Exhibit SC/11

THURS. 14. JULY. 2016. 1230pm. DN. 18. DO'N. J.W. RH. TC.
BOARD OF DIRECTORS MT. BOARDROOM. AK. Steve. B. RAVI.
1. ◦ APOLS. Andrew. H. DUE. ED. O. IH. LB. RF. SIMON. SZ.
2. ◦ REVIEW + CONSIDER POSITION. OF NEONATAL UNIT. CR. NOTES.
• Intro by TC
• Presentation from IH. (Slide. show)
+ looked at rota's / shifts. - 10'd a no of staff but one in particular Nurse L.L. (context)
How do we assure unit safe going forward?
Ravi. Deal with high risk babies - can usually spot trends - concern not no. of deaths but babies were not the ones expected to die. ie. they were stable + did not respond to timely + correct intervention - this made us worried. We hv. looked + can't find anything.
Unit getting busier - strain + stress on staff.
Trained staff - limited resource.
Lower staff, higher risk will contribute
BUT still concerns.
Steve B. PM's have not been helpful.
Terrific amount of work on data.
BUT no neonatal expert has looked at it.
Acuity levels HDU/ITU - comparable
Compliant with BAPM standards.
Strains in system. As clinical body I don't see any changes in acuity + admissions do not account for increase in mortality.
Ravi. Elephant in room - 1 member of staff.
Clinicians - scientists. No evidence but association of this 1 Nurse.
Manage uncertainty. Hunches.
As a clinical body uncomfortable with Nurse LL.

Ravi.
Discussed with obstets.
Are we killing babies.
Could be! Needs to be included in remit.
Lost my ability to be objective.
TC.
Hypothesis - deliberate harm only explanation.
But cannot be the only —.
How seen data, pressures on staff —.
— P/T staff. Not comparing apples with apples.
Seriously - yes v. seriously.
Proportionate actions to date.
Q of competence - too big a step to criminal.
↳ medical (clinicians) + nurses
Nurse LL. - suspension. Mc to outline
Increased security - review.
Need to explore data more. Enhance review.
J.G. has assisted Shilbome?
TC to Ref for external review incl's competence of all key staff.
Unanimous view yesterday - consultants felt.
No pork. balanced actions to date.
Elephant in room — Nurse LL.
Steve B. 2014. CoCH. peri-natal mortality - lower
Below national average in 2014.
Nursing staff - thematic review.
Noted deaths bet. 12m/night - 6am.
Further secondary review.
Cd not ID. any changes in nursing obs, results, blood gases eh.
Competence does not seem to be the issue
Incompetence wd hv. been picked up.
No issues raised over competence.
RAVI. No right or wrong things to do!

RAN1.
Actions agreed.
Lower grade of unit.
Nurse LL. direct supervision - impact on unit.
Camera's - proportionate. Holding measure.
Warning - subjective of each consultant.
If inconclusive review? Where next.
Are we delaying nuclear option of informing Police.

IH. I approached College 18/19 Aug. Review.
4 reviewers. Neonatologist. Lead Nurse Neonates.
Lay - Barrister NMC Chair.
Witness to practice. Needs expert.
Need to assess.
Pressures/activity on unit - must not set up to fail.

DN. Perspectives.
James W. No evidence to Nurse LL. or to contrary.
Substantially changed since NED mtg.
Understand stakes.
Impact on individual.
Nurse LL. is being put under supervision.
Why not exclude Nurse & report to Police?
Significant disquiet from Consultants?

Steve B. Considerable disquiet - mtg. last night.
Dragging it on.
Victims (parents) } morale rock bottom.
-"- (nurses)
Element of anxiety.
Depth of discomfort.

RJ2. How long Nurse LL. in post.
Steve B. 2012. 1st post.

RJ2. Row plays v. Accidents?
IH. Worry one or the other.

RJ2. Any concern about her practice?
Not a long time qualified.
Steve B. No concern re: Nurse LL.
She was congratulated re: triplets.
Competency not to have been flagged up.
RH. Taking up James' point
practically - how can Nurse LL. work under supervision. Is this fair?
IH. If Dr assessment, mediation, requalification.
If difficulty - support.
Until today no-one sat down with Nurse.
Must not set up to fail.
Rights to Days for support - which never happened.
ALLOTT v STOCKPORT.
James. My comment is based on previous conversation.
DN. Uncomfortable & deep dive.
Steve B. More of Nurse LL. to days, -3mths.
No collapses on nights as a consequence.
2 collapses on days.
Triplets - trigger to where we are now.
Came to execs with increase in morbidity.
Promise in meantime look at data.
As a body - we have not been given * full info before decision made.
DN. Deep dive. Acuity. Activity.
No causal factor to morbidity.
Exercise → what competency = uncertainties.
Imponderables!
Putting up to review. is not acceptable. Items
Proportionate response. incl. supervision to be said.
Unit continues as now.
Period of time ahead of us.
RAN1. Actions are to reduce risk & safety.
My comment about holding is not meant to be an insult.

Rani. Finger or hand off
Steve. B. Smeth – else is v. low.
Clinicians hv. considered all that.
But back to Nurse LL.
TC. Cd be shocking blip.
Review - deep dive.
Values S. K. r E
Right for babies, parents, r staff.
If cause for mischievous – is this the only
Doing right things is important

Q's Proportionate r in line with problem faced.
Is Supervised practice
Consider Review?
Finding all things.
Must take objective view.

Rani. Majority view – yes. - proportionate actions proposed
with significant reservations.

James. How confident of supervision

TC. Monitor wkly - to exec. – dashboard
James. Individual Nurse LL.?
Supervision?

AK. Nurse LL. downgraded Conversation this AM.
To Occ. Health. with Supervision.

Update brain – across unit. → FILE NOTE
Skill drills → doesn't happen
in neonates.
Option to Nurse LL. to move out of neonates.
Supervision → 1-1 basis.

James. Does 1-1 abate risk.
Steve B. Not absolutely
Simon. No evidence – No circumstantial evidence
Nurse LL potential suicide. Dismiss indiv?
LB. Measures of supervision
TC. If only explanation – harm deliberate –
check reporting to Police
Culture of coping.
Range of options
RH When is historical by?
IH. From 2010 - to 2014/15. low.
Steve B. In 12mths 13 deaths at CCH
Morbidity rates outlined
DN. Data will not advance conversation today.
Further work - review.
Consultant unease. But no single hypothesis.
Do we accept further work to be done
+ supervision + level 1.
I personally see it.
Rani. Only alternative is to inform Police.
SPC. Police activity outlined.
Rani ToR for review.
IH. Decision in 2 wks re. ToRs BUT more
needs to be incl in that review.
James. Timescale – IH. Data w/i a wk
TC. Not extended. 2 day review. Immediate
feedback r then 4 wk written report.
James By mid-Sept.
Roz. Does review look at staff – notes?
IH We put info/data together
Visit r process outlined.
RoL. Will Nurse LL. be identified as an issue?
IH Lead doctor. To Rep.

RJ2. 12 mth period of deaths.
Nurse-Indiv. - how much was she involved.
IH On shift for 10 of them (deaths)
AL FJT r
Steve B. Shab. - Wd only be 50% present
at deaths.
Ravi 2 days for a review is not long.
Steve B. Rel work - ignorance - no!
Minor specialty. Must be neonatal input.
Not seen this.
Q comments made.
Hols for 2wks.
We know more than anyone
Discussion re: Band 4 nurses, other units.
Many nurses hv done x-shifts.
AL Not getting rid of Band 4's.
Skill mix.
DN Light of issue / data.
Wd not hv shied from calling Police.

① Further explore data. } Reasonable
Benefit from ext review. } & proportionate.
Nurse 1-1
Are we agreed?
Steve B. Operationally - consequences.

② Review important. T. & RJ.
Team briefed re Nurse LL. - YES.
James. Well worded para & verbally supported.
IH / AL. will be asked what are your concerns.
RH How are the Board to be kept informed?
TC Exec. team, - oper. dashboard.
SFZ Board will be informed as required.
DN. close to this. Andrew QSPE. chaired.

DN Nobody double trauma of this
panic neonatal unit.
Ty to team.