	allegations… we felt this (redeployment) was the best course of action.
CG	How did you agree the course of action?
IH	There are issues with nursing with regards to investigations compared to medical staffing. We have measures specifically supported by GMC and NCAS. If there are doubts speak to them, RC then would manage resistance from the consultants. If it were a doctor then there would be a period of supervised practice and development, but there was a block to that as the consultants were not prepared to have the nurse on the unit, and if we do, they said the police will be called.
CG	Is that why the proposed supervision didn't go ahead?
IH	There were 2 elements – the consultants didn't want that, and also the cover issue – there was sickness on the unit. We didn't call the police, as the conversations that we had showed other areas of concern but the Police were on the table if evidence suggested an issue. Tony Chambers said if there is no other possible consideration, then he would personally make that call. I believe we ensured safety – we felt by downgrading and that the over bedding of unit was addressed but the consultants felt it was as LL was not on the unit. This was by far the most difficult situation I have ever had to deal with. I have lost more sleep over this than anything else. Medical staff ~~are treated differently~~ have a different process, the trainee highlighted had been involved in less than half the cases, they had left by the time it started. Major concerns would have been highlighted. Dr Gibbs not on many either. The number of cases is less than half, so didn't call NCAS, as there was not a significant enough level. For a trainee I would go through the Lead Employer in that circumstance.
CG	In the analysis table, the column showing doctors was removed, were you aware?
IH	I wasn't aware of that. There has been a number of behaviours on the ward that do not reflect too well. I had to go and speak to RJ that some of the trainees had been making reference to 'Angel of Death', but no specific person was named. ~~This~~ There was behaviour in clinic ~~is~~ being heard, talking about killing babies on the unit. I had to speak to Ravi about comments about killing babies. This was not denied ~~but~~ and RJ did accept that it was inappropriate.
CG	Did you hear about Jim McCormack telling Eirian Powell she was harbouring a murderer?
IH	No, I hadn't heard that
IH	Got security to review. Lack of security re getting in / out of the unit became apparent. There are no grounds to suspend, but there are ample grounds to move her to protect her, even in hindsight, if we did the wrong thing, it was done for the right reasons. An unwritten threat to call the police, was greater threat to LL, as she would have been arrested then there would have been the impact on her and also the impact on the unit. It felt purely circumstantial - 'Gut feeling' so took Stephen Cross' advice – we wanted more if we were going

Comment [IH1]: Not sure what this means

Unsigned - awaiting final copy

A11

Countess of Chester Hospital NHS
NHS Foundation Trust

INVESTIGATION INTERVIEW WITH RAVI JAYARAM CONDUCTED BY CHRIS GREEN

DATE 11.11.16

PRIVATE AND CONFIDENTIAL

Present:	Chris Green Lucy Sementa Ravi Jayaram Tom Carter Karen Beard-Jones	Investigating Officer HR advisor Interviewee Union Representative Note Taker
Standard:	CG went through introductions and process. It was explained that notes would be taken and then a copy would be sent to RJ for checking and signing. Any amendments are to be made in red. This meeting is treated as a highly confidential discussion and the content of the meeting is not for discussion with any other persons.	

Body of interview

TC – asked for clarification that they are here today as a witness which was confirmed.

CG – about a year ago there were concerns raised about the mortality rates n Neonatal.

RJ – There was a rise in Neonate death rate and near misses. Premature babies are at a high risk – our rate was comparable to neighbouring units. There was a rise in mortality and they were not the babies you would have predicted – none of these babies responded to timely resuscitation manoeuvres. As a group of consultants we were very concerned that the babies were deteriorating and needed to looked at why. It was raised to Executive Board about increase in death rates – also reviewed individual cases internally. Stephen Brearey organised a thematic review with external reviewers. There didn't appear to be anything in terms of clinical practise, equipment or the environment that was relevant. There did appear to be an association with Lucy Letby either looking after or being present at the time of the deaths. Discussed with the Obstetricians – we were all concerned that we were potentially putting babies at risk when there was something there that might have been a factor. Concerns were raised to the Executives who took further decisions. One outcome was to downgrade the status of the unit. We only look after babies at 32 weeks and above. RCPCH was commissioned to review the service – this has been done and we are awaiting publication of the formal report.

CG – I believe earlier this year there was a meeting with Ian Harvey - agreement made to have a 3 month review as to progress. In the interim there was the incident with the triplets.

RJ – SB had raised concerns earlier in the year– then there was the incident with the triplets in June (*RJ was not on duty or on call at anytime*) these were babies who were getting better and were stable who suddenly collapsed. This led to a review sooner than the 3 months.

CG – In terms of the consultants response to that there was a meeting on a Monday either the week after or the week after that (*RJ to confirm date*). The meeting was to discuss the triplet babies who had died on the Thursday and the Friday and the decision was taken to go to the Executive Board. What were the concerns that were raised?

RJ – Only concerns raised were that we had a statistically significant rise in unexplained deaths and near misses and we didn't know why. We were concerned because as clinicians we were unable to explain why this was happening. We had safety concerns and were worried that if we carry on doing what we are doing, whatever it is we are doing, this might continue. We escalated to the Execs and asked for guidance on what we should do next.

CG – Was there a push to move Lucy?

RJ – All that was said was that we had concerns. We noted the association with Lucy being present. Decisions made were entirely those made by Senior Management – no Clinicians were involved in the decision to remove Lucy from the unit. It was a Board decision.

CG – Was there a suggestion that if Lucy was not moved then the police would be called?

RJ – No. A discussion took place that if no explanation found, then the police may have to be involved. Don't recall any discussion as explicit as that. Concern was raised about Lucy as she had been exposed to so many deaths. Both the consultants and nursing colleagues felt that it could have been traumatic for her.

CG – Was deliberate intent by Lucy suggested? That she might have been doing something to the babies - air embolism was mentioned.

RJ – I'm not here to speculate on things. Can only say that the consultants had concerns and they escalated these to the Executive Board.

TC – I agree that we should avoid speculation. RJ is here as a witness whilst there are ongoing investigations outside as well unfair to speculate.

CG – So to avoid speculation did you hear any suggestion that Lucy had been deliberately harming babies?

RJ – No objective evidence to suggest this at all. The only association was Lucy's presence on the unit at the time. Anything else is speculation.

CG – So to clarify, was there any suggestion from any of the consultant team that Lucy had been deliberately harming babies?

RJ – We discussed a lot of possibilities in private.

CG – So that's not a yes or no?

RJ – We discussed a lot of possibilities in private and took our concerns to the Executive Board.

CG – So Lucy's removal was not instigated by Consultants?

RJ – The decision was taken at a much higher level than Paediatric Consultants – don't know what the decision making process was and who made the decision.

CG – If Lucy was to return to the unit would you have any concerns?

RJ – That decision should be made by those who removed her after completion and outcome of the report