

Neonatal Unit, through mediation. We can take forward the recommendations, there are 24 of them, with no single casual factor. There are a range of things.

SL How will the mediation happen?

SH It is arranged through our Occupational Health Team and we commission Cheshire & Wirral Partnership (CWP) to do this. The two members of staff will be met with separately, meeting you first, and then all meeting. Kathryn is looking to arrange this early March, based on the mediator's availability.

LL I expect four apologies.

SL It is unacceptable if not.

TC They've all agreed. They are keen, and we are, for Lucy's benefit to draw a line. The important part is a collective apology; I'm not sure what is to be gained making it so personal.

JL/LL/SL It is easier to do a collective apology – they made it very personal against her, personal allegations and redeployed; she's not been told about it.

TC What does success look like for you? To get back to the unit.

LL It is one of the points agreed in the grievance.

TC The report may have been shared by family members through the coroner. We don't want further harm for you, for it to be about you and not about the mortality of the babies. My advice is that this is the best way forward. There is plenty of blame on all parts; whilst it might help, it may not help your transition to the unit.

SL We're not getting the outcome of the grievance though, we were expecting four apologies.

JL The report has been leaked to the press. What I'm concerned about is because people know Lucy was removed from NNU, was she to blame.

TC The report makes no references to you at all. It focuses on the relationships between doctors and nurses, delayed decision making. If we pursue the other line, it becomes about you and that's where the risk may sit. It talks about culture, leadership, comms - you won't see yourself in it. A collective apology may be better. I was concerned when you wrote to colleagues as we can't control what may get out.

- 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.