for me.

- TC I'm sick to the core that it has come to this. They also feel the need to apologise in the same way as I did. This was never going to be about fairness.
- I feel more optimistic, this is not damaging for you, or the unit. The press, the publicity, will not be about you; it should be about the 13 babies who died. There are lessons to be learnt to prevent it from happening again; when/if the unit returns to a level 2, a lot of improvements are needed. We don't want the story to be about you; that would be horrific.
- SL I hear you, but I feel they've got away with calling my daughter a murderer.
- TC Trust me, they haven't. Ian and I have drawn the line, a different conversation will come next.
- LL We want them to acknowledge what they did to me.
- TC They will, through the mediation process.
- JL We are only sat here discussing my daughter. Nothing happened individually about what's been said. Speaking on behalf of my daughter, we are seven months down the line and they haven't apologised individually. We went through the grievance procedure with the RCN and Karen Rees, supporting Lucy to be reinstated on the unit; it's all we wanted. All of this was discussed with AK/SH, still talking about it now, but months before somebody should have sat down and reinstated Lucy back on the unit. Serious accusations to Mr Harvey, you believed or not believed, you let my daughter be redeployed. You should have called the police or told them to go away. But you sat on the fence.
- TC I take responsibility for the recommendations to the Board. Allegations made did not sufficiently explain the death rates in the unit. Emotions were running very high, especially the language used. We had a choice to make. One option was a police investigation, the other option was a clinical investigation; the report indicates that. Choices to support Lucy to stay in the environment or take Lucy out.
- Emotions were running high, lots of pressures, it was a melting pot. Something could have happened. Lucy could have made a mistake.
- LL I accept that I was removed because of what they said.
- TC What we could have done better were the explanations directly to you. I still don't know the right answer. That was the route we took and the reasons why. We followed through on the clinical review and further clinical reviews which took

longer. Ian as Medical Director is advising the Board on this, only within the last 2-3 weeks more detail. A more definitive explanation, but it's a bitter pill to swallow, lots of learnings for everybody. It's only vindicated you. What would have been the headlines?

JL But Lucy would have been legally vindicated.

TC But it would follow you for the rest of your career. The easy thing would have been to phone the police, but that could have been the end of your career.

JL/SL No it wouldn't.

TC Elsewhere, this has been the end of nurses careers, please work with us, please work with this transition. You can help to shape and influence the unit; it won't be the unit you left.

AK The team are supporting the transition.

SL When is the mediation?

SH About 4 weeks, early March due to annual leave and working with CWP.

JL You mentioned our statement. It was not read out.

TC It was never about your statement, it was about Lucy's statement.

SL We want something on record.

LL But what if I leave?

SH There will be nothing on your record; it will not affect your reference or any other matters.

HC The evidence is the grievance, that this has happened.

TC Do you have anything to add Lucy?

LL Why they don't have to apologise.

SH Within the mediation process, you can reiterate this.

LL Don't know whether we want something in writing.

HC We need to think about it.

- TC We will get an apology from all. We need to avoid words like allegations; we need to try and get to a position, as anything written to you could be included in your record.
- JL Do those consultants understand what it's caused?
- AK Lucy's statement read by Karen, very powerful in Board and consultant meeting.
- TC We talked about consequences, Lucy explained the consequences. No missing understanding of the impact. We need to move on.
- JL We've listened to what you've said.
- TC You may feel short-changed, but my advice is to do this:
- Use the verbal process of mediation
 - You will receive written confirmation
 - Any story is not about you, we don't want it to be.
- SL/JL We can see that.
- SL Mediation in 4 weeks and then transition back to the unit.
- AK/SH We are already working on that.
- KR We already have a plan.
- JL What about education?
- AK/KR Just like any other support plan - Lucy will be treated like anyone else.
- LL Will my pay and time be protected?
- TC You will not be disadvantaged financially at all, that won't be affected.
- JL As you know, Lucy has a mortgage now, she can't manage a drop.
- TC Job as was and terms and conditions exactly as before. Things won't be the same, as this has been a significant event. We hope that in time, you and the unit will be in a better position than before. Unit under enormous pressure and we can't go back to that.
- Apologies if this is not what you were hoping for. I've made myself very clear. Now we need to get on with the mediation.

- SL/JL We want the mediation. If accept terms or not, we want her back on the unit.
We can forget about individual head on pole.
- TC The report will be published this week. There may be interest from media outlets.
This is not about you; there was an increase in mortality, a review and
recommendations to take forward. There will be a flurry of interest. Then we will
deliver the recommendations. Support to yourself. Support to the rest of the
staff.
- SL/JL Is there anything else? We appreciate what has been said. If Lucy's name comes
up in the press, we will take advice.
- LL Do all you can to avoid this.
- TC That's why I've laboured the point. It would be a frenzy and then damaging for
you Lucy. Lucy, don't worry, we've got your back.
- All Nothing further to add.
- TC Thank you everyone.
- KR Important to have the mediation and to move forwards.

The meeting finished at 3.57pm.