Thirlwall Inquiry

THE THIRLWALL INQUIRY

RULE 9 QUESTIONNAIRE – MIDWIVES

Name: Susan Needham
Role: Midwife
Enclosed documents: No documents provided

Questionnaire

Midwifery career and employment at the Countess of Chester Hospital ("the hospital")

1. Please provide a short summary of your midwifery career. This summary should include at least the following information:

    a. when you qualified as a midwife, including the educational institute or awarding body;
    b. your midwifery qualifications, including your midwifery band from 2015 to the present;
    c. details of your previous and current employment.

I began my employment at the hospital in 1980 when I embarked upon my nurse training at the Chester and District School of Nursing under the English National Board the then governing body for nursing/midwifery qualifications. I qualified as a Registered General Nurse in 1983. I was fortunate enough to secure a post as a Staff Nurse on the Gynaecology ward at the Chester Royal Infirmary and continued working there until I went on to do my Midwifery training in September 1984.

I qualified as a midwife in March 1986 after completing eighteen months training at the Chester School of Midwifery under the English National Board. I worked as a Staff midwife from 1986-1989 when I was promoted to Midwifery Sister in September 1989 and I continued in that role now known as a Band 7 Midwife until I retired on the 22nd May 2017 working on the Labour Suite. I have worked my whole career in Chester.

2. Did you have any management responsibilities of any kind within the Countess of Chester hospital between 2015 and 2016?

As a Band 7 Midwife working on the Labour Suite I was often a Shift Leader so would be leading the shift and delegating staff to the care of patients and ensuring a safe and efficient running of the Labour Suite.

The culture and atmosphere on the NNU at the hospital in 2015-2016

3. Please explain the extent to which you carried out work on/in connection with the neonatal unit (the "**NNU**") between 2015 and 2016, or any other situation in which you worked alongside nurses or clinicians based in the NNU.

As part of my role as Shift leader from 1989 up until my retirement on the Labour Suite I would liaise with the NNU staff regarding any possible baby transfers from the Labour Suite for example if we had any ladies who may deliver premature babies that would need to be cared for by the NNU. Sometimes we would have babies born in "poor" condition that needed more help than just drying and tactile stimulation to begin breathing and the NNU staff would come through with the paediatricians to assist the babies and take them back to NNU with them for further care and observation.

4. How would you describe the quality of the management, supervision and/or support of midwives who carried out work on/in connection with the NNU between June 2015 and June 2016?

I cannot comment on the management within the NNU as during my time working in the hospital it has always been managed separately from the Labour Suite. Liaising between the Labour Suite staff and NNU staff which included the paediatricians and obstetricians did not appear to be any problem. The dealings between Labour Suite staff and NNU staff was usually short term as the Mum's would progress to the Postnatal Ward and the staff there would have more dealings with NNU.

5. How would you describe the relationships between: (i) clinicians and managers; (ii) nurses, midwives and managers; and (iii) between medical professionals (doctors, nurses, midwives and others) at the hospital between June 2015 and June 2016?

The relationships between all staff in the maternity unit which alongside the Labour Suite includes the ante-natal areas i.e. clinic, day unit and the ward on the first floor caring for pre and postnatal patients and NNU appeared to be one of frustration mainly due to low staffing levels. Low staffing levels occur throughout the hospital and are a common occurrence.

I am not sure who agrees the staffing levels in hospitals but it is very subjective, you can be operating with what is deemed to be a full quota of staff but can still be short staffed as the requirements of the care needed outstrips the availability of the staff on duty. I don't know what staffing levels they had in the NNU but more often than not when liaising with them that was the first thing they would tell you, that they were short staffed or they had their full capacity of neonates to care for. I'm not sure how NNU dealt with their issues of day to day running. Ironically due to the advances in medical technology over the years we can now treat many more conditions, but with this comes the need for increased nursing/midwifery care and this does not seem to increase as fast as the technology. Low staffing was always flagged up to the line managers and attempts were made to get staff in to cover the shortfall but this was not always possible as the people being contacted were usually the staff that were on their days off having a well earned rest. If cover could not be obtained it usually meant that staff would miss out on meal breaks or have very short breaks in order to continue to provide a safe environment. I felt that low staffing was causing frustration to all before during and after the period in question.

6. How would you describe the culture on the NNU between June 2015 and June 2016? Please feel able to compare it (for good or bad) with your experience elsewhere.

As I didn't work full time in the NNU this is difficult to answer. I would only be there for a short time giving them information regarding possible transfers to them and the short time I was there they would always be very accommodating to my information.

Concerns or suspicions

7. Were you given any training on how to report concerns about fellow members of staff? When? If so, how were any concerns to be reported?

I have to say that during my many years I can't remember a specific time when given training on how to report concerns but any concerns should be reported to your line manager verbally and in writing. I was never worried about reporting any concerns about any member of staff whether they be nursing staff, medical staff or otherwise.

8. Did you have any concerns or suspicions about the conduct of Lucy Letby ("**Letby**") while you worked as a midwife in connection with the NNU? If so, what were your concerns or suspicions, and did you raise them with anyone, either formally or informally?

I didn't work with Lucy Letby and any contact I may have had with her would have been very short.

9. Were you aware of any suspicions or concerns *of others* about the conduct of Letby and, if so, when and how did you become aware of those concerns?

I wasn't aware of any concerns regarding Lucy Letby.

10. Were you ever aware or worried about the increase in the number of deaths on the NNU? If so, when was this and what did you think?

I was aware that there seemed to have been an increase in baby deaths but, was also aware that NNU had been particularly busy with lots of poorly babies. I became aware to the fact mainly because the numbers reported for that period were higher than usual, but I cannot pinpoint specifics.

11. What discussion was there (formal or otherwise) with or between midwives after the death of a baby at the hospital?

This would depend on how much input the midwives had had with the neonate and the family and whether the labour and delivery was in some way significant to the demise of the baby. Midwives are always given the opportunity to discuss the demise of a baby that dies at or soon after birth. They will be given the opportunity to

go through the labour to try to pinpoint any problem with their care and there was usually a multidisciplinary meeting held for Midwives and Doctors to attend and, this had been the process prior to, during, and after 2015-2016.

12. How were deaths on the NNU investigated? Did midwives participate in any investigation? If so, how? If not, why not?

I can only assume as I don't know for certain usually a clinical incident form would be completed in the area where the incident occurred so if a baby died on NNU they would create the incident form. The forms can be created for any untoward happening and can include such things as wrong medication given or anything that has the potential to cause harm to patients or staff and anyone who had any involvement with the care would be asked to provide a statement.

13. When did you first hear it being said that Letby was present at the time of unexpected collapses and deaths of babies on the NNU? Please explain your answer and provide dates if possible.

I wasn't aware of this until she had been arrested in July 2018.

Reflections

14. Do you think if the babies had been monitored by CCTV the crimes of Letby could have been prevented?

Possibly, I couldn't say for certain, I think personally it could impinge on patient privacy and I'm sure it would be very difficult to cover all angles.

15. What recommendations do you think this Inquiry should make to keep babies in NNUs safe from any criminal actions of staff?

I think that concerns from staff should be listened to and acted upon sooner rather than later.

Funding for the NHS should be a priority so that it can employ more staff ensuring comfortable staffing levels in all areas of the hospital.

Any other matters

16. Is there any other evidence which you are able to give from your knowledge and experience which is of relevance to the work of the Inquiry?

I haven't any other knowledge relevant to the inquiry.

Signed: Personal Data

Full Name: S. H. NEEDHAM.

Dated: 13/3/2024