X r Alex + Alison

Μ

DM Claire + Su Alison + Ic

Saw lots yesterday – lots of new info

Not sure if the review will give you the answers you are looking for.

Considered aborting + starting again but TOR to be important to get the

background. Need independent c/n review of all the deaths by 2 x independent

people. Big concerns about Lucy + need formal process to be started so

she knows where she is. HR director been involved - on leave.

Has HR advice legal to support Lucy & protect as an organisation.

Claire - We spoke - she is under impression that it was the College

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That asked her to be removed. She is pinning everything on this review.

Under impression she'd have the results in 2 weeks time.

(M asked? She asked why she had been moved. She thought

moved on understanding[?] she was there for all deaths + that she

had something to do with them. She feels completely in limbo

as nothing has happened. Sure you have met with her

but that is where she feels @ the moment. We were

worried to let her go home. Hayley to take her home

gave Claire's number to Hayley + Lucy worried about

her mental health as feels that everyone has turned their

backs on her.

Needs to be put into a process for her protection + yours -

disciplinary process to get to the bottom. Can't understand

why RCN have let this go on. Suspect there will be

a grievance. If nothing happens good case for constructive

dismissal. She knows it'll be horrid.

AK Yes have considered all these issues. Worst situation we have been in

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incidents to [?] extent + revised control procedures so any
suspicions were closed off completely. Long debates about
how to deal with it for that point[?] e.g. involvement of police
After internal briefings from exec pov + board needed to get
an external view. View came from doctors team itself so needed
an external opinion to provide broader I know what it was
based on. Took a bit of time. Then about [?]
+ whether to involve the police. Wanted to try to unpick this
as best we could. Exec [recommendation?]. Independent review
is the best way to challenge – corroborate.
Need to keep shutters down + contain situation. Not sure where
to go next.
DM legal advice from Trust solicitor? Not initially but discussions have
now taken place. Lots connected with HR staff.
GS as Chair of QSG Committee - if there anywhere you see the
[Page break]
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RCPCH logo]
Invited Reviews Programme
Interview plan and notes
Please complete where relevant and retain as a record - hand written is fine. Please post or e-mail a
copy to the team at invited.reviews@ I&S tel 02 I&S
                                                                  07
Trust: COCH
Visit Date: 2/9/16
Time: 12.00
Reviewer(s): All
Scribe: SE
Interviewee Name & Role: Andrew Higgs
Key Areas to probe / take forward:
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transport for IC + tocap surgical care
Nothing[?] along with standards. S/G ok, [?] practice
                                                examples
Consultant not sure about servicesupport + longer term staffing
Middle grade.
Need to ensure staff supported + maintain L2 skills for
when / should the unit return to Level 2 skills not lost
Will make some recommendation unit governance
Parents v happy
Large number of prenatal[?] staff consulted to [pr...] high
quality of staff for patients
?? Also – escalation + clinical processes. Needs a more in depth independent
review of cases
CM - Will list some areas of point to check in detailed review
What needs looking at
       Were these unexpected? We have heard that they were not expected
to die
Is the [cohesive team doing behaviours[?]] that one does not in the best
interests of the service. Is there [?] of that?
(am - no - seen lots of them - very proud to be a nurse)
This could be divisive
Letter to them – feedback re T.O.R.
[Page break]
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[RCPCH logo]
Invited Reviews Programme
Interview plan and notes
Please complete where relevant and retain as a record - hand written is fine. Please post or e-mail a
copy to the team at invited.reviews@ I&S tel
                                                        Irrelevant & Sensitive
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