

**IN THE THIRLWALL INQUIRY  
BEFORE LADY JUSTICE THIRLWALL**

**Witness name: CLAIRE RAGGETT**

**Witness statement number: 2**

**Exhibits: None**

**Dated: 09.07.2024**

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**SECOND DISCLOSURE STATEMENT OF CLAIRE RAGGETT ON BEHALF OF THE  
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST**

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I, Claire Elizabeth Raggett, of the Countess of Chester Hospital NHS Foundation Trust ("the Trust") say as follows:

**Introduction**

1. The facts in this witness statement are true, complete and accurate to the best of my knowledge and belief. Where I refer to my beliefs, those beliefs, and my knowledge contained in this statement, are informed by colleagues, current and former, who I have spoken with in an attempt to identify and collate relevant documentation, and colleagues within the Trust's IT department, in particular Paul Keith, who has assisted with the searches for and collation of relevant electronic documentation. Hill Dickinson, the firm of solicitors instructed by the Trust as its Recognised Legal Representative in this Inquiry, have assisted me in identifying, collating and disclosing relevant documentation to the Inquiry and thus in the preparation of this statement.
2. This disclosure statement is a second disclosure statement provided by the Trust and supplemental to the first disclosure statement prepared by me on behalf of the Trust and dated 8 May 2024. This statement should be read in conjunction with my first disclosure statement.
3. I remain the appropriate person to give this witness statement on behalf of the Trust in view of my role as Trust Thirlwall Inquiry lead in respect of the Trust's disclosure process

and my role as Trust contact for Operation Hummingbird. I was appointed to these roles in light of my previous Trust role (Executive Assistant) and corporate memory, being one of the few employees who were employed by the Trust in the corporate team during 2015/2016 and who remain employed at the present time. My roles within corporate governance at the Trust and my knowledge of data protection issues also led to me being deemed the most appropriate person to lead on the disclosure process. I have been the custodian of all documents held by the Trust relevant to this Inquiry or the indictment that proceeded it or, where the documents have been shared with third parties, I have been the person in charge of coordinating and sharing information requested on behalf of the Trust.

#### **The Trust's document management systems and processes**

4. I set out below detail on the Trust's document management systems and processes to explain how documents were stored and retained by the Trust in 2015/16 and subsequently and the actions now being taken to address how the Trust stores and retains documentation.
5. The Trust does not have an all-encompassing electronic document management system (EDMS) for its corporate records (meaning any records that do not form part of clinical/health records). The Trust does use SharePoint to provide a document library – this holds policies, SOP, forms and divisional guidance documents. All members of staff have access to SharePoint. Electronic corporate records are held within the Trust's file server S drives and individuals' personal H drives, which are described further in paragraphs 9 and 12.
6. The Trust had a corporate records management policy in place in 2012, which was further reviewed and published Trust wide in March 2016. The policy was further updated again in November 2016 following the publication of the Records Management Code of Practice for Health and Social Care 2016 by the Information Governance Alliance (IGA) for the Department of Health (DH). This Code was relevant to organisations who work within, or under contract to, NHS organisations in England. The Code was based on the then legal requirements and professional best practice. The updated policy was published on the

Trust's document library in February 2017. Copies of these policies can be provided to the Inquiry if required.

7. The policies in place from 2012 provided/provide advice and guidance on the management of corporate records across the Trust along with the duties and responsibilities of managers and staff. This includes the management of S and H drives. The objective of the policy is to ensure:
  - a. Trust records are available when needed in order that processes dependent on the presence of the record can be carried out. It is also important that activities or events that have taken place can be recorded in the appropriate place.
  - b. Trust records are accessible so that they can be located and displayed in a way consistent with the record's initial use and that the current version is identified where multiple versions exist.
  - c. The context of the Trust record can be understood and that it is clear who created or added to the record and when. The relationship of the record to other records should also be clear.
  - d. Trust records are reliable and each record accurately represents the information that was actually used in or created by the business process. Integrity and authenticity should be demonstrated.
  - e. Records can be maintained over time in order that availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed (perhaps permanently).
  - f. Records are secured against unauthorised or inadvertent alteration or erasure.
  - g. Access and disclosure are properly controlled and audit trails track all use and changes.
  - h. Records are held in a robust format which remains readable for as long as records are required.
  - i. Records are retained and disposed of appropriately using a consistent documented retention and disposal procedure (which includes the permanent preservation of records / specified retention periods).
  - j. All staff are made aware of their own responsibilities for record-keeping and record management.
  
8. Information relating to S and H drives is set out in the following paragraphs. From the disclosure exercise for the Inquiry, it is clear that corporate records were not always being managed and stored in line with the Trust's policy. Like many NHS organisations, the

extensiveness of documentation and information held in multiple divisional and corporate folder structures brings many challenges.

9. When joining the Trust each individual is set up with an account which gives access to a personal 'H' drive and the appropriate areas (folders) of the Trust's 'S' drive for their role, as defined by their manager. The 'S' drive was set up to be a shared filing system across the Trust. There is a 'public' folder in the S drive that all staff can view. In addition, each division has their own master folder on the S drive and this can only be accessed by people who have been given permission to do so. So, for example, someone who works in HR would have access to the HR division folder but would not be able to access the Planned Care division folder. Access to certain folders within the divisional folder can also be restricted. Staff are also able to create their own unmanaged folders within the S drive. The creation of unmanaged folders is not managed by IM&T.
10. Even though each division has a folder within the S drive, there is no uniform structure to each folder. It is at the discretion of the division as to how they establish and manage their S drive folders.
11. To set up a S drive folder, it is best practice that this should be done via IM&T as it is then a managed folder. A managed folder has two owners who can grant access to other users, again through IM&T. The access granted can be 'read only' access or 'read/write' access. The advantage of managed folders is that there is then an audit trail of who has amended/accessed the structure of the folders. The disadvantage of managed folders is that they have to be created through IM&T whereas creating your own folder is instantaneous and does not require any input from IM&T or a computer restart. During the disclosure process it has become clear that a number of unmanaged folders have been created and changed over the years by members of staff. Also, documents have been saved in folders without clear titles explaining what the document is, or with inconsistent titles, which has made searches across the Trust's drives very difficult.
12. The 'H' drive is a drive personal to an individual member of staff. The member of staff can manage their H drive as they wish, setting up a number of unmanaged folders. Only the individual user can access documents saved in their H drive and no other users can access the folders/documents. It can only be accessed by IM&T in unforeseen circumstances. For example, if an individual is off on long term sick leave and it is believed they have something in there that should have been saved on the 'S' drive, their Head of

Service can then request a copy of the 'H' drive. No patient data should be saved in the H drive.

13. As a result of the above, this has made the search for relevant documents/material for the Inquiry very challenging. The Trust has not been able to confirm with full confidence the divisional structures in place during the relevant time and all the committees, groups and meetings that may have existed in relation to patient safety, the care of women and children, and risk assessment. Consequently, it has proven difficult to search for all documents relating to each committee or group or meeting that may have taken place. Whilst searches of S drive folders have been undertaken, documents relating to some committees, groups and meetings have not been identified during this process, which is why we identified at an early stage that a search of H drives and mailbox material was going to be necessary and likely to take some time to complete, as described in my previous disclosure statement.
14. The Trust's IM&T team have a desire to migrate data from the S drive and H drives to cloud services provided by NHS England through the National N365 suite of products. This is/would be a large undertaking and is in the early stages of consideration both locally and nationally. IM&T experience challenges with the overall management of the S drive due to its size and complexity and the broad amount of data classifications it holds. Migration will be a complicated task.
15. In the meantime, the Trust will be undertaking a comprehensive review of the current corporate records management policy against the recently updated NHS England Records Management Code of Practice. This will include the establishment of a Corporate Records Management Group, which will have an executive lead and annual audit plan, linking into the Data Security Protection Toolkit which is submitted to NHS England on an annual basis and audited by the Trust's internal auditors, Mersey Internal Audit Agency. The group will include mandated representatives from all corporate areas and divisions and will report into the Information Governance Committee, which in turn reports into the Finance and Performance Committee which is a sub-committee of the Board.
16. Audits will include divisional and corporate S drives along with H drives on a random selection basis to ensure compliance with the policy.

17. There will be staff who are subject matter experts who will be able to provide training, advice and guidance on the best practice for corporate records management across the organisation to again ensure compliance with the policy.
18. Linked to all of the above, a review of the options relating to a Trust wide electronic document management system will also be conducted.

### **The searches undertaken**

19. All Trust documentation retained by Facere Melius for the purposes of the Hidden in Plain Sight report has been provided to the Inquiry, together with documentation retained by Facere Melius for the purposes of the 2019 governance review which was deemed relevant to the Inquiry. Searches have also been undertaken across S drive folders (as described below) and across the H drives and mailbox data of a number of former members of staff (as described below).
20. All this information is now securely held in the Trust's EPIQ Relativity site. The Trust information from the restored drives (restored S drive folders, H drives and mailboxes) is also held securely within the software purchased by the Trust specifically to support the disclosure process, which is known as 'Forensic Toolkit' (FTK).
21. As referred to in paragraph 13 above, the search for relevant documents/material for the Inquiry has proved very challenging. Material can be held in various locations, as described above, and consequently we are not able to say with 100% certainty that we have located all potentially relevant material from the searches undertaken. We do believe however that we have carried out reasonable and proportionate searches across all the data available to us which has led to extensive document disclosure to the Inquiry. Please also see paragraphs 52 and 53 below on this point.

### **S drive folders**

22. I explained in my previous disclosure statement that the Trust had carried out a search for all potentially relevant information held in the current S drive folders on the Trust's IT network and that the results of these searches had been disclosed to the Inquiry. The Trust reviewed current S drive folders with colleagues who have the organisational knowledge from the relevant time as to where potentially relevant information could be

stored. The staff involved in assisting me with this element of the data gathering exercise were Steve Brearey, Yvonne Griffiths and Mary Crocombe – Alison Kelly's former PA. Searches were undertaken across the S drive folders (including sub-folders etc) relating to the women and children's division, governance and quality, quality and safety (including risk team) and HR and corporate services. Based on previous information sharing with both the police and Facere Melius, and the organisational memory of those assisting with this exercise, these were the folders which were deemed to contain potentially relevant material.

23. I further explained in my previous disclosure statement that the Trust had asked all the neonatal clinicians and members of the senior nursing team who worked on the neonatal unit from 2015 to 2016 who remained employed by the Trust and other senior team members in the Women and Children's division who had recently joined the Trust, to search their H drives (personal drives held on the Trust's IT system) and mailboxes for all potentially relevant material that had not already been provided for the purposes of the police investigation or the completion of the Facere Melius management review. I explained that any documentation provided was saved into a secure Thirlwall Inquiry S drive folder, the contents of which have been shared with the Inquiry. Relevant material would include anything relevant to the baby deaths in the neonatal unit in 2015/2016, Letby's employment with the Trust and involvement in those deaths, the raising of concerns about the deaths and/or Letby, and the Trust's response to the concerns raised, including its management of Letby.
24. I confirmed in my previous disclosure statement that the Trust intended to carry out a focussed search of back up S drive folders as part of a double check process to identify any further material from the back up files that may be relevant and hadn't already been disclosed. Those searches have now been carried out. The searches have only recently been carried out as, prior to this, staff resource was prioritised on the location, reinstatement, download and disclosure of the significant volume of H drive and mailbox material, referred to below. The collation of the back up S drive material has taken longer than expected due to the volume of data recovered. Undertaking the recovery has also impacted on the speed of the Trust clinical systems. As the Trust has needed to ensure that the delivery of care to patients was not impacted during the recovery processes, this did unfortunately mean that the recovery process was slowed down to reduce the impact.

The IM&T technicians have been working evenings and weekends to minimise the impact of the recovery process on the day to day operation of the hospital as much as possible.

25. The back ups of the S drive folders are on tapes and held in the same way as the H drive back ups. We identified the tapes from December 2015, December 2016, December 2017 and December 2018 and ingested the material from these tapes onto the Trust's system. Once ingested the material from the S drive folders deemed relevant was downloaded into the Trust's FTK software. At this point, the Trust Thirlwall Inquiry team ran searches across the data for each year using the date range and search terms used previously for the H drive and mailbox material – see paragraph 39 below. The results of these searches were put back into FTK and then the team undertook a de-duplication process to remove duplicate documents. The team then reviewed the documents remaining for relevance. 331 documents were ultimately identified as potentially relevant and these were uploaded to the Epiq platform. Epiq have recently undertaken a further de-duplication exercise across these documents and the documents previously produced to the Inquiry, and there appear to be 180 documents remaining. These documents will now be produced to the Inquiry.

#### **H drives and mailboxes of former members of staff**

26. As explained in my previous disclosure statement, on 24 November 2023 Hill Dickinson emailed the Inquiry to advise that the Trust intended to carry out searches of relevant mailboxes and document drives held by the Trust, but that, having spoken with the IT team at the Trust, it was clear that this was an extensive exercise, including email accounts potentially held by NHS Mail and material held on back-up tapes.
27. As referred to in my previous statement, I had identified at that point that the Trust held a PST (personal storage table) copy of the email accounts of former executive directors Tony Chambers, Alison Kelly and Ian Harvey, which were retained at the time when they left the Trust [Tony Chambers - September 2018; Alison Kelly - June 2021; Ian Harvey - August 2018]. Also, as referred to in my previous disclosure statement and confirmed in emails of 1 and 11 December 2023 to the Inquiry, we had identified approximately 35 other former employees of the Trust whose NHS email accounts and H drives might contain potentially relevant documentation that had not already been provided for the purposes of the police investigation or Facere Melius review. These were individuals identified by Facere Melius in their review as relevant individuals and those we considered might hold relevant data in view of their role at the Trust. [Sue Hodgkinson was included in



this list of 35 other former employees, although the Trust subsequently also identified that it held a PST file of her mailbox account from when she left the employment of the Trust – as referred to in paragraph 48 of my previous disclosure statement]. We advised that we considered those H drives and mailboxes should be searched for relevant material if they were accessible (which we could not confirm at that point). It had been identified at that time that individual H drives were held on tapes and computer back ups and I had been advised that they would take a considerable amount of time to locate, identify and reinstate in view of the hardware and software functionality and manpower required. Once reinstated, they would then need to be searched for the specific former employees' accounts. The NHS email accounts for those former employees are managed by NHS Mail (NHS Digital, now a part of NHS England) and at that time I was seeking advice from NHS Mail (NHS Digital) as to whether those legacy accounts could now be accessed.

28. As explained above, the copies of PST files of a number of former executives were taken at the time of their leaving the Trust, to provide access to potentially relevant data for the police investigation at that time. This data was stored in a number of locations on the Trust's internal systems. At this time, it was not the formal policy of the Trust to secure copies of former Board members email accounts so that data could be accessed in the future for regulatory or investigatory purposes. Following the disclosure process for the Inquiry we have had discussions with NHS Mail on suggested solutions for data retention when staff leave an organisation. A review of the Trust's existing leavers policy will be undertaken to address this issue going forward.
29. From the list of 38 former members of staff (the list of 35 referred to above plus Tony Chambers, Alison Kelly and Ian Harvey) that we had identified whose mailboxes and H drives might contain potentially relevant material, the Inquiry confirmed that it did not require material in relation to 3 individuals. The Trust then identified a further 2 individuals to add to the list. Therefore, we ultimately identified 37 former members of staff whose mailboxes and H drives we considered should be reinstated, if possible, downloaded and searched for potentially relevant material.
30. My previous disclosure statement provided tables indicating whose mailboxes we were able to access from NHS Mail and those we could not access, and also those individuals whose mailbox data had been identified as PST files within the H drives or was held as PST files by the Trust. Alison Kelly's mailbox is referred to in paragraphs 33 and 48 of my previous disclosure statement, but Ms Kelly was inadvertently missed off the table at

paragraph 53 of my statement. I can confirm that we were able to access Ms Kelly's mailbox data from NHS Mail, as well as the Trust holding PST files of Ms Kelly's mailbox data. We were in discussions with NHS Mail about obtaining access to the mailbox data held by NHS Mail in December 2023 and January 2024 and the NHS Mail mailbox data was ultimately provided to the Trust in March 2024.

31. Since providing my previous disclosure statement, we have identified that we do not hold locally, within a H drive or otherwise, a PST file of Sir Duncan Nichol's mailbox data (as was indicated in the table at paragraph 53 of my previous statement). We had in fact been given access to a PST file of Sir Duncan's mailbox from NHS Mail previously, but during the large download process from NHS Mail of all the mailbox data obtained from NHS Mail the download for Sir Duncan's account was overlooked and not initiated. This in part was due to the complexity and number of email conversations / custodians and the speed at which the information was needed (there were at least 4 emails per custodian request to NHS Mail). Having communicated again with NHS Mail, on 21 May 2024 we obtained from NHS Mail the PST file of Sir Duncan's mailbox.
  
32. As explained in my previous disclosure statement, we located potentially relevant H drives from back up tapes for the period January 2015 to December 2018 (first back up June 2015). A back up is taken and held at 6 monthly points - June and December each year. A large number of individual accounts had 8 back ups for this period. From the list of custodians, we were able to identify the location of their personal drive. From that we then referred to our tape archive records which informed us which tape archive sets we needed to access. It took a number of weeks from January to March 2024 to identify the relevant back ups and accounts, ingest all of the data onto the Trust's system, and subsequently download it all. Configurations had to be made to existing hardware/systems to enable the process and there were a number of blockers such as the sheer volume of data, the technical expertise required, storage capabilities and issues with historic files being infected with viruses which ultimately caused delays. The data from the H drives (once all downloaded) totalled 3.2TB, and contained 1.7m files. My previous disclosure statement provided a table indicating whose H drives we had been able to locate, reinstall and download.
  
33. Recovery from tape archive is a slow and labour intensive process. The tapes are old specification and cannot be read by our newer tape readers. The reading of a single tape takes upwards of 4 hours. As we only have one old tape reader, this means only a single tape can be read at a time. At upwards of 200 tapes this totals around 33 days of just

reading the tapes. After tapes are read, we then had to carry out a file extraction to reach the actual files – only then could we begin to select the relevant folders for extraction. As we had nowhere to store the recovered files, we had to repurpose equipment to allow us to start tape recovery. The lead times for additional storage was approximately 8 weeks. The repurposed equipment is not high performing - this impacted the time it takes to extract and the time it takes to review. We also hit setbacks when extracting as we found some viruses – when this happened that whole step needed to be restarted and the infected files manually excluded. Sometimes this happened near the end of a 4 to 7 day process, meaning that we needed to start the process again.

34. All of the mailbox data located and obtained (whether from locally held PST files, from NHS Mail or from the H drives) and all of the H drive data identified from the back up tapes was downloaded onto the Trust's system and subsequently uploaded to the Epiq platform (see below). This process took a number of weeks due to the sheer volume of material.
35. The Trust could not review the Outlook mailbox for each individual in order to perform date and key word searches to identify potentially relevant material as each mailbox was significant in size such that attempts to export the Outlook files so that we could access and review the emails in Outlook proved impossible. Download time was significant and systems crashed each time we attempted this. There were also IT security concerns about individuals being able to view the mailboxes in Outlook, as this creates the potential for data modification. The mailboxes were therefore uploaded to the Epiq platform by the Trust's IM&T team. This in itself took a considerable period of time. The result is that the mailbox data cannot be viewed in Relativity as if in Outlook – each email is saved as a separate document on Relativity.
36. The individuals whose mailbox data and H drive data has been identified and uploaded to the Epiq platform have all been offered the opportunity to review their data for the purposes of responding to Rule 9 requests they have individually received. Witness workspaces have been created on Relativity by Epiq for those individuals who have requested access to enable individuals to access their mailbox and H drive data in the most secure and efficient way possible.

#### **Epiq and use of Relativity**

37. During March 2024 all of the H drive data and mailbox data, as outlined above, was ingested onto the Trust's system and downloaded, and, as explained in my previous disclosure statement, then uploaded to a data platform operated by Epiq to enable the processing, collation and disclosure of the data to the Inquiry through the Relativity platform.

38. The upload of the material to the Epiq platform and its subsequent processing by Epiq took a number of weeks from 12 March 2024 due to the sheer volume of data and necessity to reduce each document uploaded (including emails) to a single document/email to enable the processes described below to work effectively. This data, together with the Facere Melius data referred to in paragraph 40 of my previous disclosure statement, which had also been uploaded to the Epiq platform, was processed by Epiq and transferred to a review workspace on Relativity. The material already disclosed to the Inquiry by the Trust was also uploaded to the review workspace to enable de-duplication processes to be run against this already disclosed material.

39. From 8 to 30 April 2024 Epiq ran various processes across the material uploaded. This included:

- De-duplication of the material during the processing of the material uploaded, based on exact duplicates of documents based on their metadata properties – documents identified as exact duplicates as a result of this process were excluded from the following processes.
- The application of agreed search terms to the H drive and mailbox data on the basis that all such data had been uploaded (for example the entire mailbox or PST file or H drive) and it was necessary to identify relevant data. Due to the sheer volume of documentation, it was not possible to do this using the Trust's FTK software or other basic software packages. Date parameters (1 January 2015 to 31 December 2018) were applied to the data (other than Susan Gilby's data as she only joined the Trust in August 2018) and search terms using key words. The terms used were:
  - (NNU OR Neonatal) AND (incident OR governance OR complaint OR concern OR death OR Lucy OR Letby); and
  - Letby

Epiq first ran the searches using search terms on their own and the acronym LL. However, this returned a significant number of results (over 270,000). The acronym LL would return results including words such as I'll and We'll and Epiq was unable to build a search index to exclude lowercase ll. Epiq therefore advised

on use of the search terms in a different format in order to ensure that we carried out reasonable and proportionate searches to capture relevant data. These searches identified 145,906 documents (including family i.e. embedded or attached documents) responsive to the search terms.

- Email threading to identify email chains and duplicate emails and remove duplicate emails from the dataset of material to be disclosed to the Inquiry. As can be noted from paragraph 64 of my previous disclosure statement, the email threading process resulted in a significant volume of documents being identified as duplicate material and this material was therefore excluded from the TND process explained below and thus excluded from the documents disclosed to the Inquiry.
- Textual near duplication (TND) – to identify duplicate text in documents where the metadata elements have changed, in order to identify duplicate documents. This process is described in an email from Epiq in paragraph 64 of my previous disclosure statement. This process was operated at parent level and at 100% near duplication as we found that running this process at less than 100% was identifying documents as duplicates when they were not in fact duplicates e.g. a monthly email sent to the same recipients with the same content as it was attaching the notes of a monthly meeting – identified as duplicates when the emails were in fact dated over different months.

40. The search terms referred to above were decided upon by the Trust and Hill Dickinson. We decided to adopt broad search terms so as to try and capture all potentially relevant material, conscious of the Inquiry terms of reference. We thought it appropriate to capture all material during the key timeframe (2015–end of 2018) relating to the Trust's neonatal unit or Letby. As referred to above, the search terms were altered on advice from Epiq when initial searches were run and returned a high volume of documents. Whilst the number of documents returned from the search terms ultimately applied remained high, we thought it more appropriate to review and provide this documentation, rather than seek to apply more restrictive search terms which might not have identified all potentially relevant material. The approach was discussed with the Inquiry, including the use of date range and key word searches. However, ultimately it was recognised that it was the Trust's responsibility to ensure that it searched for and provided any potentially relevant material it held to the Inquiry and we therefore did not want to restrict the searches unnecessarily.
41. The results of the processing of the data were communicated in an email from Epiq to Hill Dickinson on 30 April 2024 at 18:48hrs, which is referred to in paragraph 64 of my previous

statement. Essentially, the final count of documents disclosed to the Inquiry was 79,700 documents including family (16,591 at parent level).

42. In summary therefore, Epiq applied date range and key word searches across the entire dataset provided, which comprised all the mailbox data and the H drive data for all 37 individuals referred to above. Only the results of those searches have been disclosed to the Inquiry. All other data which did not fall within the date range or correspond to the key words was excluded from the disclosure.
43. The production of the documents commenced on 1 May and completed on 3 May 2024. The Trust confirmed that the 'production' could be sent to the Inquiry on 3 May 2024. Epiq forwarded to Hill Dickinson at 17.57 that day an email to the Inquiry team from Epiq advising that the disclosure had been uploaded to the GoAnywhere portal and was ready for download. It is understood that the processing of the dataset took some time due to its size and that the data was not accessible by the Inquiry team until 13 May 2024.
44. Following the upload of this material to the Epiq platform and the disclosure of material to the Inquiry (as described above), we located a further PST file of Sue Hodgkinson's mailbox. We had located 16 PST files for Sue Hodgkinson, each with similar names, and the final PST located was an oversight as the data was located in another directory and not restored from tape archive or the H drive. This final PST file I believe had been downloaded at the time of Sue Hodgkinson leaving the Trust to ensure that a copy was held in the event it was needed for the police investigation and any future further investigation. This had been saved in my H drive and named incorrectly as Sue's inbox. I noticed the file name during a search for other information in PST files and raised this as soon as it was identified. We uploaded the file to the Epiq platform, the data was processed in the same way as the other mailbox data, as described above (although email threading and textual near duplication was not applied to these documents in view of the low volume) and the results then disclosed to the Inquiry on 28<sup>th</sup> May 2024. The PST file of Sir Duncan's mailbox (referred to in paragraph 31 above) was also uploaded to the Epiq platform at the same time, processed in the same way and the results disclosed to the Inquiry on 28<sup>th</sup> May 2024. This resulted in an additional 733 documents being disclosed to the Inquiry at this point.
45. As explained in my previous disclosure statement, the Trust had not had the opportunity to review the 16,591 documents at parent level to confirm whether they were all potentially relevant documents before producing the documents to the Inquiry. However, as the Trust

had previously confirmed to the Inquiry that it would produce the documents by the end of April, and conscious of the timing until the commencement of oral hearings, it was decided that the documents should be produced to the Inquiry so that the Inquiry at least had the documents on its own Relativity workspace, with the intention being for reviews for relevance to be conducted by the Trust thereafter. No relevance review was therefore conducted prior to the disclosure of the documents to the Inquiry.

46. The Inquiry subsequently proposed a review process of the significant volume of documentation disclosed involving both the Inquiry team and Trust. Additional searches were carried out across the data by the Inquiry's Epiq team using amended search terms, including the names of babies and their parents and case/incident numbers, in an attempt to refine the volume of documentation for review. As a result of this exercise, the Inquiry determined that it would review emails and attachments for relevance (having identified 35,014 documents responsive to the amended search terms, including family), and asked the Trust to review for relevance standalone documents from H drive data. The list of these documents was provided to the Trust by the Inquiry on 24<sup>th</sup> May 2024. The documents were identified in the Trust's Relativity workspace and batched for review. The Trust identified 3,379 documents as being relevant to the Inquiry's terms of reference. This was confirmed to the Inquiry on 4<sup>th</sup> June 2024. The Inquiry asked that 'relevance' be interpreted strictly as documents relevant to the terms of reference, and that documents that are tangential to the terms of reference should be considered not relevant. It is understood that the Inquiry has identified 9,138 documents as duplicates of documents it already holds – the exercise to establish this was, we understand, carried out at child level. 5,254 documents have been identified as belonging to five custodians - the Inquiry is not currently intending to review that documentation but has asked the Trust to do so. The Trust is currently reviewing this documentation for relevance. The Inquiry is reviewing the Facere Melius 2019 governance review documents disclosed.

47. From the documents produced to the Inquiry on 3<sup>rd</sup> May 2024 and subsequently through Epiq, 3,150 system files have been identified. Epiq has explained that system files tend to be created when, for example, PST files are processed. The processing of the documents through the data platform attempts to extract system data and in the process creates new documents. These documents are not documents containing any material for review for the Inquiry's purposes. Epiq has confirmed that they can simply be discarded from the review process. A number of corrupt documents and password protected documents were also included in the dataset disclosed and we have been working to

attempt to identify non-corrupt versions of the documents where possible and identify passwords to open password protected documents.

### **Facere Melius documentation**

48. As referred to in paragraphs 42 and 43 of my previous disclosure statement, Facere Melius was commissioned by the Trust to conduct a general Trust governance review in 2019 and Appendix 4 of the report of that review listed the documents considered by Facere Melius in conducting its review and producing its report. We had identified and agreed with the Inquiry those documents from that list that might be relevant to the Inquiry and we had agreed to disclose those documents to the Inquiry. These documents were uploaded to the Epiq platform and de-duplication processes were run against the documents to remove any that had previously been disclosed. The remaining documents (957 in total) were disclosed to the Inquiry on 28<sup>th</sup> May 2024.

### **Further disclosure / requests from Inquiry**

49. The Inquiry has asked the Trust about a number of documents which were included within the disclosure produced to the Inquiry on 3<sup>rd</sup> May and subsequently and has specifically asked how their potential relevance to the Inquiry's terms of reference was not identified sooner. I respond to each query as below.

- i. **Serious Incident Review Group Minutes covering 2015 to 2018.** Minutes of the serious incident review group dated 7 July 2016 have previously been provided to the Inquiry. However, this group is a meeting of the Clinical Commissioning Group and not a Trust meeting. It is understood that this group would review all serious incidents across the CCG patch. It is understood that the Trust would not routinely hold all the minutes of these meetings, but they might be provided to attendees from the Trust, which is why they may be held within the H drives or mailboxes of individual members of staff.
- ii. **Neonatal Unit Minutes – including meetings on 21 August 2017, 21 September 2017 and 20 November 2017.** The Inquiry has asked about Neonatal Unit meetings, having noted that there are notes from meetings in the documentation disclosed. The Inquiry has asked whether any further minutes for these meetings exist and when and why the meetings ceased. Staff did not recall these meetings and therefore the Trust was not aware that these meetings had taken place or that



minutes were retained. The documents have been located from the H drive and mailbox material and minutes identified have been disclosed.

- iii. **The Neonatal Unit's annual report – covering January to December 2016.** This document has previously been provided to the Inquiry, but may not have been apparent as it appears to be embedded in another document.
  
- iv. **Perinatal Mortality Surveillance Reports – these record the annual figures for neonatal deaths, including reports for 2014, 2015 and 2016.** The MBRRACE-UK Perinatal Mortality Surveillance Report for January to December 2014, dated May 2016, was previously provided to the Inquiry, as was the report for January to December 2015, dated June 2017 and the report for 2017. The Trust's Executive Summary of the 2013 and 2015 data was previously provided. These were the documents located from initial searches. The documents now provided (executive summaries of the 2014 and 2016 data) were located within H drive and/or mailbox material. We have not been able to locate an executive summary document in respect of the 2017 data.
  
- v. **The document 'CoCH neonatal mortality review process pending publication of regional ODN and national guidance' – which appears to set out a revised process for neonatal deaths including formalised debriefs, prescribed time limits for various mortality reviews, reporting to certain committees.** This document has previously been provided to the Inquiry.
  
- vi. **Staff Survey results – which include staff feedback on the handling of concerns.** We advised the Inquiry on 8 May 2024 that a number of staff survey documents had previously been disclosed to the Inquiry where they had been identified from searches across the Trust's system or contained in the material returned from Facere Melius. On request from the Inquiry, further searches were carried out for staff survey documentation and further material was located in H drive and mailbox material. Staff survey documentation was not retained in a single folder within the S drive or otherwise and was identified within various locations across a number of folders within the S drive and individual H drives and within mailboxes.

- vii. **A draft of the 'Annual Report & Accounts 2017/18' – which includes a reference to the RCPCH review and report.** The annual report for 2017/18 was previously provided to the Inquiry, but not the draft. It appears that the draft of the report has now been located within the H drive and/or mailbox material.
  
- viii. **Lists of neonatal Datix incidents which were circulated to be considered at each of the Neonatal Incident Review Group meetings.** Details of the incidents/claims in respect of each baby named on the indictment had already been provided by way of information from the Trust's Datix system. The Datix information for all Datix concerning the NNU had also been provided. However, we have not yet had the opportunity to confirm, out of all the Datix for the NNU already provided, a list of which of those incidents were considered at each meeting of the Neonatal Incident Review Group.
  
- ix. **Paper packs for the Executive Directors Group and Executive Team meeting.** Minutes, handwritten notes and agendas of the EDG and Executive Team meetings, and packs for some meetings, had already been provided to the Inquiry. These were the documents shared by the Trust with Facere Melius for the purposes of their Hidden in Plain Sight review, and were deemed to be those documents relevant to the Inquiry. Further documents relating to these meetings have now been located in H drive and mailbox material, but we have not yet reviewed all such documents for relevance (see paragraph 46 above). The full packs for these meetings would not have been deemed relevant, as the meetings would have discussed all services within the Trust and not just the neonatal services.

50. As referred to in my previous disclosure statement, the Inquiry has made a number of specific disclosure requests to the Trust, including requests for disclosure of the following material. The Inquiry has asked the Trust to explain why the Trust did not itself identify those documents as potentially relevant to the Inquiry's terms of reference. I respond in relation to each below. When considering the locations to be searched for potentially relevant information, we based our searches on the knowledge gained during the RCPCH review, the police investigation, and the Facere Melius review (and on the information held by Ian Harvey and Alison Kelly during the period of these reviews and investigations), on the advice provided by Steve Brearey and Yvonne Griffiths on receipt of the Inquiry's Rule

9 request, and on the basis of the specific areas requested by the Inquiry in that Rule 9 request for disclosure.

- i. **Minutes of the Corporate Directors Group and Executive Risk Review Group.** On 9 May 2024, it was confirmed to the Inquiry that the CDG and ERRG are two separate groups which are separate from the Executive Director Group (EDG). A number of CDG notes were provided on this date from the following meetings: 22.07.15; 26.08.15; 23.09.15; 25.11.15; 23.12.15; 27.01.16; 23.03.16; 22.06.16; 27.07.16; 25.05.16; 27.07.16; 24.08.16; 23.11.16. It was confirmed that the CDG ceased in the Autumn of 2016 and formed part of the EDG part 2. The Corporate Leadership Group (CLG) was established in May 2017. 41 sets of notes from meetings of the CLG ranging from May 2017 – July 2018 were also provided. The CDG and CLG notes had not previously been considered relevant. The EERG ceased towards the end of July 2013 so was not deemed relevant to the Inquiry.
- ii. **Minutes of the Freedom to Speak Up Committee and Freedom to Speak Up Group.** The Freedom to Speak Up Committee meeting pack for 7 November 2017 had previously been provided to the Inquiry. It was identified that the concerns raised about Letby were not formally brought before the Freedom to Speak Up Committee or Group and therefore the minutes of these meetings were not initially deemed relevant. Upon the Inquiry requesting minutes of these meetings, it was identified that the Freedom to Speak Up folder in the Trust's S drive was a secure folder with restricted access. In 2019 Helen Ellis was appointed as FTSU Guardian and took over the management of the folder. Once it became apparent that the information was not readily available, we concluded that the historical back ups of the folder needed to be identified and downloaded, which we subsequently did. We advised the Inquiry on 8 May 2024 via email that a significant number of documents relating to freedom to speak up had been located and requested clarification as to whether the Inquiry wanted minutes/documents from the Freedom to Speak Up Committee and Freedom to Speak up Steering Group only. The Inquiry confirmed on 9 May 2024 that it would like the minutes/documents from the Freedom to Speak up Committee and Freedom to Speak Up Steering Group for the period 2015 up to Letby's arrest and confirmation of whether any of the other freedom to speak up materials related to issues around the neonatal unit. On 10 May 2024, the minutes/documents from the Freedom to Speak Up Committee and Freedom to Speak up Steering Group were provided to the Inquiry

and subsequently a number of further documents were provided that were deemed potentially relevant.

- iii. **Minutes of Medical Staff Committee meetings from 2015 – 2018.** Medical Staff Committee Meeting minutes for 1 November 2017 and 7 June 2018 had previously been provided to the Inquiry as they were contained within information previously collated for the purposes of the Facere Melius review. However, the Trust was not aware that this Committee would have discussed any matters of relevance to the Inquiry outside of those two meetings. Having made enquiries to locate the chair of the Committee, Mr Michael Wall, I was informed by Mr Wall that the committee is not formally recognised within the hospital's corporate structure and is not supported by a secretarial team. He therefore described the collating, drafting, naming, editing/correcting and archiving of minutes as variable. He was however able to provide minutes of these meetings, which he held as current secretary.
  - iv. **A comprehensive set of legal reports for the SUI/SI panel meetings for the period 2015 – 2017.** The legal reports for the SUI/SI panel meetings were deemed potentially relevant but only insofar as they reported on incidents relating to the neonatal unit. The legal reports are not specific to the neonatal unit and therefore also contain irrelevant material. A number of legal reports for the period 2015-2017 were initially provided to the Inquiry where they were located as a result of searches. Other reports requested by the Inquiry could not be located, although some further reports were located and provided on 9<sup>th</sup> May 2024 following enquiries being made of current members of staff in the legal team. Details of the incidents/claims in respect of each baby named on the indictment had already been provided by way of information from the Trust's Datix system. The Datix information for all Datix concerning the NNU had also been provided.
51. On 30 May 2024, the Inquiry requested via email documents that appeared to be missing from the Trust's disclosure concerning babies named on the indictment. The request made and the responses provided by the Trust on 4<sup>th</sup> and 5<sup>th</sup> June 2024 are noted below.
- a. **Sudden Death in Infancy/Childhood reviews. We have such materials for Child C, which was disclosed to us by the Senior Coroner for Cheshire. However, we do not have any of these minutes/ materials for other children on the indictment.**

The Trust confirmed that it had liaised with Dr Stephen Brearey who had advised that a SUDIC review was undertaken only for Child C and no other babies.

- b. **There appears to be a gap in the disclosure from Cheshire and Merseyside Network meetings.** The Trust had previously advised that these meetings were meetings of the Cheshire and Merseyside Neonatal Network and were not Trust meetings. We advised that we had previously supplied all the meeting notes/minutes that we had been able to locate as held by the Trust. The Trust referred the Inquiry to the Director of the Network who we understand is based at Alder Hey Hospital.
- c. **It also appears that we do not have specific Obstetric Care Reviews for Children E and I.** The Trust advised that Child I was not born at the Trust and therefore the Trust did not hold an OSR for Child I. The Trust further advised that it had been unable to locate an OSR for Child E, but we did find a reference in documents held to Dr Joanne Davies requesting one. The Trust has searched across the email pst files and/or H drives of former members of staff who would likely have retained such an OSR, the legal claim file for Child E, the Datix forms and appended information for Child E and the Women and Children's Governance S drive folder. The Trust searched using a variety of search terms including obstetric, OSR, CC number, Datix number, baby name and initials. No such document could be located.
- d. **We do not have notes of Situational Background Assessment Recommendations (SBARs) for Children C, D and I.** The Trust advised in response that it had been unable to locate SBARs for Child C, D and I. Searches were undertaken across the email pst files and/or H drives of former members of staff who would likely have retained such a document, the legal claim files for each of the babies, any Datix forms and appended information for each baby and the Women and Children's Governance S drive folder. The Trust searched using a variety of search terms including SBAR, CC number, Datix number, baby name and initials. No such documents could be located.
- e. **Please could the CoCH now provide any bullying and harassment policy/ies (i) in place in 2015/2016 and (ii) that have been implemented subsequently?** The requested bullying and harassment policies were provided to the Inquiry on 31 May 2024.

- f. We note one of the whistleblowing policies provided to the Inquiry (Freedom to speak up: raising concerns (whistleblowing) policy for the NHS – April 2016 at [INQ0003015]) appears to be in draft (there are sections which look to be incomplete). Please could the CoCH confirm whether this policy was ever implemented? If so, please could a final version of the policy be provided to the Inquiry as soon as possible. It was noted that INQ0003015 is a policy from NHS Improvement and NHS England. However, the preface to the policy explains that it is/was expected that it would be adopted by all NHS organisations and that there are various placeholders in the policy for the adopting organisation to enter organisation-specific details. The Trust located a cover note to the Trust's 2019 Freedom to Speak Up policy, which noted: *"This policy is an updated review of the Trusts 'Speaking Out Safely' policy which was due for revision in 2016 that supports employees to raise concerns that improve patient safety and staff experiences. It reflects the requirements laid out in the Freedom to Speak Up: Raising Concerns Policy for the NHS published in 2016 by NHS Improvement and meets the standards recommended by the National Guardians Office in the 2019 Brighton and Sussex University Hospitals NHS Trust Case Review."* On the basis of this cover note, we advised that it did not appear that the policy at INQ0003015 was implemented by the Trust until 2019.
52. In view of the position outlined above, I cannot say with absolute certainty that the Trust holds no further materials that may fall within the Inquiry's terms of reference. However, I can confirm that, in view of the extent of the material which may be held electronically and in paper form by the Trust and individual members of staff, both current and former, I have carried out extensive searches personally (or overseen searches carried out by others) which I deem reasonable and proportionate to identify and disclose any relevant or potentially relevant material to the Inquiry.
53. Together with the Trust's IM&T team, we have prepared a detailed analysis of all of the activities undertaken to search for and provide potentially relevant material to the Inquiry. This was reviewed and discussed in detail on 20<sup>th</sup> June 2024 with Karan Wheatcroft, Executive Director Lead for the Thirlwall Inquiry, and Jason Bradley, Chief Digital and Data Officer (both of whom have recently joined the Countess of Chester Hospital NHS Foundation Trust Board) to ensure that there was independent executive oversight of the process and to provide assurance that all reasonable and appropriate searches had been undertaken across the Trust's systems.

### **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 of its truth.

Signed: ... PD .....

Dated: 9 July 2024