Police if LL was not removed from the unit. IH stated that there was ""a block to that [supervised practice] as the consultants were not prepared to have the nurse on the unit and if we do, the Police will be called" and further confirmed that there was "an unwritten threat to call the Police." (A3) SB and RJ refute this. SB was asked 'at no time did the consultants as a group or individually suggest that if the executive board took no action the police would be called/' to which he responded "No" and further asked 'it was suggested that police would be called if LL not removed from unit. Do you recall that discussion?'' and SB again answered "No" (A12). RJ also denied that this was how conversation around calling the Police was had and in response to being asked if there was 'a suggestion that if Lucy was not moved then the police would be called?' stated "No. A discussion took place that if no explanation found, then the police may have to be involved. Don't recall any discussion as explicit as that." (A11)

- When asked about his concerns regarding LL, SB stated only "the association with her being on shift and the death of the babies." (A12)
- RJ stated that "All that was said was that we had concerns. We noted the association with Lucy being present. Decisions made were entirely those made by Senior Management – no Clinicians were involved in the decision to remove Lucy from the unit. It was a Board decision." (A11)
- When asked if she knew any specific allegations made by the consultants, SH stated "I didn't hear any phrases and I haven't had any direct conversations with the consultants..." (A5)
- SH, in an email to HC (A20), dated 22nd September to "reiterate that your member (LL) is not under any formal investigation or disciplinary sanction by the Trust."

No party refutes that concerns were raised by the Consultants, in particular SB, to the Executive team around a perceived commonality between LL's presence on the NNU and the collapse/deaths of babies. I acknowledge that these concerns were raised through the appropriate channels in line with both the Trust Speak Out Safely Policy and the guidance proffered by the GMC (I.e. through the Executive team). However, I do not find that the consultants concerns, when reiterated to the Executive team were "clear, honest and objective" (GMC guidance). The evidence suggests that, whilst the Executive team acknowledged and appreciated these concerns, their preliminary fact-finding did not produce any information that prompted them to initiate either a formal internal or Police investigation. I believe the intention was to continue to review this for the agreed 3 month period, prior to the loss of two triplets on the unit.

I conclude that no formal allegations have been made with relation to LL from any party. I have been unable to confirm the exact wording of any 'accusations' in relation to LL however the members of both the management team and the Executive team are clear that the accusations were that there was a direct link between LL's presence on the NNU and the increase in deaths on the unit and that it was suggested by some of the paediatric consultants that that this link was due to knowingly deliberate action by LL.