

- (KA) Not specific on 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 meadows, 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?