Witness Name: [Dr Fiona M H MacRae]
Statement No.: [XXXX]
Exhibits: [XXXX]
Dated: [23/6/24]

THIRLWALL INQUIRY

WITNESS STATEMENT OF [Dr Fiona Mary Helen MacRae]

I, [Fiona Mary Helen MacRae], will say as follows: -

Medical Career and employment at the Countess of Chester Hospital:

[1] I qualified from Liverpool University Medical School in 1984, gaining my MB ChB primary medical degree. After completing pre-registration house jobs in Whiston and St Helens Hospitals, I took up SHO posts in Accident and Emergency Medicine (Walton Hospital), Coronary care / Cardiology (Broadgreen Hospital), Medicine / Coronary Care (Wythenshawe Hospital) and General Practice (St Helens and Knowsley) before finally settling in Anaesthetics in 1990. After gaining my first and second parts of the post graduate FRCA (Fellow of the Royal College of Anaesthetists) exam and spending some 3 years on the Mersey Registrar Rotation, I decided to leave the training programme and take up an SAS anaesthetist post at the Countess of Chester Hospital (COCH) in 1995.

[2] SAS is an acronym for **S**taff Grade, **A**ssociate Specialist and **S**pecialty Doctor and comprises an often-diverse group of specialist doctors who have not met the criteria for progression to consultant grade. In my case I did not have the final FRCA and had not completed my training programme. I started as a staff grade anaesthetist and after success in the final FRCA examination in 2001, I was upgraded to Associate Specialist in 2002. This afforded me the privilege of independent practice, more akin to the consultant grade, and was in respect of my post graduate qualification as well as my experience. I continued in this grade at COCH until my retirement at the end of November 2022.

[3] After retiring from the NHS I began to work for the Marion Gluck Hormone Clinic. I also have my own successful facial aesthetics business. I teach periodically at COCH, and I am an OSCE examiner for the University of Liverpool.

The culture and atmosphere at the hospital in 2015-2016:

[4] My evidence relates to **my experiences** of the bullying culture at the COCH from before, including and after 2015-2016. I cannot provide any information about culture or relationships on the NNU specifically.

[5] For the first 9 years at the COCH I was very happy and well-treated. I was included and supported. However, I noticed a distinct change around about the time the trust gained foundation status and in effect became a business (I believe 2004). Increasingly my group of SAS anaesthetists were being sidelined and marginalised. We had no office space, unlike the anaesthetic trainees and consultants who had dedicated space and computing facilities. We were constantly undermined and demeaned, often in front of others. We were allocated the minimum administration time in our job plans and job plans were changed without consideration or consultation. We serviced solo lists that often over-ran through lunch and into the evenings without any relief for breaks. This in sharp contrast to consultants who were almost always accompanied by a trainee.

[6] I formally raised these concerns at an anaesthetic business meeting in 2012 and as a group we subsequently outlined our specific concerns in the first of three collective letters (*see attached file Collective Letter 1).* We addressed the first letter to the anaesthetic departmental leads. A second collective letter (*see attached file Collective letter 2)* followed in September 2013 expressing concern at the lack of progress and this was copied to CEO, Tony Chambers and MD, Ian Harvey.

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[7] Meanwhile I became active in the BMA. I joined the Mersey BMA SAS committee, later becoming Honorary Secretary and then Chair, and went on to sit on the UK BMA SAS committee for several years. I was a strong and vocal advocate for SAS doctors and dentists.

[8] In June 2013 the Trust's SAS grades met with Tony Chambers and Ian Harvey to discuss concerns. At this meeting many of the complaints came from anaesthetists and Tony Chambers stated that it was clear he would need to be having conversations with departmental leads and he would start with anaesthesia.

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[9] We had a second meeting the following year (*see attached file Minutes of SAS club 15th July 2014 – Meeting with CEO and MD*). When asked about his conversation with anaesthesia Tony Chambers sat open mouthed and speechless. It was clear he had not followed through. At this meeting we presented findings from the first Mersey SASC survey which was a survey of all SAS in the region.

One such finding was that 6 out of 7 anaesthetists at the COCH had experienced bullying or harassment in the workplace. I presented this to the CEO and MD at the 2014 meeting. Ian Harvey announced big changes in the medical managerial structures and stated that he wanted to see more SAS in managerial roles. It was clear that more needed to be done to address our concerns and a further meeting was to be scheduled which would include the MD, CEO, CDs and managers. This meeting never took place. Later when expressions of interest were requested for these new medical managerial roles the e-mail was sent only to consultants and not to SAS doctors.

[10] A pattern was now emerging of my raising a complaint on behalf of a SAS grade or group and then a complaint against me manifesting. This of course had the effect of silencing me for a time as I was concerned for my job and livelihood. But then another SAS would come to me in distress, and I would speak out again.

[11] From around 2014 the complaints against me were being formally investigated.

On one occasion I raised patient safety concerns regarding a member of the theatre team. I had concerns over my dedicated support when anaesthetising babies at a weekend. The individual concerned complained that I had demeaned him in front of others, and I was investigated for bullying. The conclusion of the investigation was "no case to answer" but my patient safety concerns were not investigated and later simply dismissed.

[12] In January 2016, I met with Ian Harvey, and he repeated his intention to meet with the SAS grades after the upcoming CQC visit in February. I commented that I would be on annual leave during the visit, and he responded that I was one of a few people he would pay to be on leave when the CQC visited. By now it was clear that I was considered a nuisance for persistently speaking out against an abusive culture. One medical manager when I asked why no-one ever listened to us responded "Maybe we are all fed up of listening to you".

[13] Meanwhile the latest Mersey SASC survey was completed (2016) and following crude analysis the COCH was determined to be the worst performing trust of the region for its treatment of SAS grades. This information was shared with Ian Harvey, Tony Chambers and the LNC Chair (a consultant anaesthetist), by letter *(see attached file letter SAS 2016 survey)* but no action was taken. In July 2017 the CEO again mentioned his intent to meet with the SAS grades.

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[14] In August 2017 we again tried to raise our concerns at an anaesthetic business meeting but were told this "was not the forum". We asked for our own forum, and this was agreed but no meeting ensued despite further requests.

[15] In May 2018 our third and final collective letter was sent this time to the director of HR, Sue Hodkinson, and Head of Medical Staffing, Sue Bennett. *(see attached file Collective letter 3)* I had met with BMA IROs prior to this letter as some in my group were concerned about reprisals and we had discussed either sending a third collective letter or submitting a collective grievance. Ultimately, we decided that a collective letter would be less confrontational. At this meeting the IRO warned that there would likely be repercussions. We had no response to this letter.

[16] In June 2018 I submitted a formal complaint against the departmental lead for bullying.

A little late in June 2018 I was excluded from the Trust, pending investigation, following a clinical incident. I never returned to anaesthesia. In November 2018 I was permitted to come on site to speak to the visiting CQC inspectors and share concerns.

[17] Later in November 2018, I was permitted to return to non-clinical duties and given a space in a storage room in the education and training centre, later being moved to the medical students' locker room. Here I was given an audit assignment. The lead clinician was to oversee my work from a distance and shared with me a database of patients she wished me to log on a spreadsheet. Inadvertently she shared with me another "database" but of complaints gathered against a SAS colleague, one who also spoke out. This doctor was to become the next focus of bullying by the department and Trust.

[18] Whilst I was "out of the way" a search was made for any other wrongdoing, and it was uncovered that I had made an adjustment to an anaesthetic sheet but had failed to sign and date the entry. I was disciplined for failure to follow the trust's record keeping policy. I had nothing to gain from this modification. I made the addition following a couple of very unpleasant and threatening encounters with a consultant anaesthetist. I admitted the oversight from the outset, and it was of no consequence. Interestingly the consultant anaesthetist had also made an addition to the same anaesthetic chart but had failed to date his entry (also a breach of policy).

[19] During the pandemic I was seconded to medical microbiology where I encountered respect and appreciation for the first time in decades. I experienced a nurturing work environment under compassionate, collaborative leadership. Under this management I blossomed. My mental health was restored, and I fully engaged in this new department, not my chosen speciality, working harder than I

ever had and contributing to the audit and teaching programmes. I continue to support the microbiology undergraduate teaching programme today.

[20] I continued to advocate for SAS grades and presented documents to the LNC high lighting the bullying culture encountered (see attached file SAS charter implementation document for LNC). We had a "freedom to speak up guardian" and champions, but I discovered it was dangerous to speak up and there was no support.

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[21] I presented findings of the GMS SAS survey *(discussed in attached file The Doctor page 20-23)*. I quoted Sir Robert Francis from his reports into the failings of the Mid Staffordshire Trust, published in 2010. I pointed out the inextricable link between bullying and patient harm. I tried to engage the new medical director in 2020 in a formal programme of education of both SAS and consultants – this after I identified SAS as the most bullied group in the trust, by a colleague, from the 2019 staff survey.

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[22] We had the national publication of the SAS charter in 2014 which set out the working conditions of SAS grades. The COCH adopted this formally only in 2020 (I believe) and one of the principles of the charter was the right of SAS grades to work in a culture that was free from bullying, harassment and discrimination. I continued to highlight this to the MD and later the CQC in my final interaction with them in 2022. The meeting with the CQC was confined to SAS anaesthetists and the opening statement from the inspector was that she had serious concerns about the leadership of this department. The subsequent report was to be very critical. *(see attached file CQC 2018 page 6 and CQC 2022 page 10).*

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FM/09: INQ0102629

[23] The bullying I encountered was not always threats or intimidation, although this did occur, but was often more subtle, undermining and demeaning. We were passed over for managerial roles, specialty practice and development opportunities. I was also sworn at and humiliated in front of others.

[24] During the COVID pandemic 3 of my SAS colleagues were forced to work excess hours, all frontline shifts, and my concerns regarding this were dismissed by the clinical lead. The doctors were then forced to take out a grievance to receive remuneration for these excess hours.

[25] Ian Harvey, Tony Chambers and other managers dismissed our bullying concerns and pleas for a respectful and fair working environment. Speaking out against the injustice achieved only making me a target for further unfair treatment and intimidation

[26] Tony Chambers and Ian Harvey repeatedly announced their intentions to respond to our complaints. Tony was going to speak with anaesthetic consultants to fix the problematic culture, but he did not do this. Ian Harvey was to include SAS in his plans for medical management restructuring and then sent out invitations for expressions of interest to consultants only. I remember watching a TV interview with Ian Harvey soon after the police had been called in and, from my recollection, he stated that as soon as "concerns were raised he had called in the police". I remember thinking at the time that that was not true. When I heard statements from both Tony Chambers and Ian Harvey after the verdicts when both expressed intentions were to keep patients and staff safe on NNU, and to co-operate fully with the inquiry, I felt that these statements were the same empty words I had encountered on many occasions. I do not personally have any confidence in their assurances. This is what I meant when I referred to "soundbites".

[27] Increasingly during my time at the COCH I became aware that the nursing staff were being given more and more regulations to impose upon medical staff. Examples from my practice included where and when I could review my patients prior to theatre. This brought some difficulty when, on one occasion a motorway pile up saw me arrive late to the hospital. I had telephoned ahead and asked for my first patient to be brought to theatre and said I would review her in the anaesthetic room. This was to save some time and give us a chance of completing the operating list. My request was blocked by the nurse on the ward as I had not reviewed the patient there. I had already reviewed the patient's notes the day before and was fairly confident all was in order for her upcoming surgery. These dictats were impressed upon the nursing staff such that they lived in fear of breaching the rules and this left no room for manoeuvre. I felt frustrated that I could no longer make my own professional decisions.

This happened in many other situations.

[28] The theatre staff had a public morning meeting at which incidences would be addressed and warnings made if there was a repetition. This led to a fear based culture in theatres and may well have been the case elsewhere. Karen Rees for example did work over theatre staff before she gained responsibility for paediatrics.

[29] Historically doctors ran the hospitals. Doctors in theatre were responsible for organising their own theatre lists. All this changed, I presume, when managers were brought in to run the hospital as a business. Now it was the managers who dictated the lists and also, in the event of an overrun, which patient would be canceled. The patient who was likely to breach time restriction was often brought to theatre ahead of, or at the expense of, another patient whose clinical need was greater. More and more nurses became in charge of doctors. We were driven by nurse devised protocols rather than our professional thinking and decision making. Certainly in my experience nurses tended to side with nurses. On one occasion I anaesthetised my usual paediatric patients for dental extractions. All received analgesia as part of their anaesthetic. On this day all my patients were crying when they returned to the ward. This can be for a variety of reasons- they may feel drowsy and not understand why, their mouths will be swollen and sore, they will be hungry or thirsty, they may feel sick etc. On this particular day a nurse in charge of the ward documented in each case that the reason the child was upset was because the anaesthetist had given no pain relief in theatre. Not only this but she discussed this with the children's parents in each case. Not only was this untrue but it also put me in a difficult position should the children return to theatre at a later date. The person in charge of investigating this incident was also a nurse and she very much wanted to leave things alone and not contradict the nurse's statements. I had to insist that parents were contacted and informed that they had been given false information and that in fact the children had been given dual analgesic therapy in theatre as well as anti-sickness medication. There was a great reluctance for nurse to go against nurse. Whether this was significant with regards to how Karen Rees and Tony Chambers responded to Lucy Letby I do not know but all I can say is that I did experience a bias between nurses.

Deaths on the NNU between 2015-2016

[30] I believe there were 14 neonatal deaths on the NNU between 2015 and 2016.

There were comments circulating at the time. It was general knowledge that the neonatal mortality had suddenly increased in 2015 and that level 2 service had been withdrawn from COCH and transferred to Wirral. I have no recollection of when this was discussed but I was aware that something was going on.

[31] I was also aware, during my investigation, that whilst it took many months for an investigation into the events on NNU, I was being formally investigated within 20 hours of my clinical incident. I had no direct dealings with the NNU and have no further knowledge of events.

Reflections

[32] It is my view that CCTV may have dissuaded criminal activity, but I doubt it could have prevented all deaths. Likewise, the use of electronic monitoring of staff movements, by the proposed tele-tracking system, would have been as easily thwarted as staff members could remove their badges and proceed through the unit without.

Any other matters

[33] My evidence relates to my experiences of bullying within the trust and anaesthetic department, at the hands of some consultants and medical managers. I was subjected to many years of fear, and this caused a marked deterioration in my mental health culminating in my lowest point in late 2017. Of course this treatment brought about changes in my psychology effecting my interpersonal relationships and I developed symptoms of a bullied victim namely a heightened sense of injustice, depressions, anxiety and anger outbursts. I tried to isolate myself as much as I could from the department. I developed an irrational fear of encountering a consultant anaesthetist or clinical manager. Naturally my behaviour was at times called into question, but nobody bothered to link this to my complaints of mistreatment. This only led to conduct complaints and formal investigations which fuelled the fear further. Over the years I raised my concerns with the clinical leads, CDs, MD, CEO, the Freedom to speak up guardian (both local and national), the MPS, the BMA, the GMC, the CQC as well as a NED at the trust.

[34] The MPS (Medical Protection Society) were so concerned by the irrational behaviour of the trust, which was at best heavy handed, that they appointed a lawyer to represent me.

[35] Less than 2 working days before my disciplinary in 2019 I was informed that my lawyer would not be allowed to accompany me to the meeting. *(see attached file MPS letters William Luke: one to Ms Jones outlining why he should be allowed in to represent me and the other to Mr Bell in the event that he would not be allowed in).* In then end the trust relented and allowed him into the meeting. I had spent the weekend under the impression that I would be on my own in the disciplinary meeting.

FM/10: INQ0102633

FM/11: INQ0102631

[36] The trust put a great deal of energy into investigating and disciplining me for a minor infringement whilst failing to respond with an investigation, to the unexplained rise in neonatal mortality in 2015, despite repeated concerns voiced by senior paediatric clinicians. I am struck by the similarities between my and the paediatricians' experiences when we spoke out about concerns, albeit very different concerns. In my case I spoke out against injustices and became the target of bullying. The paediatricians spoke out about concerns over baby deaths and were threatened. The trust was I believe at this time trying to gain "model hospital status" and an investigation especially police led would have undoubtedly threatened this. Threats served to silence those raising concerns, at least for a time and in the case of the NNU likely resulted in more neonatal deaths.

My interaction with social media

[37] In addition to the podcast I made a very brief appearance on Talk TV on 4 October 2023, on the Vanessa Feltz show where I was asked about the culture at the COCH. This was a less than 5-minute interview on early evening TV.

Request for documents

[38] I have attached:

- 3 collective letters
- Minutes from the trust SAS meeting with CEO and MD in 2014
- Letter re COCH being worst trust 2016 survey
- My SAS charter implementation document
- Letters from my MPS legal representative when denied access to the disciplinary
- The CQC reports from 2018 and 2022
- BMA article 2020, "The Doctor" p20-23

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed: PD

Dated: 2nd July 2024