

CG	Are you aware of the specific allegations made by the consultants?
SH	I didn't hear any phrases and I haven't had any direct conversations with the consultants, only at board or in meetings. I have since heard that there were phrases used. The inference was that the action taken by LL was knowingly deliberate. I understand SB and RJ have shared their opinion with colleagues such as the Obstetricians.
CG	What knowledge do you have regarding Lucy being instructed not to talk to other people from the ward?
SH	It surprised me what she thought she was allowed to do and not to do. We have since put a clinical update in place and when we met yesterday she advised that this has not happened while EP has been in leave but that is getting put back in place now. We had not instructed that she couldn't speak to friends or colleagues on the unit.
CG	There has been suggestion that some people were asked if LL and SB had a relationship – do you know about that?
SH	I only know that AK, KR and I had a conversation between the 3 of us but it was informal and didn't leave the room. We were trying to understand why he might have singled her out in this way – nothing more. It was not requested at any time for anyone to go and check. It is difficult as speculation has happened – LL advised us that she was told that the report was in, that someone had mentioned it in handover on the ward on Monday but it didn't reach IH until Tuesday afternoon and I didn't see a copy of it until Wednesday. It is difficult for LL when we are trying to rebuild trust. We felt there wasn't enough evidence to investigate formally or contact the Police – this was a unique situation so we made a board decision. I have taken a significant amount of advice on this, both legal and from across the network from colleagues in Stockport.
CG	Is the aim to get LL back on the unit?
SH	That is the intention. To get her back how she wants it to happen, she needs some control.
CG	What is the criteria for her return?
SH	We have the draft report back and the internal review data but it is a board decision. It is not mine and not AK's at this point in time. When we have all the data, the decision will be taken. There was verbal feedback after the review that we needed a deep dive into forensics and the relevant case notes have only been provided to the reviewers last week. Within the conversation yesterday, LL asked why she hadn't been told this before. AK explained that this was the recommendation from the review and it had taken time for this to be gathered. Now we are waiting for them. We need all the data back. We are working on early December to prepare for LL to go back to the unit. AK and I will meet her again on 2 nd November and she is receiving OH support, support from HC and KR. I have tried to reassure her that we will be supporting her at the board level appeal, from People and Nursing perspectives.
CG	Is there a plan to manage the consultants?