Part one of Interview on 1 December 2020 via Zoom

DT [00:00:00] On this side of the screen, it's recording now. Yeah, yep, yep, that's fine. Okay, so interview with Stephen Cross and Kay Boyle first of December. Stephen, could you start by just telling us what your role was when you joined the trust? And. Yeah, kind of what was part of your portfolio, OK.

SC [00:00:25] Yeah, I've made a note that I thought would be one of the questions you'd ask me.

SC [00:00:29] So I was employed in 2000, in February 2007 as the foundation secretary on a part time basis, three days that subsequently went into a full time role.

SC [00:00:42] And I was, if you like, sort of I've just put down here what my responsibilities were, a board of directors, Council of Governors, the chairman's private office, relationship with the non-executive directors, oversight of legal, claims, inquest's coroner lost property, the police enquiries that came into the trust, that was general police enquiries, information governance departments, corporate directors group, fundraising departments, executive administration support.

SC [00:01:22] I led a cost reduction strategy savings team liaising with NHSR liaising with Hill Dickinson, representative on the Integrated Care Partnership, representative on the Strategic as a strategic estate partnership. Even though Freedom of Information requests member of the audit committee and then miscellaneous projects such as organising the royal visit, advising of the trusts, the system, the executive team with the potential merger with the merger with WRL. The NHS celebrations, the sixty thousand sixty fifth organising away days training for the doctors and nurses, mock inquests and legal issues.

SC [00:02:12] I was the liaison with the members of parliament and assembly members. And then I took duties that I picked up the support to the nurses on NMC matters, assaults on staff, patient relative incidents and other sensitive staff issues. There were doctors, nurses, relationships, doctors, relationships with the Nuffield, the childbirth trust, the negotiations with regards to that and dealing with long stay patients. So in that sense, that was quite an extensive portfolio, as you can see.

DT [00:02:51] Thank you. That was a very comprehensive review of what you're involved in. I just have one question. And you mentioned in that list police liaison and assaults. Does that mean you had the portfolio for being the security management responsibility because there was a formal.....

SC [00:03:14] Look, actually, I didn't I didn't think that was an anomaly for me sort of thing that I but I didn't cover the security detail.

DT [00:03:22] And so do you know who was the security management, that there was a statutory requirement at that time to have what was called an LSMS local security management specialist and a directive lead for security management?

DT [00:03:39] Do you recall who that was?

SC [00:03:41] I think it went from various people, to be honest. I think the director of nursing had it at one stage. I think the director of operations at one stage as well.

DT [00:03:51] OK, all right. Well, what we'll make some enquiries about that. oK, thank you. So our next question is quite, quite open one, we do have a number of very specific things that we want to ask you, but to kind of get into this. Can you just talk to us about how you first became aware of any concerns with relation to what we refer to as the neo natal issue?

SC [00:04:20] What I'm aware that it's between January and June 2016, there were conversations going on with the director of nursing and the medical director regarding the sort of regarding, you know, incidents and deaths in the neonatal unit. And then formally it came to me. OK, so they came to me, came to the executive team, not me personally, at the end of June. When the concerns were raised by the medical director,.

DT [00:04:52] June 16, June.

DT [00:04:56] Well, I guess that they would potentially start our first question, so we've been looking back. I mean, obviously hindsight's a great thing and they there was a series of deaths, three I think that took place in June 2015. And there was a discussion at executive this is where we're going to see if the technology works and I'm going to try and share my screen and hopefully.

DT [00:05:30] You should be able to see a document with your handwriting on it. That is that. Can you see that again? OK, so we've we've been looking back at what happened in relation to that. Those those deaths in June 15. And there was a conversation that you've made notes of. Now I can go straight to the bit.

DT [00:05:55] Is that helpful? Is it OK? And the surrounding pieces, feel, feel free to find that we've tried to highlight. So it looks like there's a discussion on quality in the executive team on this day. And I mean, you can read your own writing and I appreciate that you're seeing this for the for the first time in a long time.

DT [00:06:18] I, I wonder whether or not you have any recollection. I'm in June of the discussion.

DT [00:06:27] Because obviously, that there has been a discussion at the time because you've written yeah, yeah, yeah, I knew I think if I'm reading your blog, how much incorrectly knew neonatal neonatal deaths.

DT [00:06:42] Say that again, I think if I can read your handwriting correctly, you've written neonatal deaths.

SC [00:06:47] Yes. Yeah, that's right. Yeah.

DT [00:06:50] And do you recall what the external investigation related to?

SC [00:06:54] No, I don't specifically, to be honest, no neonatal deaths, external investigation.

SC [00:07:02] So speak out safely soon, Alison, meeting with staff, so no, I mean, I don't remember, obviously, when was this? Back in 2005. Five years ago. Yeah, I don't remember the specific conversation, to be honest.

DT [00:07:17] OK, I appreciate it. Was it was long ago. Yeah, sure. OK, OK. So Kay can I hand over to the next question.

KB [00:07:32] OK, from our point of view, within our timeline, we've had the three deaths within 14 days of each other in June and obviously it sparked off sorry, just in June.

SC [00:07:49] When you say June.

KB [00:07:50] Yeah. June 25th. 25Th.

SC [00:07:52] Thank you. Yeah.

KB [00:07:55] Yeah, so obviously that sparked off quite a number of things, which you might you probably weren't aware of in the fact is that there was Stephen Breary raising concerns with the ward manager in the NNU, Eirian.

SC [00:08:16] Yea I remember the name Eirian.

KB [00:08:20] So. It doesn't really appear until December 2015 when by that time there'd been nine deaths in 2015. Were you aware of that at all, and I appreciate that a long time ago, but were you aware in December there've been nine deaths? And what was the reaction from people?

SC [00:08:47] I don't I don't recall. I mean, you know, I'm aware that obviously my role as the medical director and the director of nursing will look into these matters. But it doesn't jump in my mind specifically with regards to that. If the I mean, the only thing I would say is that if these you know, with these deaths, obviously, they would be going to the coroner. Therefore, there would be the loop back through legal to, you know, for those dealing with that in that sense, if there's going to be inquest. But I'm not sure there was always an inquest anyway.

KB [00:09:22] No, I think not all of them went to the coroner.

SC [00:09:25] Find out exactly. So therefore, we you know, I wouldn't necessarily be aware of them, quite frankly, other than discussions going on, clinical discussions going on.

KB [00:09:35] Yeah, and we don't want to jump to 29th June 2016.

SC [00:09:43] Yes.

KB [00:09:45] And this is the meeting you had, I think, have you got . Darren's bringing up the right one. You had a meeting with Ian Harvey that you were obviously discussing the concerns made by the consultant. I was wondering if you remember that, you might not. But within the notes, can you go down to the highlights of this? These are your notes obviously.

SC [00:10:21] Yeah, yeah,.

KB [00:10:22] And we've highlighted there a sufficient level of concern that illegal activity in NNU and. Yeah, can you expand on that? Why you wrote that?

SC [00:10:40] Yeah. Well, I think I mean, that was in a sense the day that for know, Harvey as the medical director, brought it to us as the executive team. And I think he told me prior to the meeting at 8.15 at the top of the page.

KB [00:10:56] Yeah.

SC [00:10:56] That, you know, there were concerns that, you know, the time was to to move on. As you can see clearly at the top of the page, my view pragmatically was let's go straight to the police. And I think whilst you've highlighted that, I think, you know, you should highlight the top of the page as well. Quite frankly, you know, police need to be involved. Now, I took a very pragmatic approach that these were serious allegations and concerns.

SC [00:11:23] And, you know, my view was go to the police right from the very beginning.

DT [00:11:29] How can I ask how that landed with your colleagues?

SC [00:11:33] Well, I think there was some I, I think. How can you put it? I mean, they they yeah. They they still weigh that up, but felt there was a, you know, a process to go through. I mean, these are people, you know, steeped in NHS sort of experience if you like and say, hang on before you do that, it's not that we don't want to go to the police, in fact. But clearly, there should be a process we should go through in the sense of as a series of reviews, which is what subsequently happened. I was just giving my view. But there was a collective view from the others that let's go through the reviews. I as I say, I took a pragmatic view that when we had concerns like this, there's and they were serious. There were serious concerns weren't they, let's, you know, for my view, go to the police now and you can see even underline now. So that's that's that's how I felt about you personally.

DT [00:12:31] OK, that's really helpful. Take them.

KB [00:12:37] Were you made aware of that at this point that it's been raised with Alison Kelly in July 2015 about the concerns about this particular nurse thing?

SC [00:12:47] No, no, no I didn't

KB [00:12:48] On the same day there was a meeting with Tony Chambers, Alison Kelly, Ian Harvey and Ruth Millward. You and you remember that meeting?

SC [00:13:10] Was not specifically.

KB [00:13:11] No, these are the notes from it. OK, did you want to have a read first.

KB [00:13:15] Bearing in mind this was after the twin two of the triplets died.

SC [00:13:28] OK.

DT [00:13:31] Stephen, just say when you want me to scroll up.

SC [00:13:39] OK. OK, well.

SC [00:14:18] OK. OK. OK.

SC [00:15:37] OK. OK. OK.

SC [00:16:21] A.

SC [00:16:38] OK.

SC [00:16:56] OK.

SC [00:17:23] OK. Oh, that's right. OK.

KB [00:17:27] OK, now you've read those notes, right? Can you recollect that meeting at all?

SC [00:17:34] Only from the from the notes? Yeah.

KB [00:17:36] I mean, yeah, there was obviously that was the first time that Tony Chambers was made aware of the issues. I was wondering if you've got any thoughts on what was the reaction, fears of this?

SC [00:17:52] Well, I think nothing that so many sums it up in the sense that I think it was a comprehensive meeting, it's I mean, I've made extensive notes. I know which which which is what I do. And I think it puts down it sets out the issues very clearly in a way that, you know, we've done a summary which, as I say, you know, sets out. You know, where I think we were I mean, there was this balance. It comes back to is there, you know, review or police.

SC [00:18:25] Obviously the the consultants, as I've said, all say yes to police. I said yes to police. And obviously, we looked at the implications of what that meant, going to the police or otherwise. So I think it was my view is that there was a serious consideration given to to which way forward.

DT [00:18:47] OK, can I ask just this, isn't it specifically relating to the meeting and the notes you've just reviewed? It's probably probably more of a general question about, you know, ultimately, Tony was the chief executive. Was he kind of taking final decisions based upon everything that he's heard he'd heard? Or was it more collective kind of consensus, decision making process?

SC [00:19:19] Well, I think it was at that point in time, you mean.

DT [00:19:22] And yeah. Or more generally over the over the period, I mean, answer for both if you can or if they're different.

SC [00:19:30] Well, I think certainly on the on the twenty ninth of June that as you can see, there was a balanced, balanced discussion with regard to which way forward and following on from that I think that was the that was the case. I think, Tony, as the chief exec that was keen that the sort of there should be a process to go through to make sure we got to the right point.

DT [00:19:55] OK, and just on I wanted to comment on your your comment around how comprehensive your notes are. And thank you for that. All this time later is very, very helpful. And I just think it's really important that, you know, you're you're comfortable with that. There's nothing that nothing that you read that could be misinterpreted. I mean, we think that things are pretty clear and and show a broad range of what was discussed in this meeting, but in all the other notes as well. But I think part of today needs to be about if you see something that you think actually I've written that, but I'm not sure that that is fair. Well, on reflection, then, we probably need to highlight .

SC [00:20:41] I only smile because, of course, that we can always be misinterpreted can't they. I mean, it depends on whose reading them and they want to read them on face value. I mean, I'd have to look in more detail, but I mean, if I make those notes at the time, I've made them in good faith.

DT [00:20:54] Yeah, OK, that's that's that's helpful. Thank you. Kay I'll let you continue and we'll move on to the next.

KB [00:21:02] The same day you met with the paediatrician, I think it was quite late, 5.10pm and again, you don't know if you remember this is it's just really wanted to get a feeling of how the paediatricians came across in that meeting.

SC [00:21:20] Well, sorry.

SC [00:21:21] Say again how the paediatricians. Right. Yeah. Yeah. That may think.

KB [00:21:25] I don't know if you want to read those notes OK and just shout when you need me to go.

SC [00:21:31] Right. Thank you.

KB [00:21:44] These are quite long notes as well.

SC [00:21:46] Alright right. Yeah, I had a tendency to write notes as wanted to always be clear if I could be.

SC [00:22:08] OK.

SC [00:22:50] OK.

SC [00:23:14] OK.

SC [00:23:59] OK.

SC [00:24:15] Just excuse me a second. My wife was just bringing me a cup of tea. Thanks very much indeed.

SC [00:24:32] OK. OK.

KB [00:25:02] Can we just go back to that, keep going where we've got those options, there was options right now. There was I would imagine that was quite, quite a discussion about calling the police in or not as the case may be.

SC [00:25:22] Yeah, I don't. Yes.

KB [00:25:25] Well, what was the general feeling in the room? Obviously, the consultant we know wanted the police to come in.

SC [00:25:33] Yeah, but I think there was always a balance and, you know, I supported that view, as I've said to you already.

SC [00:25:44] And I think that's you know, I might let me just have a look, I made a note about that because the.

SC [00:26:06] You know, I mean, I think throughout and, you know, I've sort of put some thoughts down prior to this about what sort of about police or not police, because I always was an issue that was being debated sort of thing. And and whether I call it call it out now, you know what I mean? That sort of may you know, going back to the Royal College Review, who had said, you know, as far as I recall, that not calling the police was was was was right. And then, you know, going on to the coroner and right up to when when the consultants had the meeting with the with Simon Medland, the QC, and they made they made a comment there about sort of then what? Not blindingly one thing. Just bear with me. I want to get it right. Is that. So, you know, I mean, that's in April 2017. They said to him they were not blindly pressing for the matter to be reported to the police, but wondered who else might conduct such a review. And I think that's an important point to make. I mean, it's not you know, I still have my pragmatic approach to what should have happened. But at the end of the day and I think that even when I would jump in, even when it went to the police, is that the assistant chief constable on the 12th of May 2017 asked if there was a scope for further review, because even they were sort of hesitant to to take this on, in my view. And clearly, you know, I've got a note that that's what is in the note itself that sort of is there a scope for further review and suggested further reading and conversation. So there was always this balance to be achieved, to be honest.

SC [00:27:59] Difficult, no doubt, because.

KB [00:28:03] Obviously, Duncan was involved at this point as well. What was his reaction?

SC [00:28:10] What would you think took the view that, you know, let's follow the process? I mean, you know, he's steeped in ancient history now. You know, I think people valued his his experience and his wisdom.

SC [00:28:24] And Duncan was very hands on with this. I mean, that's a point I want to call out. Part of my role was to make sure the board were fully sighted on the on all of this. And they were and Duncan was involved right from the very beginning and in my view, took a very hands on role, understandably, as the chairman, you know, had his care for the trust, you know, so and everything that was going on, the.

KB [00:28:50] In regard to the nurse, because obviously by this time, the nurse had been identified as being the commonality of being on duty most of the time. Was there any discussion about reporting or suspending,reporting to the NMC? Can you remember ?

SC [00:29:08] Well, there was lots of discussion.

SC [00:29:09] I think it's you know, it's highlighted in my notes from time to time. I wasn't necessarily a party to that. I mean, these were HR issues. Obviously. I you know, I you know, when conversations came up in execs and I was aware of it, but I mean, there was the discussion right from the beginning about, as I recall, supervision in the first instance. Yeah. And then I recall that that wasn't going to be possible due to, you know, staffing and being able to do that properly. So subsequently there was the move and to the risk department, I think, if I recall. So, you know, I mean, yes, there was a lots of conversations that I recall with regard to how to to deal with the nurse. Yeah, but the interest of safety, I mean, all of this was about making sure the unit was safe and, you know, babies being born, you know, as best they could be in the circumstances with all that stuff that was going on.

KB [00:30:10] Can you remember at the time if there was any discussion about commissioning an external investigation at all?

SC [00:30:18] Do you mean the one by the Royal College?

KB [00:30:19] No.

KB [00:30:20] Well, this is this is that what they feel was an external investigation with the college coming in and doing a review?

SC [00:30:31] But I mean, it was always it was clearly identified as an external review. Yeah, definitely. I mean, that's what that's what they said.

SC [00:30:38] And that was that was my that was my understanding. That being the review earlier by the internal review where the consultant from Liverpool Women's and that sort of thing. So I mean that. So the external bit was the obviously the consultant from Liverpool Women's and then between, you know, January, January and June 2016, you know, that that review was, as I understand it, going on. And those are the conversations taking place before it came. What I call formally to to to the executive. Yeah. Twenty ninth of June.

SC [00:31:13] And then there were the conversations with regards to the, as I say, an external review by the Royal College.

KB [00:31:20] Yeah, OK.

DT [00:31:21] Could you. Sorry, can I do you recall any conversations about the terms of reference for that, about what's on the terms of reference for that Royal College review?.

SC [00:31:33] Ian Harvey is the medical director, was was tasked with drawing up the terms of reference, and I'm sure I don't again, I don't want to be, you know, give views. I mean, as far as I know, he consulted others. But that's a matter for him. You know, as far as I was aware, it was something that was discussed. With the with the chief executive and others, but that, as I say, I'm presuming that to be honest,.

DT [00:31:59] OK, that's helpful.

DT [00:32:02] And then you made a comment earlier about Duncan being hands on. Could you just elaborate on what kind of behaviours, activities were included in that?

SC [00:32:13] Well, he attended executive meetings, he directed, you know, when there were board meetings and any any extraordinary meetings of the board, private board meetings and conversations with the with the consultants.

SC [00:32:29] So from start to finish, as I say, that's the way I've described it. Hands on became a bit of an executive chairman and throughout this, in my view.

DT [00:32:38] OK, that's helpful. Thank you.

KB [00:32:41] Can I just take you to July 6th and 7th of July? Right.

KB [00:32:50] There was, I think, classed as a deep dive and was done under silver control.

SC [00:32:56] Your echo a bit sorry.

SC [00:32:57] Say that again.

KB [00:32:59] In 6/7 July. That was a deep dive,.

SC [00:33:03] right?

SC [00:33:03] Deep dive. Yes.

KB [00:33:04] I believe using silver control.

SC [00:33:07] Yes, silver control was set up. That's right.

KB [00:33:10] What what was the purpose of that deep dive?

SC [00:33:14] Well, I think in view of what had happened and I remember that I do remember this because it was my suggestion that we set up a control room. I mean, that's that's the way I like to do things so that there was a you know, with all the stuff that was going on, you know, it was them all. Was that what should be done? And link again to John. What's his name? John Gibbs. Was that the consultant paediatrician? You know, it was suggested, let's do this together. Let's try and work together to understand what is the extent of this. And also, you know, just just get into into the detail of it. And that view was supported by the executive team to set up a silver control.

KB [00:34:01] Were there any reports produced from that deep dive? Because we've not managed to see any.

SC [00:34:10] Well, I thought it was, but I again I can't particularly help you on that, not what I'd have to give that more thought, to be honest.

KB [00:34:17] No thats fine.

SC [00:34:17] No point. There's no point in doing a deep dive without some sort of report. I did the.

KB [00:34:23] But we know that Ian Harvey did a presentation.

KB [00:34:29] But we're not entirely sure we've got the correct presentation, which we're still working on at the moment,?

SC [00:34:35] Yeah, I mean, I feel that there was an outcome from it. I mean, you know, but I can't specifically recall what that was at this moment in time. But I'm sure the risk team put together some some data. And as you say, you've just recollect, you know, my mind that I think that's that's, as you say, then Ian Harvey then produced something from that to go forward.

KB [00:34:58] Yeah. And can I take you to the 14th of July 2016? This was a private board meeting.

KB [00:35:09] It was a private board meeting.

SC [00:35:11] Oh, yeah, yeah, yeah.

KB [00:35:12] This is where Stephen and Ravi actually attended this meeting. And obviously, they were explaining what the NNU concerns were. Appreciate I don't know if you're going to remember this meeting, but is about what was the reaction of the fellow board members, bearing in mind that Duncan already knew? What was the other board members reaction?

SC [00:35:38] Well, the thing always I mean, I can't specifically remember, but, oh, you know, it was taken very seriously. Yeah, I think that's that's how I would sum that up. I mean, it's sort of.

SC [00:35:49] I'm just looking just go down a bit again, please, just so we can see now down down a bit, just so I can see who was there. Sorry.

DT [00:35:56] Oh, sorry. Sorry.

SC [00:35:57] I can't get all parts of the documents.Rachel, Andrew ,James, Ed, virtually all there. So, yeah. I mean, as I say, I think it was a matter of making sure that they were fully sited this is part of what I was just said, fully sighted on what was going on and being briefed accordingly and making sure the matter was taken seriously.

KB [00:36:24] The next question I've got here is with the Royal College invited review, in your view, did you think that it was going to be investigated deeply enough. To get the answers of why these babies died.

SC [00:36:45] Yeah, well well of my in ads.

SC [00:36:48] But yet, I mean, when you my understanding was, if you're being a Royal College in and you bring a review team and the whole point of that is to is to really get to the bottom of what's what it's all about.

KB [00:36:58] Yeah, OK.

KB [00:37:01] Do you think that the paediatrician's were being listened to in your opinion, but.

SC [00:37:07] I think well, who by? when you say that, I mean, I think it was to be taken very seriously.

KB [00:37:13] That's what that's what I want you to hear.

SC [00:37:17] yeah. Yeah.

SC [00:37:17] That is being taken very seriously. And of course, they were. It is my view.

KB [00:37:23] In July 2016, you were in office because you deal with the HM coroner. What sort of conversations were you having with them about these concerns? So if you remember, because I think you've had you had a couple of meetings with the coroner.

SC [00:37:42] Yeah, that's that's right. I mean, I sort of obviously with my liaison with the coroner, they were very, very constructive meetings. The coroner was very clear on what his jurisdiction was. And you know, that some of these matters hadn't been reported to him. Those that had he would review and look at. So if there were inquest pending, he would look at obviously whether they should be sort of adjourned. Obviously, he was thinking about families and underlying all this. And I want to make the point. I mean, is that, you know, the end of the day, we're dealing with with families here in great grief and everything else that goes on. And we must never forget that that is massively important and that's why it was being taken seriously. So the conversation with the coroner were constructive. I went across, I think have that you'd have to check a telephone call with the deputy coroner. He was informing the Mr Rhineberg. Yeah. Then subsequent to the meeting, I went with Ian Harvey so that we could sit down and talk about it. But the clearly the coroner didn't feel that there was he had the jurisdiction to to open any further enquiry, if you like. But of course, bearing in mind the coroner can refer any matter to the police to do so.

KB [00:38:56] Yeah,.

SC [00:38:56] And that's important.

KB [00:38:59] But by this time, there've been 13 deaths in a period of 18 months, do you not have any concerns.

SC [00:39:06] Say again.

KB [00:39:07] Even though they were not all reported to him.

SC [00:39:10] Well, again, I mean, it's a matter for the coroner, isn't it?

SC [00:39:12] I mean at the end of the day, I think and again, you're asking me for a subjective view here, is that, you know, he you know, I mean, these are eminently sensible, you know, judicial men who sort of, you know, know, been coroners, this Rhineberg in particular been coroner for many, many, many years, experienced. And will make a decision accordingly. But I felt that he felt that some would not repeat myself. So we've not being reported as coroner deaths. So therefore, on the and, you know, he took the action or didn't take any action that he felt, he felt that was the view, lets put it like that. Nothin more I can comment on really.

KB [00:39:54] And I just want to ask you about Lucy. There were conversations around moving when the supervision could not be completed and for whatever reason, the decision was to move her to the risk department. Were you involved in those discussions about that?

SC [00:40:15] No, not not specifically, no.

KB [00:40:17] No. Did you feel it was appropriate for her to go to risk team?

SC [00:40:22] Well, I felt my personal view was that that perhaps wasn't the best place to go. And I remember I mentioned that to Alison Kelly. But as I say, I'm just one of it, you know, a co-opted member of the executive team. And at the end of the day, I could comment, but no, it wasn't the right place for her to go, in my view.

KB [00:40:42] You know, we've asked everybody that question, I dont want you to feel youre just the only one. In hindsight, what you know, what you know now, do you think she should have been suspended at that point?

SC [00:40:58] Very difficult, very difficult question. I think that there were serious allegations being made against her. Having said that, you've got to there's got to be a fair and balanced view in terms of of how she's treated. And again, you go back to the to the notes you've shown me previously and there is a term , that it was a gut reaction. That's a term that consultants paediatricians have used, isn't it? There was a gut reaction. She was on duty, you know, all the time. She explained that, didn't she say, well, I wanted the overtime and all that sort of stuff. You know, she was a speciality nurse. Lots of experience, you know, with hindsight. Yeah. You know, you could say that she should have been the case maybe.

SC [00:41:43] But at the end of the day, the trust was trying to find a fair and balanced way of dealing with the consultant paediatricians and dealing with the nurse and the nursing staff. There was a lot of support from from her teams, from senior nursing staff, wasn't there for her. And we asked again through Hayley Cooper and others in massive support for for the nurse. So you're in a very difficult position on in terms of balance and fairness to all sides.

KB [00:42:15] Yeah, very true. OK, thank you for that. I just want to take you up to this is after the college had been in. There's a letter that they sent to Ian. I would like you to read if you've not seen it before,.

SC [00:42:35] Refresh my memory.

SC [00:42:36] I not. I don't know.

KB [00:42:44] how much have we got, half an hour.

SC [00:43:14] OK.

SC [00:43:29] OK.

SC [00:43:57] OK. OK.

SC [00:44:12] OK. OK.

KB [00:44:25] Have you seen this letter before? Steven

SC [00:44:31] I can't recall, you know, I may have done I mean, I don't know, to be honest, you got my.

KB [00:44:37] So obviously within that letter, they have suggested to do an HR nvestigation with regards to the murder, so you were not aware of the contents of this letter?

SC [00:44:48] Well, I was I mean, probably has been read out or something. I'm not you know, I'm not saying whether I saw the letter itself. I'm aware that they raised the issue about sort of our concerns.

KB [00:45:01] OK.

KB [00:45:03] But going on from here, did you ever see the Royal College report in its final form?

SC [00:45:09] Yes,.

KB [00:45:10] You did.

KB [00:45:11] So were you involved in the discussions around having two reports and one was quite heavily redacted with the HR issues identified?

SC [00:45:22] Well, I was yeah, I was aware of the conversations.

KB [00:45:28] And what was the reason for that? For redacting the HR issues within the report.

SC [00:45:35] That again, so you're echoing.

KB [00:45:37] What was the reason for redacting the H.R. issues?

SC [00:45:41] But my understanding was that because they were HR issues that the medical director had to go back to the college to seek their permission to take that out because it was related to confidential, sensitive HR matters.

[00:45:59] Ok and moving on from that, Ian then commissions and ta neonatologist from London to review cases,.

SC [00:46:08] Yes,.

KB [00:46:10] In response obviously to the college suggestion, because they couldn't actually and it wasn't part of the terms of reference. So actually, look at the clinical decision making of all the baby deaths. Mm hmm. So he then commissioned Jane's Dr, Jane Hawden.

SC [00:46:27] Yes.

KB [00:46:28] Did you ever see her report?

SC [00:46:30] I did.

KB [00:46:31] You did. Bearing in mind you are not clinical,.

SC [00:46:38] Well, indeed.

KB [00:46:39] What did you think about the report?

SC [00:46:43] It's it's and again, I think the caveats are not clinical, but it seemed brief in the sense of each individual case.

KB [00:46:51] Yeah, yeah.

DT [00:46:54] And so I just asked state, when were you the person, the thought that or was that the view of others?

SC [00:47:01] Um, no. Let me just let you know.

SC [00:47:04] I think that was the view of others. But don't ask me who it was. I mean,.

DT [00:47:07] No, no, that's fine.

SC [00:47:09] The feeling my mind is that there was you know, there were just a few lines on each one, wasn't that sort of thing. And I think people were a bit disappointed.

KB [00:47:18] Yeah.

DT [00:47:19] So we're about to show you something else,.

KB [00:47:21] Want to show that now, Darren?

DT [00:47:25] I think so, don't we? I'm just looking to find it. So I'm moving forward. So this is a letter that accompanied the report and I'd just like to read it. And then again, tell us if you will, work with contents.

SC [00:48:05] OK.

SC [00:48:22] OK.

SC [00:48:44] OK.

SC [00:48:57] OK.

SC [00:49:09] OK.

KB [00:49:13] Have you have you seen this letter?

SC [00:49:16] I don't I don't recall I don't recall it. I mean, but I did, you know, you know, so many pieces of paper. I don't recall that because I called out some stuff that I don't recall, to be honest.

DT [00:49:26] I was about to ask you. So I don't want to misinterpret what you've just said, but I think you've just said you read things that you weren't aware of. Yeah, exactly. Can you specifically tell us which bits you weren't aware of?

SC [00:49:40] Well, I think the detail she goes into, isn't it sort of thing, you know, about the sort of go back further up. It's sort of, you know, where she sets out.

SC [00:49:47] About the.

SC [00:49:51] You know what? Well, she's, you know, not able to go down a bit sorry that way.

SC [00:50:02] I'm not in a position to perform this commission locally, and there was something further up, wasn't it, about the time scale one to 10 to 12 hours and things like that sort of thing, which I was not? I don't I don't recall that at all, to be honest.

DT [00:50:19] So I believe there were several iterations of this report that would were there was a continual stream of information that was being sent to Dr. Hawden and there were I think there were like six, possibly even seven different versions where things have been added and updated and another report has been sent. But I could you describe what the general view of that report was? Was it that it was a full final in a thorough investigation?

SC [00:50:59] Well, as far as I know, as far as I'm not being clinical, I think it seems to me that he thought it was you know, I was told that it was a very thorough investigation. It did identify that further work that needed to be done that you've linked to with regard to Jane Hawden.

SC [00:51:18] OK, as far as I'm aware, you know, I mean, as I say,.

DT [00:51:21] Your impression and I completely understand your not clinical and I'm not asking you for clinical opinion. I was asking you've responded by answering the question. I was I was posing, I think, with which was your general sense of what this report was about.

SC [00:51:40] It seemed to be thought of to me.

SC [00:51:41] Yes. On the basis of what I know.

SC [00:51:45] As I say, and lack of clinical expertise,.

DT [00:51:48] Sure, you would have been led by what your clinical experts would have told you others always.

SC [00:51:54] Absolutely.

DT [00:51:58] Sorry we're gone out of sequence a little bit, so, yeah, let's move on and I'll I'll try and recover.

KB [00:52:06] In relation to Dr Jane Hawden from the invoice that she sent to Ian Harvey. It actually transpired that she spent about an hour and a half on each case, that 16 cases that she then produced that report. What are your thoughts on that being a big thing in

your your situation that you see lots of files, lots of investigations, would you think an hour and a half?

SC [00:52:37] No, that's not sufficient, is it ?

KB [00:52:40] No, thank you.

KB [00:52:42] OK, can we go back to there was an exec meeting. So bear in mind what we've just shown you there was an exec meeting on the 19th move on this with where.

DT [00:52:58] 19 December?.

KB [00:53:00] No sorry 19th October, sorry, where the college report, can you move on to the next one? Darren. Where the college report and Jane Hawden's report was discussed. I don't think this was highlighted in here, but within your notes, you've actually stated that Ian was saying that it was unconvincing evidence to go to the police. And that he'd had the reports back. Now, seeing what you've just seen.

KB [00:53:44] What are your thoughts behind that?

SC [00:53:47] Just show me of this.

KB [00:53:54] Let me find it on online. I don't know if you highlighted it Darren on here,.

DT [00:54:00] Just give Stephen a chance to read them.

SC [00:54:04] OK, fine. Go on.

SC [00:54:06] OK.

[00:54:19] So where is the bit about Ian?.

SC [00:54:19] And you're saying that the you just said to me that you said there's this statement, say, sorry,.

DT [00:54:30] There's three pages of this.

SC [00:54:31] All right. OK.

SC [00:54:52] OK.

KB [00:54:57] I think you just passed it about the unconvincing but.

SC [00:55:00] Yeah, I saw that that was that was in so many. You mean.

KB [00:55:08] Yeah, yeah, yeah,.

SC [00:55:10] I've seen that, I mean, can you just go up a bit again.

DT [00:55:17] So I like this way to the top, just like a out in a different direction. So I know.

SC [00:55:34] reading document out loud.

SC [00:55:43] Yeah, so so Ian's given a an outline of the report, report?

SC [00:55:52] And in essence, you know, so saying not calling the police with the right decision and then. Coming just in, somebody saying, well, I've said before it already, you know, go, go, go down, please, and then saying, you know, need to update mode in particular, ?????????? review no convincing evidence at present. So that's just, in a sense, repeating what I said earlier about the gut reaction that, you know. So, yeah, I think that's just where we were at that particular point in time.

KB [00:56:25] No, I just wanted a little bit of clarity on that really. I. So from this, get my words right, Ian Harvey said that there was a third four that needed forensic evidence or forensic investigation.

SC [00:56:46] Mm hmm.

KB [00:56:46] He then approached all the pathologists at Alder Hey?

SC [00:56:50] Yes.

KB [00:56:54] To ask them to do that.

SC [00:56:55] Yeah.

KB [00:56:56] So that was for 4 cases.

KB [00:57:01] I'm going to jump then to 2017,.

SC [00:57:05] Right,.

KB [00:57:06] Because. He it was just before a meeting, the board meeting on the twenty sixth of January, where he had an email back from Joe McPartland, who was a pathologist at Alder Hey. Saying that they couldn't do the forensic review review that they wanted and they suggested to do to get someone external to complete this. Were you aware that they couldn't do it?

SC [00:57:39] I don't know, I don't I don't think so. I don't recall that.

DT [00:57:44] I saw it, I think that our understanding at this time is that on the 10th of January, in 2017, there was an extraordinary board meeting where there was a conversation where Ian is quoted as saying that I although he's loathe to do it, he feels as much evidence as they can gather. Is that being being reviewed and that he he thinks that we need to you need to draw a line underneath what what was happening, because there was sort of no further progress that could be made.

DT [00:58:24] But at that time, he hadn't received the response from the Alder Hey pathologist, which he does note in his paper.

SC [00:58:34] Right.

DT [00:58:35] But that's not what he says in the meeting.

SC [00:58:37] Right.

DT [00:58:39] And then subsequently. So that's the 10th of January. Then you roll forward a couple of weeks ago, just over 10 days. And then the pathologist from Alder Hey say we can't do this.

SC [00:58:53] Right.

SC [00:58:56] OK, yeah, well, I'm not I'm not aware, you know, I'm not a party to the detail of that, to be honest,.

DT [00:59:01] OK?

DT [00:59:03] I just wanted to know whether that was part of the story that you recalled.

SC [00:59:12] When you said the story, I recall what that Ian,.

DT [00:59:17] Did you do you recall that in that board meeting, in the extraordinary board meeting on the 10th of January, that that the general sense was we've gone as far as we can go.

SC [00:59:32] I think yeah, I do, yeah, I mean, whatever whatever's minuted there, I mean, that will be what was what was said. I think he was saying at that point, you know, there was no there was unconventional combat to what he said on convincing evidence. Yeah. Maybe saying, OK, where do we go now? But that that was a matter for him on the clinical side, in a sense.

DT [00:59:53] OK, thank you.

KB [00:59:56] Can I just take you to the grievance?

SC [00:59:59] Yes.

KB [01:00:00] And obviously, Chris Green was commissioned to actually complete that investigation. He met with you on the 16th of November. And he has, I believe he has done a draft report by that time, he then met with you. Can you read your notes and just sort of give us some clarity about what was that meeting about and why?

SC [01:01:04] OK, I think so with regard to the point about Chris Green, I think he just wanted reassurance that I often was a listening ear, to be quite honest with you.

SC [01:01:13] I mean, you know that not and I don't want to sound grand when I say this. But, of course, you know, executives from time to time came and just sat down and just talked to me and I just listened. And I think reading that, I think that Chris will just wanted some reassurance as to as to where he was in the difficult circumstances, to be honest.

KB [01:01:37] And obviously, we have highlighted there advice from Beechcroft. Yes. What was that about?

SC [01:01:44] Well, I the anything that sort of you know, I was like sort of, you know, a Go-Between in the sense that where we needed to take external advice. I'm not an expert in all matters. So with regards the grievance, that was very much, you know, dealt with with

you know, as with our director of people Sue Hodkinson who took on Beechcrofts for advice throughout the grievance procedure. So I'm just making a note that was that was the case.

KB [01:02:14] OK, that's fine. That's fine. That's why I said I needed to know.

KB [01:02:18] That's fine.

KB [01:02:19] OK. Did you see the final Grievance report?

SC [01:02:24] Not for some time?

SC [01:02:26] I've subsequently read it, but I was again, not a party to to the grievance in that sense with the you know, that was you know, that was their speciality, wasn't it? And I think, you know, as you from the beginning of this conversation, had enough going on with with my portfolio, to be honest.

KB [01:02:45] The next question really which Darren and I felt quite unusual was actually meeting with Lucy's parents on the 22nd of December.

SC [01:02:59] Right.

KB [01:03:02] What was the reasoning for that?.

SC [01:03:05] What to meet them or for me to meet them?

KB [01:03:08] Well, obviously Tony met with them, didn't he? And in that meeting, well, what how did this come about? Because this is an unusual.

SC [01:03:20] Well, when you say unusual, in what sense?

KB [01:03:24] Well, obviously there was a grievance with regard to Lucy who works for the organisation and then you've got the parents that don't work for the organisation. So what was what was the thinking behind that?

SC [01:03:39] I think, again, fair fairness, fairness and trying to achieve a balance, I mean, they I do recall that, you know, the parents were coming on heavy to in support of their daughter, obviously, that they wanted you know, they were as I recall, they they felt the the trust was not was not treating the nurse fairly and lobbied hard on on her behalf. And I think, again, in the sense of of balance, it was, you know, Tony felt that it was appropriate. And I think Sue Hodgkinson, Alison Kelly and I just developed my thoughts on it. Hayley Cooper the RCN also had felt it was appropriate to, you know, to meet the parents and listen to what they've got to say. It was a courtesy thing, I think, more than anything,.

KB [01:04:33] Ok Quite difficult meeting I would imagine.

SC [01:04:36] Very difficult. I mean, I you know, I recall meeting them and they, you know, very demanding, very, very strong. But that was part of, you know, you have to deal with these things, don't you, in the sense of trying to to get that balance back.

KB [01:04:51] And we're on twenty past eleven now.

SC [01:04:54] OK, keep going.

KB [01:04:55] OK. So I'm just looking at my notes. Can we go to the meeting of the 10th to January, which is the extraordinary board meeting? Obviously, this is where Ian spoke about the grievance and the Royal College report. My questions that I've written here is how was the board feeling about the outcome and how Lucy have been treated?

SC [01:05:31] How the board feeling.

DT [01:05:31] Do you want to have a look at the notes Steven?

SC [01:05:36] I'm going to say, I mean, it's.

SC [01:05:48] OK. OK.

SC [01:06:33] Hmm.

SC [01:06:56] OK.

SC [01:07:16] OK, a.

SC [01:07:36] OK.

SC [01:07:52] OK.

SC [01:08:12] OK.

SC [01:08:48] OK.

SC [01:09:34] OK. OK.

SC [01:10:51] I.

SC [01:11:11] OK. Oh, OK.

SC [01:11:45] But.

SC [01:12:01] OK.

SC [01:12:15] OK.

SC [01:12:17] That isn't going to be this quick, push it to twenty to and then get getting excited, he's going to get told off, but he works for Marks and Spencers.

SC [01:12:34] So, you know, they're all working from home at the moment, but they're keeping a keen watch on what they're doing, obviously there.

KB [01:12:41] And now, you know, and obviously now knowing what's behind what Dr Jane Hawden had said t and not actually completing the forensic investigation. How do you feel about those notes now?

SC [01:13:00] Well, I mean, the notes are very comprehensive, I mean, as you say, it's about, isn't it sort of how much information is provided?

SC [01:13:08] I suspect from from reading that again, is that, you know, there could have been more information from the medical director to to inform the board. Having said that, you know, there's a comprehensive discussion by the board based on the information they've got, particularly with regards to the individual.

SC [01:13:26] And I think that they acknowledge that, you know, things could have been done differently with that. The.

KB [01:13:34] It mentions in the notes as well about the paediatrician's unprofessional behaviour. Can you elaborate a bit on that? Because we need a little bit more detail around that. What how were they behaving or even perception of how were behaving?

SC [01:13:53] My recollection again, the perception was that it was the conversations going on within the unit.

SC [01:13:57] And again, I'm not a party to those. But that was the if you like, the flavour of it. The fact that they were talking about the nurse, I think it was the comments about the angel of death. You know, this gut reaction. So I think it was you know, talking loosely, I suppose, and that's my interpretation. Not so. But I think that's how, you know, that that's that's the essence of it in the sense that they were acting unprofessionally.

KB [01:14:27] Was there talk of actually reporting anyone to the GMC because of their behaviour,.

SC [01:14:32] I don't recall this.

SC [01:14:34] I mean, I remember Ian feeling very strongly about this. He said, you know, again, this is you know, I mean, this is subjective, isn't it? He said he didn't. I know the parent. I mean, the parents clearly did say that they were going to report them to the GMC. They told me that. So there was that. But that was that came from the parents and maybe Lucy as well.

KB [01:14:54] Yeah. Do you want to ask anything Darren?

DT [01:14:57] Not not relating to that.

DT [01:15:01] I kind of think that we've got probably another 10 or so questions and that it's probably better for us to reconvene maybe for an hour at some point, Steven if you are agreeable to that.

SC [01:15:17] OK. Yeah, well, I want to get out this way. You know, Christmas comming now and there's loads going on. I want to put this I want to put this, you know, I mean, it's important and I want to help as much as I can, as I've said. So let's do that as soon as we can.

SC [01:15:32] Yeah. So when are you suggesting w.

DT [01:15:34] We can probably do a next few days, when when your study free?

SC [01:15:40] Mornings.

SC [01:15:43] I've got him to arrange to go on two afternoons from lunchtime I should say, you know.

DT [01:15:47] So ok. OK. Can we reconvene tomorrow.

SC [01:15:51] Let's do it in the morning. Now what, what day is it tomorrow. Wednesday. When we start at 12:00 today. I think he starts at eleven tomorrow. So should we do it. Nine thirty.

DT [01:16:01] Yeah. Yeah.

SC [01:16:04] No, nine thirty. Ten thirty. And then he's ready for eleven isn't he. That's fine.

DT [01:16:07] Yeah. Yeah.

DT [01:16:08] OK let's, let's do that and we'll use the same link today. Same link. So half past nine in the morning.

DT [01:16:15] Yeah.

SC [01:16:16] No that's great. That's fine. Thanks very much indeed. OK let's do that.

SC [01:16:19] OK. Thank you. Bye bye. Good bye.

Part Two of interview on 2 December 2020 via Zoom

DT [00:00:01] So hopefully she'll be recording now because on the screen, so we want to take you back to January 2017. And I think we talked about the extraordinary board that took place on the 10th of January, that month, and I think Kay's going to ask you some questions about the 26th that's the meeting that took place towards the end of that month with the executive and the paediatrician's. OK, so I'm going to hand over to Kay ask you the questions and I'll I'll share my screen.

DT [00:00:42] A very technical job of scrolling through your notes from that day,.

KB [00:00:49] If you want to look at those Steven,.

SC [00:00:53] But it seems .....

SC [00:01:25] OK, OK, OK. OK.

SC [00:02:32] OK.

SC [00:02:35] So, yeah, just, uh.

SC [00:03:00] OK. So that last bit.

SC [00:03:18] ok.

DT [00:03:20] I think it looks like it closed at 1.07. so it looks like it closed at 1.07.

SC [00:03:27] Yes, I see that. Yep.

KB [00:03:29] Can you remember this meeting Steven?.

SC [00:03:33] Yes, I can. Yes.

KB [00:03:35] Tell me what you, what you thought of that meeting.

SC [00:03:39] I think it was a difficult meeting on reflection. I think after the meeting, I think that Ian and Tony, if I'm frank, thought that they could perhaps draw a line at that point. And that was called out in the meeting, as I recall.

SC [00:03:55] But clearly, the consultants paediatricians were still unhappy. And you can see from the you know, they just had more time to to reflect. Yeah. And again, I think it was this balance between sort of, as I mentioned yesterday, the fairness, if you like, to to the nurse and what had been said so far and if you like, perhaps more weight being attached to that at that point in time, which, you know, from for me, from this and I'll say now, look, from this point on, I think that's when things started to deteriorate in terms of the relationships with the with the paediatricians.

DT [00:04:37] OK, can I can I just let us in so we've we've had that meeting described to us by several people. Yes, obviously there were a number of people in the room. My first question is, can I just confirm if you look at the screen and highlighted this the bit here.

DT [00:05:01] Now, does that say RH?

SC [00:05:04] Yeah, that's Rachel Hopwood.

DT [00:05:05] Yes. She was in the meeting.

SC [00:05:07] Oh, she was that's right.

DT [00:05:08] Okay, that's really helpful. Thank you for.

SC [00:05:10] Representing the board. Yeah.

SC [00:05:11] I mean, if you recall, I mean, from the notes excuse me, that, you know, that being the previous I think it was the meeting we talked about yesterday where the board had been informed that, you know, Tony or Alison, I can't recall exactly. You wanted the statement of the nurse read out at a meeting with the paediatricians present. And the board supported that view. And Rachel was at that meeting on behalf of the board.

DT [00:05:40] OK. Excuse me. And my next question was going to come back to something that you said.

DT [00:05:46] So you talk about and it says in your notes about drawing a line that we've we've had we've had Tony's demeanour described to us when he said that. Do you recall how he delivered that message?

SC [00:06:06] I think he took a strong line about you know, I previously heard about his comments. I don't think he was bullying. You know, I think he was, in his view, acting as the chief exec.

SC [00:06:18] He felt, you know, you could clearly see that he felt strongly about it and conveyed that view.

DT [00:06:25] OK.

DT [00:06:28] So would you go as far as to say, and I'm quoting from other people, that he was kind of, you know, almost foaming at the mouth and bright red and you it was clearly, visibly angry.

SC [00:06:41] I don't remember foaming at the mouth, to be honest with you. I wouldn't call it anger I call it, you know, a strong line, he took a he took a strong line,.

DT [00:06:49] OK,.

SC [00:06:50] I'm not trying to protect him. I'm just saying, you know, and not far from it. I mean, you know, at the end of the day, you know, you know, we'll come you know, Tony made mistakes, you know, and these are lessons to be learnt. But as I say, I didn't see any foaming at the mouth. OK, but he did take a strong line.

DT [00:07:07] OK, that's helpful. Thank you.

DT [00:07:12] OK, Kay do you want to ask the next question?

KB [00:07:14] You've actually answered a couple of questions that I had, but there was one, after Lucy statement was read out by I believe it was Karen Reeve?

SC [00:07:25] Yes.

KB [00:07:25] And what was reaction in the room?

SC [00:07:30] Well, I think I just recall that silence.

KB [00:07:34] Yeah,.

SC [00:07:34] Stunned. I think people were stunned by it, to be honest.

KB [00:07:37] Really.

SC [00:07:38] There was silence. Yeah.

SC [00:07:40] I can't remember. You know, I've not got the statement. I can't remember the detail, but I remember it is a strong statement.

SC [00:07:48] And that, you know, I think, as I say, it resulted in in silence.

KB [00:07:56] Obviously, we have spoken to all the paediatricians now, and they've all got as Darren said their own version of events, the fact that these things and they all say they were quite shocked by this statement. Do you think that was the right thing to do to read that statement in that meeting?

SC [00:08:18] I, I wouldn't have done that, but there was a view, a collective view from the board of the non-executive directors that that was the appropriate thing to do. And in the interests of fairness and balance, as I've said. Yeah, not something. I think it was inappropriate, but I've said that all along.

KB [00:08:38] OK, that's all I've got on that meeting Darren? have you?

DT [00:08:40] and I just want to kind of take a pause really and sort of step out of the timeline for a second, because you made some you made the comment about you think Tony Chambers has made mistakes along the way.

DT [00:08:55] Can I just draw you on that? And if you don't want to be drawn on that now, can we come back to it at the end?

SC [00:08:59] Well, yeah. I mean, let's go back, because what I've done is that because I thought you might ask me is the you know, you talk about lessons learnt and I highlight in that. So I was going to summarise that at the end, to be honest.

DT [00:09:12] Fabulous.

DT [00:09:13] Thank you very much. All right. Let's move on to the next one.

KB [00:09:18] Next one is a telephone call that you have with Ian Harvey. Which Darren's going to bring up, OK?

SC [00:09:45] OK.

KB [00:09:48] Think these are quite short notes, actually.

SC [00:09:50] Yeah, they are. I'm just not understanding myself as a reporter because of unexplained.

SC [00:09:59] OK, so.

SC [00:10:05] So, yes, what are you asking me what it may well,.

KB [00:10:09] These are quite short notes a of a flavour.

KB [00:10:13] What was that conversation about and what was the outcome of?

KB [00:10:17] Just because he mentions here that when he saying to you that 4 went to pathology review by Alder Hey, 11 explained, 2 unknown of triplets that still unascertained referred to and I can't read that word.

SC [00:10:33] You no think. No gen??????, it says it referred to genterologist. So that's the it's a clinical, you know, sort of I'm not sure myself, to be quite honest with the general.

DT [00:10:52] You know, he looks like a G, doesn't it?

SC [00:10:55] Yeah, it's a genterologist. I'm not sure what they do, though. Well, remember, to be honest. OK, well, I think so. I so between Ian Harvey how we report to the public through Coroner so that my interpretation of that is that I've received information through the coroner. That's the position that we're in.

KB [00:11:17] Right now.

SC [00:11:17] That's the way I would describe that, to be honest with you. I think, you know, that's how I would read mine notes.

KB [00:11:24] Can you just wind that up a bit Darren, because there is bits in there about Ravi, as Ravi was discussed.

SC [00:11:33] Yeah. He's asked for a report because of all this. Yeah, I mean. It's difficult to recall in the context of it, isn't it? So. Ravi asked for the report because of unexplained deaths, yes understand that we've actually changed the intense unit, which is what we've done. Because because of patient safety, concerns, selfish, presented on ???????? Poor consulting practise at the. At the root of this, consultants is playing golf. I've done the telly stuff, so I'm likely to be.

SC [00:12:32] So this is Ravi talking, you know, because he isn't it. This is him talking to me. Yeah. As far as I can see. Does he then describe it? I remember he told me about gutter press and then be and potentially being door stepped.

SC [00:12:49] I want to say we look, we took active decision.

SC [00:12:55] And Ravi saying clinicians need certainty cause of death.

SC [00:12:59] So I think that's a you know, that's for me the conversation is about where we were, where we were at and that he wanted some certainty, you know, he was because he was going on the telly and things.

SC [00:13:13] Talking about these things. So I think I'm just making a note of that conversation, to be honest,.

KB [00:13:21] That's fine I just wanted some context around that.

SC [00:13:24] Yes, that's as much as I can.

KB [00:13:27] OK.

KB [00:13:31] Then we move on to the 6th of February, which is an execs meeting.

KB [00:13:38] So I'm just going to wind up going on these are quite long notes.

SC [00:13:44] Yeah, I did have a tendency.

SC [00:13:46] To do that,.

DT [00:13:49] We're very pleased you did.

SC [00:13:51] Yeah, you know, well, I think it's important because, you know, as we said yesterday, my portfolio was extensive. And, you know, I like to know what I've said and what we're doing. So it was important from every point of view, quite frankly.

SC [00:14:05] Right sorry so. Team. So that's what this meeting you say, is Exec meeting?

KB [00:14:11] Yeah,.

SC [00:14:12] So so things we could sort of maternity.

SC [00:14:26] ST will be Sunday Times.

KB [00:14:28] Yeah,

SC [00:14:33] It's called ..... muttering while reading

SC [00:14:43] Right. OK, so this is an execs with Gill Cole present. Who's the press officer? OK, right, OK, I've read to that. So how do we talk about the deal with the national press?

SC [00:15:20] OK.

SC [00:15:22] OK.

SC [00:16:21] OK.

SC [00:16:45] muttering while reading.

KB [00:16:51] I was getting quite good at it in the end Steven.

SC [00:16:53] Yeah, thank you. Yeah, well, I just yeah, it's.

SC [00:17:03] Right, OK.

[00:17:09] You want to stop there for a minute?

SC [00:17:11] Yeah, OK, let's good.

KB [00:17:13] Because that's what that exec meeting was at nine o'clock in the morning.

SC [00:17:19] Right.

KB [00:17:20] And then you have another one later on at quarter to 5:00 in the afternoon. So, you know, look at the one in the morning.

SC [00:17:27] Right.

KB [00:17:30] There was obviously lots of discussion around this, this is obviously around Sunday Times and the and the release of the report discussion with the families.

KB [00:17:42] That's a couple of questions for me is did you get involved with communicating with the families?

KB [00:17:49] As in did you see the letters? Did you have any input?

SC [00:17:53] No I didn't get directly involved with that. That was in Ian Harvey was leading on that. I recall just thinking that Sean Williams, the deputy director, was very involved with the with the with the family letters. That is I mean I mean, I would have been part of the discussion and I think my view would be just make sure we get it right.

SC [00:18:15] And I think that's reflected in the notes of what are what are we saying?

SC [00:18:19] Make sure that, you know, at the end of the day, the families are core essential to this and we've got to get that communication right.

KB [00:18:26] Yeah. And obviously there was still a feeling amongst the consultants that they were still not happy and they consulted the college directly didn't they to ask for their transcripts.

SC [00:18:40] Yeah, I believe yes, that's right. Now you've said yes, yes, yes.

KB [00:18:44] But but they were told they didn't have transcripts and they never received anything.

SC [00:18:50] So I believe yes, now you said that yes, I recall that lot,.

KB [00:18:54] But in actual fact, we understand that the transcripts were produced and they did go to the Police but the consultants have still not seen them,.

SC [00:19:03] Really. I'm not aware of that

KB [00:19:03] I don't know where that young thing is, obviously where we highlighted that Ian mentioned GMC issues again.

KB [00:19:12] Can you remember in what context he was using that?

SC [00:19:16] I can't directly, so I don't want to you know, whether it comes back to that to again, go further. If we talk about the family further or just about as I recall, you know, as I say, it was the family that were really pushing for it, you know, for them they were going to report to the doctors, to the GMC.

SC [00:19:37] That's that's what I recall. And they were very strong on that point.

KB [00:19:41] Yeah, I think that, oh,.

DT [00:19:45] Are you going to next page?

KB [00:19:48] Can you go on to the next meeting, which was at quarter to 5 in the afternoon?

KB [00:19:58] quite a way I would have thought

DT [00:20:01] In here.

DT [00:20:06] Just trying to check what this one is.

DT [00:20:12] execs continue. This is the first of March.

KB [00:20:15] No, this is the 6th of February, it might be on a different ....

DT [00:20:26] But this one, this one, the next one, the meeting with Coroner.

KB [00:20:35] To be honest, you've answered the questions that I wanted to ask about the exec, so, OK, if we can move on to the meeting with the coroner now, if you can read that, 8th

SC [00:21:12] OK.

KB [00:21:15] A lot of notes on here, the next day then. Yeah.

KB [00:21:20] I just wanted to understand what information was shared with the coroner.

KB [00:21:28] Presumably the college report.

SC [00:21:31] It is difficult to not I mean, I am I my you know, my response to that is everything that we would be aware of. There was no there was openness and transparency with the coroner. I you know, I always that was that was the that was the way it was going, you know, that was the way it was going forward.

KB [00:21:51] So did he say that, Dr. Hawden report as well?.

SC [00:21:54] Well, I can't I'll be surprised because I don't know. Do you know what I mean? I can't remember that, unfortunately,.

DT [00:22:03] Do you recall that if that the RCPH report got leaked and said,.

SC [00:22:08] Say again I'm sorry,.

DT [00:22:09] The RCPCH report had got leaked.

SC [00:22:13] Yes.

DT [00:22:14] And from what I understand and I want to test your memory on this, it was leaked because the coroner sent it to gave it to a family party, to a solicitor who then passed it to the family.

SC [00:22:29] Yes, that reminded me now. Yes, yes, yes. I'd forgotten that. Yes, that.

DT [00:22:34] Does that sound about right?

SC [00:22:35] . Oh, yeah. Yeah, no, I do recall. That's right. So there was something about that. That's right. OK, I just. I do recall. I do recall. That was the case. Yes.

KB [00:22:46] OK.

KB [00:22:48] The other thing is, if you don't, you probably won't remember thought. I was going to ask you, did the Coroner not feel there was an issue?

KB [00:22:58] There was an issue with the amount of deaths or were they leaving it to you.

KB [00:23:08] You know, the trust.

SC [00:23:10] I think that's I mean, at the end of the day of the year, I mean, you know, we get on with it, keep me informed. Yeah.

SC [00:23:18] There's nothing that he could specifically do. I mean, I do recall mentioning the fact, you know, I mean, he could, in fact, refer to the police. I mean, is, you know, that's the way coroners work, isn't it? If they're unhappy about something, they'll go straight to the police. And he said he wasn't going to do that.

KB [00:23:38] No.

SC [00:23:41] As you can see, I mean, sorry, what I did, because I wrote there didn't I at and I sort of.

SC [00:23:50] Share the information, whether it was just read about the sort of.

SC [00:23:55] Or was it previously, well the coroner seemed to be satisfied where we were to be, that's the point I was going to make.

SC [00:24:01] I've made a note somewhere have I?

KB [00:24:04] The trust have done the right thing.

SC [00:24:07] That's sorry. That's it. Done the right thing, yes.

KB [00:24:11] OK, no that's fine. OK, next one 14th February. .

DT [00:24:20] So hang on just going back to the 8th February these are the notes of the exec meeting. Do we need to go through those?.

DT [00:24:29] I don't know they are helpful probably your own notes are more helpful,.

KB [00:24:32] I find Steven's notes are more helpful, to be honest.

DT [00:24:36] OK,.

SC [00:24:38] Thank you.

DT [00:24:40] Ok to the 14th .

DT [00:24:46] I'm conscious on my screen that I've frozen are you can you still see this, OK?

KB [00:24:51] I can see the whole thing, can you see them?

SC [00:24:53] OK. Yeah I can see from the top down too.

SC [00:24:56] Yeah, it's moving.

DT [00:25:00] Right. Another exec meeting .

SC [00:25:31] OK. OK.

SC [00:26:35] OK.

SC [00:26:58] OK.

SC [00:27:22] OK.

SC [00:28:30] OK.

SC [00:28:51] OK, crikey there a lot there isn't there.

SC [00:28:57] Very, very sorry.

KB [00:28:58] Yeah, OK, they're really good notes actually, few things in there, obviously this was where the first letter came to Tony from the paediatricians.

KB [00:29:14] And obviously, there was a lot of discussion, the comments that you've written unfortunately what Ian had said, what were they plotting?

SC [00:29:23] Yeah.

KB [00:29:25] Can you just give me a flavour of how everybody was in that room about this letter?

SC [00:29:33] Can you put it?

SC [00:29:34] I think that I think it comes back, I suppose I'd summarise it in what it said in there, really, that I think, Tony, in the end, you know, the clinical side felt that, you know, that they were in this groupthink and that that was the position. There was no flexibility. And it was, you know, if you like, holding Ian and Tony to ransom as they saw it sort of thing.

KB [00:30:04] Yeah.

SC [00:30:05] And they felt so strongly about it. I I'm of the view that Ian in particular as the medical director and Tony felt there was still, you know, a sort of how can you put it sort of they weren't sure if there was an uncertainty based on what had gone on. So and then it it changed. The mood seems to have changed where they were taking a stronger group think and and saying that not what the position was.

KB [00:30:37] Yeah.

KB [00:30:38] OK, what else did I write. Again GMC was mentioned as before, it was highlighted.

SC [00:30:46] Yes. Yeah, that's right.

KB [00:30:48] Did Ian or Tony ever talk about or as group discuss about reporting the paediatrician to the GMC at all themselves?

KB [00:30:59] Sorry, I'm putting you in a position.

SC [00:31:01] No, no, no, I'm not. I'm here.

SC [00:31:04] You know, I'm going to act with integrity and answer as best as I possibly can is that, you know, as I say, I think the main focus, excuse me, was coming from the from the parents and Lucy. I think, you know that at some stage I can't call. Maybe it was this time that Ian felt that perhaps the GMC would need to be involved. I do recall I can't remember a conversation about it. But whether it was just a comment made by Ian that perhaps the GMC could help, I think, you know, in that sense, not so much about reporting them, for doing anything wrong. But just what could what role could the GMC take in this in this matter?

KB [00:31:49] Yeah, OK.

KB [00:31:53] I'm going to ask difficult question. Sorry, we understand that Ian was an orthapedic surgeon.

SC [00:32:02] Yes,.

KB [00:32:02] And obviously you've got paediatricians are specialists in thier field.

KB [00:32:09] And.

KB [00:32:11] Do you think that he was really understanding what was being presented to him, Ian by them?

SC [00:32:18] Well, I don't know.

SC [00:32:20] This is a difficult question.

KB [00:32:21] I know because you're not ta clinician as well.

KB [00:32:25] So you're not a clinician as well. So.

SC [00:32:28] No, no, no.

SC [00:32:29] But what I'm saying is it's difficult in the sense that I did. I think he did find it difficult.

SC [00:32:36] And I think that that was part of the I'm quite clear that the paediatricians lost confidence in Ian. And quite frankly, I don't you know, I think that has to be said. And that was at some points they refer to that. I think it's in the letter from memory where they're saying, you know, well, what expertise did he have neonates? Did he refer to other people? And I recall that Ian and I can't remember what he said, but he did talk about, I think, the network and all the advice that perhaps he took. But that's a matter for Ian, you know what I mean. But they certainly lost confidence in him.

KB [00:33:16] Yeah. Thank you very much. Appreciate that. Would have been quite difficult for you. Did you want to ask anything on this meeting? Darren?.

DT [00:33:28] And I thought I might be moving, but I'm assuming you can hear me.

DT [00:33:34] Yeah, but you can still hear me.

KB [00:33:36] Yeah. Yes.

DT [00:33:39] I mean, on my on my best side. So that's like I, I just wanted to ask about that.

DT [00:33:48] In terms of going outside of the organisation, was there a sense of we needed to we needed to contain this and therefore was there a reluctance to be going outside of the organisation to sort of seek support and advice?

SC [00:34:04] Oh, no, I never got that impression. No.

DT [00:34:06] OK, thank you. That was my only question.

KB [00:34:11] OK, um, can we move to the 16th of March, Darren?

DT [00:34:18] Yes.

KB [00:34:21] Don't think it was that one. Next one

KB [00:34:28] This is another exec meeting Steven.

SC [00:34:31] OK.

SC [00:34:39] So so is that the.

SC [00:34:43] This is ex board, what's above that, then?

KB [00:34:48] Well, this is a bit difficult because on.

KB [00:34:52] You've marked it as exec board, though, I'm not sure.

SC [00:34:57] Is there a date, is it a date with you say?

KB [00:35:00] Well, I've got 16 March

SC [00:35:03] Right. I'm just wondering what I mean by these exec board.

KB [00:35:10] Yeah.

DT [00:35:13] I can try and I can try and find the page above it, but it's going to take me a minute. Yeah, let me just just just log on to our system.

KB [00:35:34] I don't think it was board because.....

SC [00:35:36] I know I'm just I I'm just wondering why I've written board I've got 16 of March.

SC [00:35:42] Exec meeting. To an update from Sue Hodgkinson.

SC [00:35:51] Sue met Ravi yesterday.

SC [00:35:58] Is that the one we're talking about ?

KB [00:36:00] No

KB [00:36:01] Yes, I've got the one where you saw Ravi and Stephen and then the next entry, all I've got is your handwritten notes that must have followed.

KB [00:36:12] Those handwritten notes, when you met with Stephen and Ravi on the same day it was.

SC [00:36:13] Right, OK?

KB [00:36:18] I don't think it was board because I can't see any initials in there for board members.

SC [00:36:22] I can't think. I don't know why I've written board.

SC [00:36:25] But, you know, I can't.

KB [00:36:27] No thats fine

KB [00:36:33] You reading your notes?

SC [00:36:33] Well, I just made some. Now I've got the notes in front of me, you know, my full notes.

SC [00:36:38] I've just got some one I've just done as a summary.

SC [00:36:42] So I'm just looking at what I've got for the 16th of March, bear with me for a second.

SC [00:36:57] Yeah, I've just got to meet in the 9.15. Updates, yes, he said she met with Ravi yesterday, as I said, concerns raised with Sue. Trust and confidence issue in the execs and board paediatricians not assured and happy with the meeting on the 26th of January.

DT [00:37:20] Steven I can show you the what we've got from.

DT [00:37:29] What we've got is this.

DT [00:37:40] How do I do this? Uh.

DT [00:37:44] OK, just give me a second, I'm going to download it and upload it to this.

DT [00:37:56] OK, so that didn't work.

DT [00:38:02] No, that was not helpful.

DT [00:38:16] um.

KB [00:38:28] We haven't got there yet.

SC [00:38:31] OK,.

DT [00:38:32] Well, I'm going to see if I can my screen share

KB [00:38:37] I think I think Steven's identified that it was 16 though Darren.

DT [00:38:42] Yes. Well, yeah, I can see it's.

KB [00:38:45] They are quite long notes as well. That particular meeting.

DT [00:39:06] I'm going to stop, so we've identified there it was the 16th of March.

KB [00:39:10] Yeah, yeah, right. We got back to it so Steven can read them.

DT [00:39:18] But that's different to what I think they start the page before this. So I'm going to do something. I'm going to try and show,.

KB [00:39:32] Not According to my notes, they don't Darren.

DT [00:39:36] OK. I think they do. Let me just share this and then we can. Can you see that?

SC [00:39:45] This is one? No.

SC [00:39:49] Right, I've got yeah, I can see that.

DT [00:39:51] The 16th of March that we have.

DT [00:39:56] And then I'm just going to scroll down, you can see the second page of this.

SC [00:40:17] Yeah, so, yeah, I recall this is this is a note of Sue reporting back on her meeting with Ravi, isn't it, sort of thing in the issues that that he raised to Sue?

SC [00:40:36] Yeah, OK. OK. OK.

SC [00:42:31] Oh, OK. OK. All right. OK.

KB [00:42:37] OK, can you. Can you remember this meeting Steven?.

KB [00:42:43] I know so many.

KB [00:42:48] The reason why I'm asking is that emotions are running a little bit high by this time.

SC [00:42:55] Yes.

KB [00:42:57] And Ian seems to be quite. Frustrated I suppose is the word I could use.

SC [00:43:03] Yes,.

KB [00:43:04] He actually said doesn't he? a part of me says ring police and GMC, which when you've been asked of your opinion. Well, what have you explained might happen if police are called in?

KB [00:43:19] you know for whatever reason?

KB [00:43:21] How would you have done that yet?

SC [00:43:23] I was asked that many times and obviously from my experience, I outlined what I what I perceive the police would do based on the serious allegations that were being made by the by the paediatricians.

DT [00:43:40] What you think you might have said?

SC [00:43:42] Sorry,.

DT [00:43:43] Could you tell us now what you think you might have said?

SC [00:43:46] Right, OK. I would say that they would come in. They would they would sort of make an initial investigation. If they felt it was appropriate, they would sort of, you know, a team would be formed to to investigate the matter further at some stage. And then they would interview witnesses. If a suspect was identified and they felt it was appropriate that a suspect would be arrested, then they would look at the unit, the safety of the unit and make recommendations.

SC [00:44:15] And and then obviously, depending on what what they felt at that point in time in terms of what evidence they may have, what any witnesses may have said, and what any suspect may have said, they would then make a decision whether to go to the CPS and whether, in fact, they would then subsequently charge anybody. So an overview really of the of the process and procedure in a very you know, in a sort of forensic way, as you might say, as to how I perceive the police to deal with these matters.

DT [00:44:48] OK, that's helpful. Thank you.

KB [00:44:51] Look, I don't think there's anything else in there I needed clarifying.

KB [00:45:00] Let's move to the next page Darren which is 27 March,.

DT [00:45:07] I need to go up, down.

KB [00:45:09] How are we doing for time Steven? By the way,.

SC [00:45:11] Well its just after quarter past so, you know, 20 minutes. Is that OK?

KB [00:45:18] Then we might get through this quick.

SC [00:45:20] OK. Yeah.

KB [00:45:25] You might not need to see all that, literally, that. Where it is highlighted police bundle between now and Friday. Yes, what instigated that?

SC [00:45:42] I'd have to go back.

KB [00:45:43] I'm sorry, I have not seen anywhere else about you preparing a police bundle.

SC [00:45:49] No, I think it was following on from, you know, the conversations that were taken place, I mean, I can't recall myself why it's specifically at that stage, but obviously because of conversations we're moving in that direction. I've proposed haven't I that we should have knowledge sort of that.

KB [00:46:07] If you read further down it says report to police on Monday, the 3rd of April.

SC [00:46:12] Yes.

SC [00:46:14] So that so that must have been said, I can't recall.

KB [00:46:19] OK, that's fine.

SC [00:46:22] Yeah, I can't recall specifically how we got to that point in time, but I think we were heading that way.

KB [00:46:29] OK. Did you want to go to the next Darren.

KB [00:46:41] This is a meeting with Tony Duncan. Sue Alison and Ian.

KB [00:46:49] And obviously, this is where you discuss the bundle.

SC [00:46:52] Yes,.

KB [00:46:55] And you've written that you were going to contact the police CID for names.

KB [00:47:00] Did you do this or .....

SC [00:47:03] To be prepared for the contact the police? Four names, right?

SC [00:47:12] I can't remember. I mean, I think that we were looking at that point in time as to who, you know, would be to contact local CID would be go into the police headquarters.

SC [00:47:22] And in fact, who would we go to ,I can't remember if I telephoned anybody, I may.

SC [00:47:31] Well, I don't I'm not saying they didn't, but I think that in March. Because we went back to chief superintendent, you know, the CDOP, didn't we, sort of thing, we said contact,.

KB [00:47:47] We haven't got there yet,.

SC [00:47:49] But I'm just thinking aloud in terms of where we're going.

SC [00:47:53] So I think I think it was to be prepared. It says, doesn't it, to contact the police CID for names?

SC [00:48:01] I didn't certainly I can't remember having a specific conversation that somebody saying go to Fred Smith or go to, you know, Jones or anything like that, to be honest.

KB [00:48:10] OK, you go to the next one place Darren, 3 April.

KB [00:48:18] Do you remember this?

SC [00:48:22] Well, who's done this now, is this from.

DT [00:48:26] Your name is at the bottom. I'll let you read it.

SC [00:48:31] Right. OK.

SC [00:48:54] OK. OK.

SC [00:49:12] OK. OK.

DT [00:49:22] It's just a single page,.

SC [00:49:24] Yes.

DT [00:49:32] So can you tell us about why this document was created?

SC [00:49:38] I I can't recall. I mean, I think it was a summary of where we were at that point in time. Ready to go, you know, to I mean, I'm just thinking I can't recall whether we

were given this to the police, but I think it was a summary of what others are saying where we were at that point in time.

DT [00:49:58] Okay.

SC [00:49:58] And this is for me, you know, it sums it up as to.

SC [00:50:04] That that's obviously what the feelings of the executive team were at that point in time.

DT [00:50:12] OK, and is it is it is this a rationale to go to the police or to not go to the police?

SC [00:50:17] Oh, I would have thought it was going to the police, to be honest.

DT [00:50:22] OK, and one assumes the things you've written from here, you have you have confirmed with the relevant people and I ask that because of the conversation that we had yesterday and specifically in relation to that, there's a point here for me to point 8, secondary review of the four deaths by the pathologist at Alder Hey did not raise any concerns, cause of deaths.

DT [00:50:58] I assume you would have been given that information from Ian.

SC [00:51:01] Oh, yeah, yeah, absolutely, I'm I'm collating the information sort of thing.

DT [00:51:06] So it's very important that we understand that because that that statement 8 is not true, right?

SC [00:51:13] Oh, yeah.

SC [00:51:13] Well, I it wouldn't have been a statement. I you know, I've just put down myself, so it would have been it would have been fed to me to to provide this rationale.

DT [00:51:24] Yeah. OK,.

[00:51:26] Lovely thank you. Moving on to the next one. Yeah.

KB [00:51:38] These are the minutes of Simon Medland the QC had with the consultants, I just really wanted to get an idea from you about whose idea was it to bring in the QC, what was the purpose of him meeting them?

KB [00:51:53] And what was the outcome you were expecting?

SC [00:51:56] Right, OK. I think that he was brought in to be helpful in the sense that sort of obviously, you know, we sort of got this, you know, where do we go with you might you might say I referred to this yesterday. He was instructed by the trust I made a note of this, you know, to this as he's put right in the very beginning to give an independent, objective view. And at the end of the day, I think that's what he did.

SC [00:52:24] If you know, I mean, you will have done he sort of takes a in my view, a very balanced view. He pointed out, as is he says he did not see, you know, such material as might give rise to reasonable grounds. I'm repeating what he said, obviously. And but he

did suggest that, you know, on one side, he's saying that on the other side is saying, look, you know, if you as paediatricians feel that, you know, that, you know, there is a case to answer, you get your best points down and you contact the police and you give them those best points. And also you contact what was his name again, wenham, wendham.

KB [00:53:08] Nigel Wenham.

SC [00:53:09] Nigel Wenham, you know. So he said to them, didn't he, you know, get your best points, get in touch with the police.

SC [00:53:15] So, you know, it wasn't there, you know, to to persuade them or, you know, sort of push them to say, don't do anything about this. You can see that he's gone both ways.

SC [00:53:26] And, you know, in my view, I think it would be naive if it was the true I've written here, you know, if naive if he thought the source was using him to persuade the docs not to go to the police, but because it gives both sides of the of the position.

SC [00:53:43] And he now is a distinguished judge, as you know, as a Crown Court judge, isn't he? So for me, he was given a balanced view and it was that he was to do that to be helpful.

DT [00:53:56] How did you find him?

SC [00:53:58] We used we used him before,.

DT [00:54:01] OK,.

SC [00:54:02] For inquests. So, I mean, the one one thing I was able to do is that obviously having been a solicitor that I had sort of contact in various chambers, barristers chambers. And my my aim was always to get them at the best prices, you might say, in terms of I'm talking about inquests, anything now, advice that we need would need to take from counsel.

SC [00:54:26] And I could instruct them directly and to go through any other solicitors. We saved the trust a fortune. So we had it. We had a sort of, if you like, a bulk of of barristers that we could use depending on their expertise and speciality.

KB [00:54:45] OK, thank you very much for that. Can we move to the next one?

KB [00:54:54] How are we for time, go pushing it in, this is another exec meeting on 13 April.

SC [00:54:58] OK.

DT [00:55:08] I would get on.

SC [00:55:29] OK. OK.

KB [00:55:38] You wind it up Darren.

SC [00:55:49] OK.

KB [00:55:51] So for me its about that highlight.

KB [00:55:57] where it says Problem Hawden Broader Forensic Review, because she used that language and I just got the feeling that they didn't understand what a broader forensic review meant.

KB [00:56:14] What would was take on that because of your previous experience?

SC [00:56:21] Well, yeah, I mean, you know, they wanted a much, I think, broad of, you know, sort of more in-depth investigation, examination, enquiry, more detailed look at what was what what had been said.

SC [00:56:42] And that's Duncan saying what did Jane Hawden mean. Yeah, so, yeah. You know, I'm clear that what it means. Yes.

KB [00:56:50] So they still were reluctant to report to the police at this point then.

SC [00:56:58] I think it was still in the balance. I mean, I think at the end of the day, we're still in that same position, aren't we? And I don't think we should lose sight of the fact that even, you know, when he went to the police, I mean, they were saying exactly the same, were they?

SC [00:57:12] You know, so I think it was you know, it was a difficult one. You know, I'll keep repeating, you know, my view. But at the end of the day, yeah, yeah, I think people were you know, there was a process that was being followed and, you know, should we should we not? You know, I think they felt, you know, the clinical staff felt that if there was another answer to this. Well, let's let's explore it and find it. I just I just want accept the police, isn't it? You know, I understand that it's a very big step.

DT [00:57:45] I just want to go over what we talked about last ten minutes or so on on the twenty eighth of March, we see an entry where the looks like the the the exec team have agreed to report 3rd of April is the date that you're going to go to the place on the 3rd of April. You've written a rationale which you said is about going to the police.

SC [00:58:07] Yes.

DT [00:58:08] And here we are on the 13th of April. And it's not been done. You can I mean, you can see why we're scratching our heads a little bit here.

SC [00:58:21] Yeah, yeah I can.

DT [00:58:24] Can you shine any light on it for us in terms of why when it appears that the. A date's been chosen, you've given a rationale on that day yet it didn't happen.

SC [00:58:36] Yeah, I mean, my own experience that is that I think the you know, the others were thinking, you know, is it is it still the right thing to do? You know, I can't really add to that, to be honest.

DT [00:58:49] OK, OK.

DT [00:58:52] So your your perspective is that it was still being discussed, it was.

DT [00:58:58] Despite what appeared to be agreed.

SC [00:59:01] Yes, yeah, I think there was yes, you're right, I mean, still, let's let's let's be sure if we can be.

DT [00:59:09] OK.

DT [00:59:10] So I am conscious of time. Shall we move on.

KB [00:59:15] Might well, what do you want to go straight to 27 April then.

KB [00:59:22] Yeah. CDOP meeting.

DT [00:59:27] I'm sure you can recall this.

KB [00:59:28] Yeah. 27 of April 2017.

KB [00:59:42] There are lots of notes here, OK?

[00:59:46] I'm sure you can remember this can you Steven?.

SC [00:59:48] I'll remember that it was in fact, it was mine. I found out about you know, there are such things as CDOP meetings. It wasn't something I was a party to and was one of the things that sticks in my mind to say. Once I found out about them, I said, you know, let's get one, this needs to be going to CDOP at the next available meeting. That that's clearly in my head, you know. But to me that this is this is this was an absolute opportunity to do to bring it to such a group where the police are involved.

DT [01:00:20] You say you drove that.

SC [01:00:22] I when I heard about it, I drove the fact that we should get this to a CDOP meeting as soon as possible, because as I say, previous to that, I wasn't aware about aware of CDOP meetings that wasn't even within my remit. And then and then I can't remember now that maybe it was Ian. And somebody told me about CDOP meetings and I said, well, you know, and the police are present, right. Let's get this all this stuff to the next next available CDOP meeting. And I did drive that particular point. Yes.

DT [01:00:54] OK, that's really helpful. Thank you.

KB [01:00:56] That was very helpful.

KB [01:01:00] You had a couple of paediatricians in that room as well, didn't you? I think after that meeting they felt they had been listened to.

SC [01:01:10] So they felt sorry?

KB [01:01:11] That they had to be listened to.

SC [01:01:13] Yes, indeed.

KB [01:01:15] I mean, you have to get that feeling.

SC [01:01:17] YEs. Yes, definitely.

KB [01:01:20] That's all I wanted to ask apart from one other question.

KB [01:01:23] So are you aware of the memorandum of understanding between the police and NHS?

KB [01:01:28] You aware of the memorandum of understanding between police and.

SC [01:01:38] And the NHS, yeah, say yes.

SC [01:01:43] Between the police and the NHS, in what respect,.

DT [01:01:47] There is an ACPO MOU that is signed up with the NHS about how you deal with these matters?

SC [01:01:55] Right, I don't know, I don't think I've seen that,.

DT [01:01:57] OK, that's fine.

KB [01:02:01] I'm pretty much done now, Darren.

DT [01:02:05] Yeah, I think I appreciate the time, Steven, but we really would like to hear your thoughts, your reflections.

SC [01:02:14] OK, that's helpful.

DT [01:02:15] I think you're going to stop showing my screen so we can see you much better.

KB [01:02:24] Thank you, Darren.

DT [01:02:26] So, yeah. So, yeah, I can see you now.

SC [01:02:33] Right, OK. Yeah. I think, you know, I mean, I reflected, you know, on the on the reason, you know, we're all doing this and this is really important. And so I thought that first of all, you know, we identified, you know, I identify good practise. So the board of the board were fully sighted. That was, you know, a major role of mine to make sure that they were fully sighted. They were kept up to date throughout and there was a flow of information to them. And then the communications between the executive and the board was good. I think the key stakeholders were informed and regularly updated. And from my point of view, and I you know, seeking guidance and assurance at all times and then the overall comms strategy was good. That's the overall strategy. I think there was excellent working relationships with the police and there was good recordkeeping. On the other side there is what I would consider for learning is how, you know, how do you maintain good working relationships between execs and departments such as, you know, in this particular case, the neonatal department, when you've got difficult and complex circumstances? I think that's really something that needs to be looked at very carefully. I think with regard to the HR issues, I think there was issues around staffing with regards to the levels of staffing. And was that being monitored correctly? Some of this, of course, came out in the RCP report. I think the staffing, the redeployment of the nurse that we've talked about

wasn't handled particularly well. I don't think in the grievance was handled particularly well on the question of mediation was, I think, difficult. But having said all that, you know, there was a sort of collective decision that this was right right up to Susan Gilby taking the chair. I'm sorry. You know, the chief executive who actually was actively engaged in moving the mediation forward sort of thing and seeking somebody to do it, and how much was it going to cost? And then I think that there was we see from HR point of view, I think there's was a lack of communication to the executive team as a whole sort of thing. I think they were working too much in isolation when. And that's looking back with hindsight, of course, on the clinical side, I think there was a loss of confidence, as I mentioned already, in the medical director. And I think the medical director felt intimidated by the paediatric doctors and he shouldn't have been you know, he's the medical director and that should have been a good working relationship there, rather the chairman. I think, you know, many meetings with the paediatricians you mentioned yesterday, very much a hands on role. I think rightly, you could argue that he was reputation, that trust was important. And of course it is. But you still have to deal with what you're dealing with.

SC [01:05:28] But that was paramount.

SC [01:05:29] I think the dataflow methodology to the execs in the board, in particular mortality.

SC [01:05:36] When you look back with hindsight, I wasn't a party to that. And I'm not sort of saying anything to do with me, but in the sense that, you know, just how good is that, I think is the question I'm raising in terms of lessons learnt.

SC [01:05:49] So going forward, dealing with communications now, whether said the overall strategy was good, I think the national or local press is difficult to handle. I think we had a weak team at the countess.

SC [01:06:03] I think that's just it.

DT [01:06:05] Just clarify what you said. Everything had a weak team. What team?

SC [01:06:09] We call them comms.

DT [01:06:11] Oh, right ok.

SC [01:06:12] Sorry, it's important. Weak comms team. I think the CEO, you know Tony was advised badly on some of those matters, particularly when he met the local press and he used inappropriate language.

SC [01:06:26] He accepted that he apologised for that but should never have happened in the first place.

SC [01:06:31] And and that was whether you like Nichols, you know, the paediatricians that Rachel Nichols, et cetera, et cetera.

SC [01:06:39] So those are just some some jottings that I've made, which I hope are helpful sort of thing in terms of, you know, some reflections at this stage.

DT [01:06:49] OK, thank you. Well, thank you for your time. I'm sorry, we have gone over by 8 minutes. But by many, I think it was really important for us to hear what you had to

say. I think you you may know that we've spoken to the majority of people now, and it's given us more context and colour to some of the things that we know, because even though we can describe facts, the context is really important because they can be perceived in different ways, those facts. So and what we're trying to do is to make sure that we represent what happened in the context of where the organisation was and where the NHS was at that time. Some of these things happened five years ago. Yes. And things move forward quickly in the NHS. So we need to we need to sort of seat our thoughts and our narrative into that position of where the organisation was, as well as the wider NHS.

SC [01:07:56] No, I think that's important. I agree.

DT [01:07:59] OK, do you have any final questions for us?

SC [01:08:01] Yeah, I just wanted to I wanted to finish by saying sort of that I think, you know, in all of this, you know, my thoughts and prayers obviously been with the families who suffered the loss and injury. I also want to call out and thank Clair Raggett and Sarah Harper Lee for their support to me both before and during the police investigation and the extensive and detailed work undertaken on the neonatal matters. And it's really important to call out their commitment has been out. Well, you know, and it was absolutely outstanding. I think the governors were very supportive. You know, they never got a mention. But through all of this, it was really important that they they played the part that was necessary. And I just wanted to finish by saying, you know, it was a privilege for me to work with at the Countess to be part of a team both clinical and non-clinical, who provide the best care team, best care they can to the local community. Thank you both for what you with the Countess, and I wish you a happy Christmas.

DT [01:09:05] Thank you. Thank you. Have a good one, too. Thanks for your time today.

SC [01:09:09] I know I'd prefer a transcript please as well.

DT [01:09:13] OK, yeah. Yeah, I'll get that sorted, it might take a few weeks. You might.

SC [01:09:17] No that's fine. But that's fine. That's. Thanks very much indeed. Nice to meet you.

DT [01:09:24] Thank you. Bye bye.