

- LL Who could leak it?
- TC It would keep it more contained.
- LL But I thought your email not reflective of what I felt.
- JL We need to support Lucy.
- TC I met with the neonatal nurses, Hayley was there. What you say and the email are two different things. We've made it clear we support the nursing medical team. All support your transition back. We're in a good place. The unit needs time to reflect what the report says. Leadership, trust, professional honour, intact for yourself, I want it to continue.
- Try and trust us with this, issue of trust I know; it's right for the unit for the doctors to apologise. The nurses have had a culture of coping, not escalating concerns. The whole unit needs to be supported to come together, we want you to be part of that support. This is about as good an outcome as we could wish for.
- I'm trying to advise you; last thing we want is sensational press. This is about sick, poorly, babies. The story in the Sunday Times is about families saying we are keeping them in the dark. Ian, would you like to add anything?
- IH I met with SB and RJ at lunchtime. We talked about how we need to support you and the mediation process. All members of the team will need a level of mediation/remediation process. They accept they have not acted professionally.
- LL And **Doctor V** and Dr McCormack?
- IH There is an order to escalate this. It is important to separate Dr M, to RJ/SB **Doctor V** as far as I'm aware, he doesn't know who you are – he was passing on generic reasons, hearsay. That is not to say an apology is not forthcoming, but there is a distinction.
- TC There is a meeting with all the obstetricians tomorrow, and will be a similar meeting with Mr McCormack. Emotions were running high, values and behaviours not maintained. We will get an apology from Jim and a written apology from the paediatricians.
- LL But they are not all to blame, not all of them played a part.
- JL There was another senior consultant. "Dr Gibbs, the wise one".
- LL He stood up for me.