Witness Name: Claire Elizabeth Raggett Statement No: 4 Exhibits: HR/01 - HR/04 Dated: 19 November 2024

THIRLWALL INQUIRY

FOURTH STATEMENT OF CLAIRE RAGGETT ON BEHALF OF THE COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

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

Introduction

- 1. This statement is provided on behalf of the Trust in response to a request from the Inquiry dated 6 November 2024 for information relating to the establishment and maintenance of HR files following the oral evidence of Dee Appleton-Cairns. I understand that Dee Appleton-Cairns gave evidence on 5 November 2024 and the transcript of her evidence is available on the Thirlwall Inquiry website (Thirlwall 051124 Day28-1105.ecl). I have been advised that at pages 206 to 208 of the transcript Dee Appleton-Cairns states that she had not previously seen page 45 of [INQ0008961] the 'HR Bundle' for Lucy Letby. This document is entitled by the Inquiry "Bundle of HR Records from the Countess of Chester Hospital including training records and sickness records for Lucy Letby (part 3), dated between December 2011 and April 2016". Page 45 of that document relates to a drug error and is a form entitled 'one to one form" dated 30 July 2013. I have been advised that Dee Appleton-Cairns similarly stated in evidence that she had not previously seen pages 47 and 49 of the "HR bundle" (a one-to-one note dated 27 July 2013 and a typed note entitled 'drug reflection error') and that they were not in Letby's HR file. I understand that she stated in evidence *"I wouldn't see this, this wouldn't necessarily come to HR"*.
- The Inquiry asked the Trust a number of questions about the establishment and maintenance of HR files following Ms Appleton-Cairn's evidence, which I have noted in bold font below.
- 3. I am 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.

Whether the Trust had any policies in 2013 - 2016 about:

a. What was to be included in an HR file?

b. Whether drug error notes and documents, such as those at pages 45, 47 and 49 of INQ0008961, would be added to the HR file of a person who was responsible for the drug error?

c. If not, what was the policy for where such documents were to be held and who would be able to access them?

4. During the period 2013-2016 the initial HR file of a Trust employee would be started by the HR recruitment team and would include information such as applications, references, occupational health clearances, any qualifications, and a copy of the offer letter and contract (all matters relating to recruitment and terms and conditions of employment). The policy applicable to this process during the period 2013-2016 would have been the Safer Employment Policy – this was updated 5 times during the period in question. I exhibit all versions of this policy as Exhibit HR/01. INQ0108456 - INQ0108460

5. Once the staff member had commenced employment, the Trust payroll team would file within that HR file the starter ESR (electronic staff record) workflow plus supplementary information including the employee's bank details, tax forms etc. Moving forwards, documentation relating to any contractual changes would also be filed in the personal HR file; for example, change of work hours, change of grade. This was the responsibility of the HR team and not just one individual during this time.

6. Any sickness records, annual leave records, training records, one to ones and appraisals etc would be held locally for the day to day management of the staff member by their line manager and not filed in the HR personal file.

- 7. Information relating to an employee would therefore be held in different locations a central file held by HR including details relating to recruitment and terms and conditions of employment and a local file which was for the day to day management of a member of staff held by their line manager.
- 8. Prior to 2017, if there were any disciplinary or welfare cases that required support from a HR business partner, all information relating to the case would be printed and kept locally by the HR business partners. Once the case was resolved, this local file would be sent to offsite storage and not held in the personal HR file. From 2017, electronic case folders would be created on the HR business partners' drive instead of printing.
- The TRAC system is now used by the Trust recruitment team which is an electronic recruitment system which has an individual folder for each employee containing their personal information. There is a separate paper file for payroll information and contractual changes.
- 10. During 2013 2016 the responsibility for filing in the central HR file lay with the HR business partners, payroll and recruitment teams; however, the central HR file would not hold all information relating to that employee, as explained in paragraphs 6 and 7 above.
- 11. Drug error notes and documents would not have been held in the central HR file. The drug error should be reported on datix and managed through the policy for management of incidents/risk management policy. Medication incidents could also be discussed at the Trust's Pharmacy Incident Review Group and/or the Medicines Safety Group which focussed mainly on themes and trends. Discussions with the staff member involved in the drug error/incident would be recorded and notes/documents held locally on their file held by their line manager. Drug errors may have been discussed during one to one meetings and likewise copies of notes from these discussions should have been held locally on the employee's file held by their line manager. I exhibit as **Exhibit HR/02** the Medicines Policies applicable at the time and, for completeness, the NMC standards for medicines management (there were two versions applicable during the time period).
- 12. As far as I am aware, there were no other written policies applicable at the time relating to the content of a HR file. I have not been able to locate a policy for what should be held on a staff member's local file held by their line manager.

Whether there is a system that logs when a document is added to an HR file and, if so, if that can be checked to ascertain whether pages 45, 47 and 49 were noted as being added to Letby's HR file and when that occurred?

13. There was no system in place to log when a document was added to a HR file. The TRAC system, as referred to in paragraph 9 above, is specific to recruitment information, but does track when documents are added to an employee's recruitment file through the recruitment process.

Whether there was any individual in the Trust's HR department in 2013 – 2016 who had responsibility for maintaining staff HR records?

14. There was no specific individual in the Trust's HR department who had responsibility for maintaining the HR personal file. Information in relation to the maintenance of HR records is set out above.

The policies for the Clinical Governance Department for this period to ascertain whether they provided any guidance as to where drug error documents such as those identified were to be logged and stored?

15. The process for storing drug error notes and documents is set out above at paragraph 11. The clinical governance department within the Trust was also known as the Risk and Patient Safety team and the manager at the time was Ruth Millward. As set out above, as far as I am aware, there were no other written policies (other than those referred to in this statement) applicable at the time relating to the content of a HR file or where drug error documents were to be stored.

INQ0008961 - what does the original of this document look like?

16. My recollection is that at the time Letby was arrested, the police came and took possession of Letby's 'HR file' from Alison Kelly. Alison Kelly provided this to the police, but a copy of the information was not retained at the time. I received a police request in April 2019 for any additional HR records since 2017 and Yvonne Griffiths advised at the time that a member of the HR team had taken all of the locally held NNU staff files at the start of the police investigation. This was believed to be Linda Guatella who was a member of Dee Appleton-Cairns team. My understanding from this was that the police had been provided with all of Letby's HR records – the personal HR file and locally held file.

17. Subsequently in April 2019 I received from the police a scanned copy of Letby's HR records which were held by the police. I received four pdfs from the police three were titled "D1182 HR records COCH" which I exhibit as Exhibit HR/03. The third pdf is INQ0008961 [INQ0008961 INQ0008961 INQ0008961

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.



Dated: 19th November 2024