	to call the police. They would have left a bomb site if they had come in. I am more and more sure it was right not to call the police, as things have progressed.
CG	Have you had any previous cases like this?
IH	Not personally. Paediatrics was happy to quote Beverley Allitt but equally there was the nurse in Stockport who was ultimately not responsible for anything.
CG	Have there been any cases involving concerns of a nurse with no evidence?
IH	No. Consultants felt an unusual pattern to a number of the collapses and hadn't responded to how would expect collapsed babies to recover. 13 deaths, 4 near misses. John Gibbs did a deep dive and then we commissioned neo natal deep dive from London. They were drafted in but need to send more info as the numbers are small. The college suggested a 2 person review and there was only a few neonatal reviewers and this has been reduced due to illness. Jane Horton told review if she had any specific concerns she would go to a second person. The maximum number will be 5 deaths with concerns I suspect, but may be less but will send further information. Suspect it will come down to 2 or 3. Given the nature of that kind of medicine, this would probably be average. Report – I don't know how LL knew. I received an email with password protection. I shared with AK, and told execs ~~to~~ it had come in. I controlled the number of printed copies – only the execs so I don't know where she got that from. Don't know how Steve would have known. He had asked me if it had come in, I didn't tell anyone else.
CG	Is the aim for LL to return to the unit? Is this possible?
IH	Based on everything coming in, yes. Ultimately reports seen so far, say nothing to tie her to anything untoward. But the Trust want assurances. It was a Board decision to redeploy her, so will need to be a board decision to ~~being~~ bring her back in. I am meeting with SB and Anne Murphy on Thursday to let them read and draft report. (EP I&S) RJ is not sure can come on Thursday. The report is redacted partly on colleagues advice on what should be shared with staff which relate specifically to HR aspects of LL. Need to control what goes out, and hoping that the final version goes next week. Mortality review draft in, going to have to chase PM reports, however hopefully next week will have everything. If the final reports don't differ significantly from what we have now. There may need to be a period of supervision as LL been off the unit for some time. As regards SB / RJ concerns about Lucy returning to the unit. Something that I will have to manage, both as MD and a team of Execs.
CG	The Nursing staff have been redoing their competencies, will the medical staff be doing the same?
IH	It is a different system for doctors, consultants, and trainees. This forms part of portfolio, and goes to annual review. This affects what is needed. Tick box

	is not ~~getting going~~ to work. Only in the training period to assess appropriate skills. Consultants are done annually in appraisal; feeds then in to records' make GMC a revalidation. Need 5 annual approvals up to 10mb per PDF per year, review of everything you have done. This is picked up ongoing. I'll review all the forms that come through. App lead reads them and I oversee incidents, and complaints. I receive a copy of all medical staffs to sign off, so I will see all of them and they go on to complete. If I have had an incident and reflection requested, I pick it up from there and follow it through.
CG	Will the report be shared with the department?
IH	Yes. Also need to consider a mechanism of providing feedback to the parents of babies, and the coroner.

Investigating Officer:-

I declare that this is a true and accurate record.

Signed: **PD** Dated: 14th November 2016

Interviewee:-

I declare that this is a true and accurate record.

Signed: Dated: