

* what level of service assess ourselves of being safe.

(8b) * Good rep paed & ps. Didn't matter of unit, clinical concerns member of staff. yes downgrade to Lvl, get of intensive cot's, HDU cot's, but not get complete assurance to clinical team without staffing.

(9) What measure up both sides equipment, env, observations. If 1 issue is member of staff, haven't addressed the issue. This has to be addressed. Everyone aware of police. Invited review member of staff. What else do in meantime?

(10) Clinical model. Clear set of staff duties. level 1 unit, what consequences obs?

(8c) Level 1 doesn't specify gestation - nearest is manifested 32 wks. Before we take 34 wks.

(10) Any level 1 units UK?
- open refer antenally, maternal foetal medicine

(8m) haven't thought about foetal 18 wks how about this, member of staff would be doing this.

medicine.

(8c) How do you balance what saying here?

(8m) best thought in minds member of staff responsible for deaths. Eat remain what though still both separate non death review. though great thoughts what schedule was. First time about member of staff is last 3 days.

Only going on what hearing for paediatrics, rights / days change. wholeheartedly agree with review take 2 mths, haven't been reviewed member of staff. Not sure what review will do. Senior concerns member of staff, fantastic unit but uncondemned severely illat / symptom being raised.

(11) - you just did.

(10) Not question I asked, unit & model of care what consequences, foetal medicine unit

(20) time to plan carefully, manage better.

- (KA) Not specific in concerns,
- (SB) Speaks at depth in May, concerns.
- (AK) Circumstantial
- (SB) Other than HIE case, present at deaths, let you know about cases two years, 3 triplets, just last week, chances of. Underhand don't want to meet concerns. Kadid - why not do external review until now.
- (JM) Take stock of what said, Child health expertise won't look different.
- (PB) Said this 100 times, benefit of clinical knowledge & environments, both review will pick up
- (CR) Asked you how effort babies
- (RJ) Air embolism. What concern members of staff having babies, sorry to explain. entirely resuscitated means, happens 1, 2 not this many times. All collapses identified early. Causes

- suspicion, seems to be receiving there is what happens. This is the concern.
- (TC) Direct CC removed, unit safe?
- (SB) Risk removed.
- (TC) Need to do both. Longchrisis review appropriate, fair, help.
- (JM) May Idp.
- (TC) Model of care, suspicious one of team members, test out hypotheses, then re-group, take decision. Either
 - ① end user for,
 - ② independent review police,
 - ③ remove direct duties, whilst review.
- valid - feeling for why yesterday, looking at disclosures, car park cards. Says something about looking at
- (TC) Concerned about who looks in unit at one time, might do on this,
- (RJ) Don't think anyone trying to accuse clinicians, Don't think nursing care won.
- Jan - TOR clinical concerns discussed? Are you going to raise?